# TEXAS DO

XXXXIX, No. 4

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

April, 1992

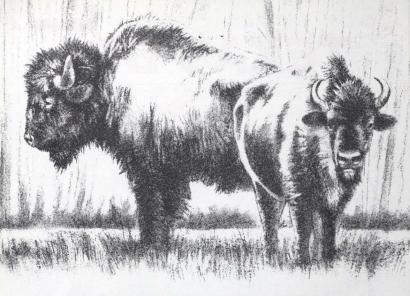
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April 30 - May 3, 1992

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# **TEXAS D**

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

FEATURES	Page
Drop Your Anchor in Corpus Christi	. :
Peggy Rodgers to be Installed as ATOMA President	
OSHA Rule on Bloodborne Pathogens Now in Effect	
TCOM to Keep Carswell CHAMPUS Clinic Open	. 19
HCT Purchases "The Fitness Connexxion"	
In Memoriam Auldine C. Hammond, D.O	
Heel May Help Solve Earhart Mystery	. 34
DEPARTMENTS	
Calendar of Events News from the Auxiliary Texas ACGP Update Public Health Notes AOA Washington Update Medicare/Medicaid News. CHAMPUS News For Your Information. Practice Locations in Texas	. 16 . 22 . 24 . 26 . 30 . 31
	. 30

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# TEXAS DO

April, 1992

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# **Calendar of Events**



# APRIL

"6th Annual Spring Update for the Family Practitioner" Sponsored by: TCOM & Dallas

Family Hospital Location: Dallas Family Hospital Hours: 8 Category 1-A

Contact: Nancy Popejoy TCOM; Office of CME 817/735-2581

#### 28

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

#### 9

House of Delegates' Meeting Texas Osteopathic Medical Association Marriott Hotel Corpus Christi

Contact: TOMA 817/336-0549

#### 30 - May 3

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

#### 16-20

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

817/735-2498

#### 23

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

#### JUNE 25-28

"12th Annual General Practice Update" Sponsored By: TCOM

Supported By: Dallas Southwest
Osteopathic
Physicians, Inc.
Location: South Padre Island

Hours: 16 Contact: Nancy Popejoy

TCOM, Dept. of CME 817/735-2581

#### 25-28

"Annual Meeting"
Colorado Society of Osteopathic
Medicine
Antler's Double Tree Hotel
Colorado Springs, CO
Hours: 18
Contact: Patricia Morales

303/322-1752

#### JULY 30-August 2

"General Practice Update with Emphasis on Risk Factors" Mid-Year Symposium of Texas Society ACGP Double Tree Hotel at Park West Dallas Hours: 34

Contact: Keri Frugé
Corresponding Secretary

Texas Society of ACGP 817/870-2518

# Drop Your Anchor in Corpus Christi April 30 - May 3, 1992



#### PRE-REGISTRATION DEADLINE

April 15 is pre-registration deadline for the TOMA convention. If you have not sent in your registration, you might wish to take the time to do so now in order to take advantage of the savings. Additionally, those who pre-register will be included in the drawing for a complimentary deluxe double room for four nights at the Marriott Bayfront Hotel during their convention stay. The drawing will take place during the President's Banquet on May 1 in Nueces A & B. You must be present to win.

#### TEXAS ACGP MEETINGS

The annual breakfast of the Texas Society of the ACGP is scheduled for Friday, May I, at 7:00 a.m. in the Aransas Room of the Marriott Bayfront Hotel. Plan to join your colleagues for this annual event.

The PACER's meeting will also be held on Friday, May 1, from 3:30 to 5:30. The Texas ACGP will be celebrating their 39th anniversary, so plan to attend this important function.

#### POPPS

The traditional POPPS gathering is slated for Thursday, April 30, from 4:30 to 6:15 p.m., in the Laguna Madre Room of the Marriott. All distinguished past TOMA presidents are encouraged to attend this enjoyable function.

Elmer Baum, D.O., will once again be chairing this eminent assembly. A good time is guaranteed, so make your plans to attend.

#### GENERAL CONVENTION BREAKFAST

The convention will actually kick off on Thursday, April 30, when attendees will be "breaking their fasts" at the General Convention Breakfast, which begins at 7:00 a.m. in the Nueces B of the Marriott.

Featured speaker will be TOMA member Alfred R. Johnson, D.O., who serves as a board member of the Texas State Board of Medical Examiners. Dr. Johnson will be presenting an "Update on the TSBME."

Additionally, an open forum will be held, featuring the members of the TOMA Board of Trustees. Issues regarding TOMA will be discussed, and questions will be answered at this time. Don't miss this important opportunity to find out just what's going on.

#### **GOLF TOURNAMENT**

This year's Golf Tournament is scheduled for Friday, May 1, at NorthShore Country Club. The fee is \$45 per person, which includes  $\frac{1}{2}$  cart, green fees and transportation to and from the location. Buses will depart in front of the Marriott at 7:15 a.m.

René Acura, D.O., of Sinton, is serving as this year's golf chairman.

If you plan on playing, be sure to send in your reservation and check now.

#### TOMA AND ATOMA HOUSE OF DELEGATES

According to T. Eugene Zachary, D.O., FACGP, Speaker of the TOMA House of Delegates, the gavel will fall promptly at 9:00 a.m. on Wednesday, April 29, in the Nueces A Room of the Marriott.

Registration for TOMA delegates begins at 8:00 a.m. in the Nueces Fover.

A luncheon break is scheduled for 11:30 a.m. in the Nueces B Room of the Marriott, with business continuing immediately thereafter.

Dr. Zachary would like to remind all delegates and alternates that TOMA dues must be paid prior to this meeting in order to be seated.

Dr. Zachary urges all delegates to be present, if at all possible, and extends a special invitation to any member of TOMA wishing to attend.

The ATOMA House of Delegates will be meeting on Thursday, April 30, at 9:00 a.m. in the Aransas Room, with registration beginning at 8:00 a.m. ATOMA President Rita Baker will be presiding over the ATOMA House. She urges all delegates to be present and also invites any member of ATOMA, who would like to attend this event, to do so. The same rules regarding dues applies to the ATOMA.

#### **CME PROGRAM**

An excellent array of speakers and topics have been assembled by Craig D. Whiting, D.O., of Euless, this year's program chairman. The theme is "Teating the Whole Person." According to Dr. Whiting, "The idea is to not focus on the disease model as much as focusing on the patient and all the factors that influence their health."

Physicians can expect to earn 21 Category 1-A CME hours by attending the lectures on Thursday, Friday and Saturday. Visiting all the exhibit booths will earn physicians an additional three credits, and the Risk Management Seminar on Sunday offers five hours, for a total of 29 possible CME Hours.

Please note that physicians are required to sign in each morning to obtain credit.

April 1992 Texas DO/5

#### PRESIDENT'S NIGHT

Friday, May 1, is the date of the annual President's Night Reception and Banquet. This event will honor Donald F. Vedral, Ph.D., D.O., as outgoing president. Jerry E. Smola, D.O., of Sweetwater, will be handed the gavel during the evening as the new TOMA President.

The reception will take place at 6:00 p.m. in the Nueces Foyer of the Marriott, and is being hosted by Marion Laboratories in honor of Dr. Vedral.

The Banquet begins at 7:00 p.m. in the Nueces A & B of the Marriott.

The ATOMA annual fund raiser and auction will also be held during the evening. Over 200 pieces of artwork will be on exhibit during the reception, and the actual auction will begin following the banquet at 9:00 p.m. A hosted bar will be available during the auction until midnight. You are urged to join the fun and excitement.

ATOMA is selling raffle tickets at one for \$10, three for \$25 or 13 for \$100, and various drawings will be held during the evening. All door prize tickets will be returned to the drawing drum for the grand prize — a seven-day cruise for two aboard the "Love Boat"? Princess Cruise Line. The trip includes air fare and departure tax.

You are encouraged to buy tickets, not only for a chance of winning a prize, but also because monies generated from ATOMA's fund raising activities benefit the entire osteopathic profession.

#### **ALUMNI MEETINGS**

Alumni meetings will take place on Thursday, April 30, from 4:15 to 5:30 p.m. The Texas College of Osteopathic Medicine will be meeting in Nueces B; Kirksville College of Osteopathic Medicine in the Aransas Room; and the University of Health Sciences, College of Osteopathic Medicine in the Matagorda Room. Kirksville will also be getting together for breakfast on Friday, May 1, from 7:30 to 9:00 a.m.

#### TAO MEETING

The Texas Academy of Osteopathy will be meeting on Friday, May 1, from 1:15 to 2:00 p.m., in the Partnership Board Room of the Marriott. It should be noted that TAO will be offering "Structural Consultation and Treatment Service" on Friday, May 1, from 10:30 a.m. to 1:00 p.m., in the Laguna Madre Room. Anyone interested in participating in this service should contact Dr. David Teitelbaum at (817) 738-9275.

#### SUSTAINER'S PARTY

On Thursday, April 30, TOMA sustaining members attending this year's convention will be taken to the Corpus Christi Greyhound Race Track, for an actionpacked evening. Buses will leave from the Marriott at 6:30 p.m.

These races are very exciting and are the fifth largest spectator sport in the country. One of the races will be named for TOMA. As part of your night at the track, an Italian buffet will be served.

As usual, this party is for sustainers only, and is our way of thanking those who contribute above and beyond their regular membership dues. For those of you who would like to become a sustaining member, simply mail us your check for \$100 (sustaining), \$150 (sustaining plus) or \$250 (sustaining patron) prior to the convention.

This year, in order to enable the TOMA staff to make an accurate guarantee for the meal, each sustaining member will be issued a special ticket as he/she registers and will be asked to print his/her name on the reverse side of the ticket. Only the sustainer and his/her guest will be able to attend this event; tickets cannot be purchased for others.

Sustainers, get set for some fun at the race track on Thursday, April 30, during the TOMA convention.

#### **FUN NIGHT**

Fun Night during this year's convention is sure to provide some fun. The evening will be spent at the Museum of Science and History. A country and western band will provide the music and a Texas-style barbecue will be served. TOMA members will have the opportunity to browse through the museum at their leisure. Buses will leave for the museum at 6:30 p.m.

#### **BOARD MEETINGS**

The TOMA Board of Trustees will hold their traditional pre-convention board meeting on Tuesday, April 28, at 1:00 p.m. in Nueces B of the Marriott. Prior to the meeting, a luncheon will be served in the Matagorda Room at 12:00 noon. TOMA President Donald F. Vedral, Ph.D., D.O., will be presiding over the meeting at which time he will be wrapping up this year's business.

Tuesday is also the date for the Caucus of the Districts, to take place in the Matagorda Room of the Marriott, beginning at 6:30 p.m.

The ATOMA pre-convention board meeting will take place on Wednesday, April 29, at 1:00 p.m. in the Matagorda Room of the Marriott. Prior to this meeting, ATOMA board members are invited to join the TOMA delegates for luncheon at 11:30 a.m. in the Nueces B. Presiding over the ATOMA board meeting will be Mrs. Rita Baker, current ATOMA President.

The post-convention board meeting of the TOMA Board of Trustees is scheduled for Saturday, May 2, in the Laguna Madre. Dr. Jerry Smola, as the new TOMA President, will be presiding. Immediately prior to the board meeting, luncheon will be served at 12:00 noon in the Matagorda Room of the Marriott.

ATOMA's post-convention board meeting, Saturday, May 2, will take place in the Aransas, beginning at 12:00 noon. Lunch will be served. Presiding over the meeting will be Mrs. Peggy Rodgers, as the new ATOMA President.

# 1992 TOMA Convention Speakers Continued



The "Collaborative Practice" will be presented by Craig D. Whiting, D.O., of Euless, who is serving as TOMA's 1992 program chairman, and Margaret A. Gariota, F.N.P., of Arlington, during TOMA's convention in Corpus Christi.

A 1979 graduate of Texas College of Osteopathic Medicine, Dr. Whiting interned at Corpus Christi Osteopathic Hospital. Certified by the American Osteopathic Board of General Practice, he has practiced in Corpus Christi. Euless and Arlington.

Dr. Whiting is currently an assistant professor in the Department of General and Family Practice at TCOM, and is part of a collaborative practice with other physicians and nurse practitioners in a "Community Partnership Primary Care" clinic in Fort Worth.

Some of his numerous memberships include TOMA; TOMA District XV; the national and state ACGP; and the TCOM Alumni Association, in which he is a life member.



Ms. Gariota received her B.S.N. at Valparaiso University in Valparaiso, Indiana, and her M.S.N. from the University of Texas at Arlington. In 1988, she was certified as a Family Nurse Practitioner by the American Nurses Association.

She is presently a clinical instructor and family nurse practitioner with the Community Partnership Primary Care Project, which is a joint project between the University of Texas at Arlington and Texas College of Osteopathic Medicine. Additionally, she serves as a preceptor to undergraduate nursing students and graduate nurse practitioner students at the University of Texas at Arlington; as a preceptor to medical students at TCOM; as a clinical instructor in the Physical Assessment Lab at TCOM; and as preceptor to family nurse practitioner students at West Dallas Youth Clinic.

Ms. Gariota is a member of the National Coalition of Hispanic health; Texas Nurse Practitioners; National Wellness Association; American Academy of Nurse Practitioners; and Sigma Theta Tau.



Paul E. Wakim, D.O., of Newport Beach, California, will present "Common Orthopedic Problems Presented in Primary Care." He is certified in orthopedic surgery and practices orthopedics and sports medicine.

Dr. Wakim received his premed training at Fresno State University, Fresno, California, and

his D.O. degree from the University of Health Sciences, Kansas City, Missouri. He interned at Pontiac Osteopathic Hospital in Michigan, completed orthopedic training at St. Francis-Wesley-St. Louis Shriners Hospital for Crippled Children, and completed postdoctoral training in a microsurgery workshop in Durham, North Carolina.

He is a member of the American Academy of Osteopathic Surgeons; American Association of Osteopathic Physicians; American Academy of Sports Medicine; Sedgwick County Osteopathic Society, of which he is a past president; Kansas Osteopathic Society, of which he is a past vice president; and a member of the American College of Legal Medicine.

Prior to moving to California, Dr. Wakim practiced in Corpus Christi, Texas. He has served as vice president of TOMA District VIII, and as Director of Medical Education and Chief of Staff at Corpus Christi Osteopathic Hospital.



Richard B. Baldwin, D.O., of Fort Worth, and Sharron E. Ballard, F.N.P., of Weatherford, will speak on "Health Promotion, Disease Prevention — Can It Work In Your Office?" during TOMA's convention.

Dr. Baldwin received his D.O. degree from the University of Health Sciences in Kansas City, Missouri, and interned at Oklahoma Osteopathic Hospital, Tulsa, Oklahoma. He currently serves as an associate professor in the Department of General and Family Practice, and as an associate project director of a Kellogg Grant at Texas College of Osteopathic Medicine.

Dr. Baldwin is an active staff member at Osteopathic Medical Center of Texas in Fort Worth. He is a member of TOMA; TOMA District II; American Osteopathic Association; American College of General Practitioners; and the Texas Society of the ACGP.

He served as the Program Chairman for TOMA's 1983 annual convention, which was held in Fort Worth.



Ms. Ballard received her B.S.N. from the University of Texas at Austin, and her M.S.N. from the University of Texas at Arlington. In 1990, she received national certification from the American Nurses Association as a Family Nurse Practitioner.

She presently serves as a clinical instructor and family nurse practitioner with the Community Partnership Primary Care project. Additionally, Ms. Ballard serves

April 1992 Texas DO/7

as a clinical instructor/preceptor for TCOM students in the Physical Assessment Labs and CPPC Project; and as preceptor for undergraduate nursing students and graduate nurse practitioner students in the CPPC project at TCOM and the University of Texas at Arlington.

Ms. Ballard is a member of the American Academy of Nurse Practitioners; American Nurses Association; Texas Nurses Association; charter member and newsletter editor of the Texas Nurse Practitioners; and Phi Kappa Phi Honor Society.



"Syndrome X" will be presented by Brian R. Tulloch, M.D., of Houston.

Dr. Tulloch studied biochemistry before attending Oxford University as a Rhodes Scholar to complete his medical degree in 1965. His residency locations in England include Oxford. The National

Heart Hospital, and the Brompton Chest Hospital before he transferred to a training and later research fellowship in endocrinology, diabetes and lipid metabolism at the Royal Postgraduate Medical School, London.

Dr. Tulloch came to Houston in 1977 and is currently an endocrinologist at the Diagnostic Clinic of Houston. He is a Clinical Associate Professor of Medicine and Ophthalmology at the University of Texas Medical School and M.D. Anderson Hospital in Houston.

He is a member of the Royal College of Surgeons; Fellow of the Royal College of Physicians, London; and of the American College of Physicians. He is a past president of the Texas Affiliate of the American Diabetes Association, treasurer of the Houston Pituitary Society and has served as Fleet Surgeon in the Houston Yacht Club.

"How Physicians Can Motivate Their Patients to Quit Smoking" is the topic to be presented by Elbert Glover, Ph.D., of West Virginia.

Dr. Glover serves as a professor in the Department of Behavior Medicine and Psychiatry at West Virginia University School of Medicine, and as director of the Tobacco Research Center at Mary Babb Randolph Cancer Center in Morgantown, West Virginia.

He received his B.A. from Texas Tech University, his M.A. from Texas A & I University and his Ph.D. from Texas Women's University.

He is a member of the American Association of Health Education; fellow and member of the AAHPERD Research Consortium; life member of the American School Health Association, in which he serves as a member of the Research Council, Council on Health Behaviors and International Health Council; American Public Health Association; Society of Behavioral Medicine, in which he serves as a campus representative; the American College Health Association; and the Society of Public Health Education.

Dr. Glover serves as a reviewer for many professional journals, including "Journal of School Health," "Journal of Drug Education," "Health Education," "American Journal of Public Health," "The Physician and Sportsmedicine," and "Journal of the American Medical Association."

## **ATOMA NEWS**

By B. J. Czewski, ATOMA Funds Chairman

A big Texas "Thank You" goes out to those enthusiastic members who have mailed in their raffle monies with the stubs and have requested more tickets. Your devotion and support of ATOMA and our fund raiser endeavors has been overwhelming and greatly appreciated. "Thank You!"

We are still requesting items from each district for door prizes. No matter how large or small these donations may be, they would add to the excitement of everyone's night. Please take the time to see if you have some gift or funds you would like to donate.

Don't forget our exciting art auction after the President's Banquet, on Friday, May 1, during the TOMA convention in Corpus Christi. Perry Berns, our auctioneer, says this is a great chance for first-timers to learn how to buy at an auction. Mr. Berns has selected some great works of art starting as low as \$25. Average price

of the lithographs, seragraphs, etchings, water colors, oils and sculptures will be \$50 to \$150 — less than the price of the custom frame. A few items will be valued at over \$1,000.

This fund raiser is a party, too! Our plans are to have a hosted bar during the auction, from 9:00 to 12:00. Viewing of the artwork will be during the President's Reception.

Also, in celebrating the 100th year of osteopathic medicine (1892-1992), ATOMA will have golf shirts, golf caps and visors for sale. Each item will feature the official seal of this year's festivities. Plan on stopping by our membership desk and buying yourself special osteopathic keepsakes.

This year's convention in Corpus Christi should be a fun, as well as profitable, time for ATOMA. See you there!

# Peggy Rodgers To Be Installed As ATOMA President

Mrs. Randall (Peggy) Rodgers of Arlington, will be installed as president of the Auxiliary to the Texas Osteopathic Medical Association, at its annual Installation Luncheon on Friday, May 1, during TOMA's 93rd Annual Convention and Scientific Seminar in Corpus Christi.

Mrs. Rodgers served as ATOMA treasurer this past year, and is being appointed to the position in accordance with ATOMA Bylaws. The 1991-92 ATOMA President-Elect, Mrs. Mark (Sherrie) Watkins, is unable to assume the presidency.

As her goals for the 1992-93 year, Mrs. Rodgers lists the following:

- 1. To increase interest and participation in the Auxiliary by working with the districts to provide programs, meetings and functions that appeal to the spouses of today's busy climate.
- 2. To increase membership by working with non-active districts to reorganize, as well as work with active districts so that existing members are not lost.
- 3. To spark a desire to take part in ATOMA by making friends across the state who are trying to make a difference in the medical profession.

The following introduction is supplied by Mrs. Rodgers:

"It is quite an honor to be asked to take the position of President of ATOMA. I have been associated with ATOMA since Randy and I married in 1979. He was a junior in medical school (TCOM) at the time. I became a member of SAA then, and later became a delegate to the state convention for three years. I served on the state board on several committees for four years and served the last three years as treasurer. I have served as president for District III (two years), president of District XV (two years), and treasurer of District XV (one year). I am a member of TSTA/NEA and ACGP/Aux.

"As many spouses, I wear many hats. I handle Randy's books for his business and I teach kindergarten at Burton Hill Elementary in West Fort Worth, I have taught school for 12 years, teaching grades kindergarten, first and third in Tyler, Lindale and Fort Worth. I have been active in running Randy's office for seven years prior to my present teaching location three years ago. Now, our positions send us to the opposite sides of the Metroplex. Randy has worked for three years now in Mesquite with Joel Holliday, D.O. He was previously located in Arlington and Lindale. I graduated from Stephen F. Austin University in Nacogdoches in 1975 with a B.S. degree in elementary education/minor-art/endorsement kindergarten. I went on to further my education at U.T. Tyler where I am half way through a master's degree program in reading. After completing my master's, I plan

to go for a second degree in nutrition or physical therapy.

"We have four 'children' — a Siberian Husky we call Max, a Chow named Sugar and two cats. We have lived in Arlington for the past six years. We are both from the Tyler area and are active in the Methodist Church, holding positions on the administrative board. We enjoy water and winter sports, i.e., water and snow sking. My hobbies are skiing, cooking, traveling, remodeling and keeping up with Randy. His hobbies, which are flying real planes as well as models, keep us on the road.

"I am looking forward to working with my board and really appreciate everyone who will continue to help me further Osteopathy through contributions to scholarship funds and promoting the profession. Of course, I could not consider this position without thanking those who have been there on boards prior to this year. For all those before me, I really appreciate the experience you have given me. I have made some wonderful friends through the Auxiliary. I would like to promote the Auxiliary as much as possible because in today's climate, it is all too easy to lose this type of organization. I feel it to be so important to be associated with our spouses' profession and to promote Osteopathy.

"Thanks to all who have contributed this past year to the Care-A-Van program, quilt donations, fund contributions and leadership in a wonderful organization and profession.

#### **News From the TMF**

The Texas Medical Foundation's (TMF's) current contract to conduct medical peer review for the CHAMPUS program will end March 31, 1992. CHAMPUS will award a review contract to a regional review center with an effective date of May 1, 1992. TMF has submitted its proposal to serve as the CHAMPUS regional review center for the states of Arkansas, Louisiana, Oklahoma, Missouri, Kansas and Texas. If TMF is so designated at that time, formal announcements will be made by TMF to the interested organizations in the six states.

In the meantime, CHAMPUS instituted procedures to facilitate the transition of work to the regional review centers. As a result, CHAMPUS has notified TMF to continue prior authorization review only through March 31, 1992.

Thus, TMF will accept prior authorization telephone requests and, if approved, assign treatment authorization numbers for CHAMPUS diagnoses and procedures through the end of the business day on Tuesday, March 31, 1992. TMF is advising physicians of this information as they telephone for CHAMPUS prior authorization between now and the end of March.

## TOMA 93rd Annual Convention & Scientific Seminar

CME HOURS:

21 — Lectures 3 — Visit Exhibits 5 — Risk Management Marriott Bayfront Hotel — Corpus Christi, Texas April 28 - May 3, 1992

# Program

Tuesday, April 28

12:00 noon TOMA Board of Trustees' Lunch

1:00 p.m. TOMA Board of Trustees' Meeting

6:30 p.m. Caucus of the Districts

Wednesday, April 29

8:00 a.m. - TOMA House of Delegates' Registration

9:00 a.m. - TOMA House of Delegates' Meeting

5:00 p.m.

11:30 a.m. TOMA House of Delegates' Lunch
1:00 p.m. ATOMA Board of Trustees' Meeting

2:00 p.m. - Early Registration 4:00 p.m.

(PLEASE NOTE — If you pick up your registration packet today, you will still need to sign-in on Thursday to receive your CME credits for Thursday.)

Thursday, April 30

7:00 a.m.

General Convention Breakfast
"Open Forum with TOMA Board of Trustees"
and TSBME Update"
Al Johnson, D.O.

7:30 a.m. - Registration/ 4:00 p.m. Exhibits Open

(All physicians MUST sign-in today in order to receive 5% CME credits for Thursday.)

8:30 a.m. - Panel Discussion on Headache Diagnosis

9:30 a.m. and Management Roby P. Joyce, M.D.

Robert B. Nett, M.D.

9:00 a.m. - ATOMA House of Delegates' Meeting 12:00 noon

9:30 a.m. - "Presentations on TMJ Dysfunction and How to Treat It" William Langston, D.D.S.

10:15 a.m. - Visit the Exhibits

10:45 a.m. Refreshment Break

(Don't forget the CME card — visit ALL the exhi

(Don't forget the CME card — visit ALL the exhibits and receive an extra 3 CME. When card is completed, hand it in at the registration desk.)

10:45 a.m. - "Unusual Symptom Clusters May Indicate a Sleep Disorder"
Brian Foresman, D.O.

11:30 a.m. 
"Presentations of Depression — Identifying and Treating a Common Disorder"

Edward A. Luke, Jr., D.O.

12:15 p.m. Reception
1:00 p.m. Visit the Exhibits/Door Prizes

1:00 p.m. - AOA Luncheon

2:30 p.m.

2:30 p.m. - "Common Orthopedic Problems 3:15 p.m. Presented in Primary Care"

Paul Wakim, D.O.
3:15 p.m. - "Syndrome X"

4:00 p.m. Brian Tullock, M.D. 4:00 p.m. - Coffee Break

4:15 p.m. Visit the Exhibits

4:15 p.m. - "Presentations of Anxiety — Identifying and Treating a Common Disorder" Robert L. DuPont, M.D.

4:15 p.m. - Alumni Meetings 5:30 p.m. POPPs Reception

6:15 p.m.
6:30 p.m. - Sustainer's Party
10:30 p.m. Buses leave promptly at 6:30
for Greybound Race Track

Friday, May 1

7:30 a.m. - KCOM Alumni Breakfast/Meeting

7:30 a.m. - Breakfast with Exhibitors 8:30 a.m.

7:15 a.m. Annual Golf Tournament
Bus Leaves for Northshore Country Club

7:30 a.m. - Registration 4:00 p.m. Exhibits Open

(All physicians MUST sign-in today in order to receive 6 CME credits for Friday.)

8:30 a.m. - "A Family Based Approach to the Prevention of Drug Abuse"
Robert L. DuPont, M.D.

9:15 a.m. - "Health Promotion, Disease Prevention - 10:00 a.m. Can it Work in Your Office?"

Elaine Ballard, F.N.P. Richard Baldwin, D.O.

10:00 a.m 10:30 a.m.	Refreshment Break/Door Prizes Visit with the Exhibits	12:00 noon - 4:00 p.m.	
	card signed by ALL of the Exhibitors. Turn it in at on desk when completed.)	12:00 noon - 4:00 p.m.	TOMA Board of Trustees Luncheon/Meeting
10:30 a.m 11:15 a.m.	"Collaborative Practice" Margaret Gariota, F.N.P. Craig Whiting, D.O.	1:00 p.m 1:45 p.m.	"Cultural Influences on Patient Attitudes and Illnesses" Rafael Toledo, M.D.
10:30 a.m 1:00 p.m.	"Structural Consultation & Treatment Service"	1:45 p.m 2:30 p.m.	"Curanderism" Juan Chavira, J.D.
11:00 a.m		2:30 p.m 3:15 p.m.	"AfDS" Chris Ries, M.D.
2:00 p.m.	Bus leaves for "The Art Center" promptly at 11:00 a.m.	3:15 p.m 4:00 p.m.	"How to Help Your Patients Quit Smoking" Elbert Glover, M.D.
11:15 a.m 12:15 p.m.		4:00 p.m 4:45 p.m.	
12:30 p.m 2:00 p.m.	Lunch with Exhibitors	6:30 p.m 11:00 p.m.	Buses leave for History and Science Museu
1:15 p.m 2:00 p.m.	Texas Academy of Osteopathy Meeting		Dinner, Dancing and Entertainment
2:00 p.m 5:00 p.m.	OMT Workshops	Sunda	ay, May 3
3:30 p.m 5:30 p.m.	ACGP Pacer's Meeting	8:00 a.m 1:00 p.m.	
6:00 p.m 6:45 p.m.	President's Night Reception	Lestin	Terry O. Tottenham, Attorney

# Saturday, May 2

7:00 p.m. -12:00

midnight

7:00 a.m 12:00 noon	Fishing Trip "Aboard the Captain Clark"
7:00 a.m 8:30 a.m.	Texas Society of ACGP Breakfast/Meeting
8:30 a.m 10:30 a.m.	Registration/Exhibits Open
(All physician	s MUST sign-in today in order

President's Night Banquet

ATOMA Fund Raiser

to receive 6 CME

credits for Sa	turday.)
8:30 a.m 9:15 a.m.	"Pesticides - Toxic Exposures with Multi-System Effects" Alfred R. Johnson, D.O.
9:00 a.m.	"Medicare Coding Seminar" Don Self, Medical Consultants of Texas
9:15 a.m 10:00 a.m.	"What You Have Always Wanted to Know About Food Allergies" Howard J. Lang, D.O.
10:00 a.m 10:30 a.m.	Door Prize Drawing Visit with Exhibits
(Be sure and	turn in CME card to registration desk Drawing

for deluxe dod	or prize is at 10:15 a.m.)	
10:30 a.m 11:15 a.m.	"Symptoms of Work-Place Exposures: Identifying the Risk"	

Stevan Cordas, D.O. 11:15 a.m. -"Tight Insulin Control of Diabetes 12:00 noon C. Raymond Olson, D.O.

12:00 noon - Lunch On Your Own 1:00 p.m.

# **Med-Search Program** Valuable Resource For TOMA Members

Science Museum.

The Texas Osteopathic Medical Association, in conjunction with the Texas College of Osteopathic Medicine, operates a Med-Search program for its members. The purpose of this program is to allow physicians the opportunity to have the library searched for various kinds of clinical literature and have it copied and sent to them at TOMA's expense.

TOMA has an established limit of \$50 maximum per year, per physician, for this program. In the few instances where physicians exceed the yearly maximum, they will receive a separate bill from the library for the amount exceeding \$50.

To take advantage of this valuable resource, simply call 1-800-444-TOMA and leave your name and phone number. The library will then contact you as quickly as possible concerning your request.

Texas DO/11 April 1992

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

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#### **Texas Osteopathic Medical Association**

93rd Annual Convention

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

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

#### PRE-REGISTRATION DEADLINE - APRIL 15

Name	(please print)		First Na	me for Badge	ANULA
City	18 1690-091	State	AOA	Membership No.	-
D.O. College	Latinariald		Total Street	Year Graduate	d
My Spouse	(first name for badge)	100	will	will not	accompany me
My Guest	(first AND last name for bad	ge)	will	will not	accompany me

#### TOMA Annual Golf Tournament Registration

Name\_\_\_\_\_\_Address\_\_\_\_\_\_

\$45 per person includes
½ cart, green fees, transportation (Cash Bar)
North Shore Country Club Friday, May 1, 1992

# Fishing Trip

Saturday, May 2, 1992 Aboard the Captain Clark

> \$11.00 Per Person \$3.00 Per Rod (Bait is furnished)

Make checks payable to TOMA

Must be registered in advance!

Handicap

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Texas DO/13 April 1992

# COMINGSOON

# Cultural Center Prosthetics & Orthotics

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# OSHA Rule On Bloodborne Pathogens Now In Effect

The Occupational Safety and Health Administration's (OSHA) rule on bloodborne pathogens became final on December 6, 1991, and went into effect March 6, 1992. Development of the standard was mandated by Congress and is aimed at reducing health care workers' exposure to the AIDS virus, hepatitis b and other bloodborne pathogens. According to OSHA Administrator Gerard F. Scannell, the rule "will protect all employees who could reasonably be expected to come into contact with human blood and other potentially infectious materials in the course of their work."

OSHA estimates 5.6 million workers will be protected

by the new standard, and that approximately 9,000 infections and 200 deaths annually will be prevented.

The majority of persons to be affected by the rule work in the health care field. Other occupations include, but are not limited to, funeral services, linen services, medical equipment repair, emergency responders, correctional facilities and law enforcement.

The OSHA standard basically adds legal force to the Centers for Disease Control recommendations that health care workers follow universal precautions to prevent transmission of HIV and hepatitis b.

#### **Key Provisions and Effective Dates:**

March 6 — Osha standard went into effect. Provisions are phased in over four months.

On or before May 5 — Employers must have written exposure control plans, identifying workers with "reasonably anticipated" exposure to blood and other potentially infectious material and specifying means to protect and train them.

The plan must be accessible to employees and available to OSHA, and it must be reviewed and updated by employers at least annually — more often if necessary to accommodate workplace changes.

On or before June 4 — Training on bloodborne pathogens and training in universal precautions must be offered to employees.

Employers must begin to record occupational injuries. Recordkeeping requirements for medical records on each employee with occupational exposure for the duration of employment plus 30 years must be in place.

On or before July 6 — Engineering controls such as puncture-resistant containers for used needles; work practices such as hand washing to reduce contamination; and appropriate personal protective equipment, such as gloves, masks and gowns must be in place.

Free hepatitis b vaccinations must be offered, along with appropriate medical followup and counseling after an exposure incident. The rule requires that vaccines be available within 10 working days of assignment to all employees who are exposed to blood on the job. Those who turn down a vaccination must sign a declination form.

All hazard communication must be in place, including warning labels affixed to containers of regulated waste and signs identifying restricted areas in labs devoted to HBV and HIV research.

OSHA estimates that the total annual costs of the standard will be approximately \$821 million for all affected industries. The largest annual costs will be for personal protective equipment estimated at \$334 million, according to OSHA.

The original "Occupational Safety and Health Act of 1970" (the Act, Public Law 91-596) stipulates that any employers who willfully or repeatedly violate the requirements of the rules may be assessed a penalty of \$5,000 to \$70,000. The amount of the fine will be determined by the severity of the violation.

TMA has planned workshops to help physicians comply with the new rule, and TOMA and TMA are jointly sending out notices concerning these workshops. Watch your mail for details.

An information packet on OSHA rules and regulations affecting bloodborne pathogens within the physician's office are available to TOMA members at no charge. Call 1-800-444-TOMA to order the packet.

A training manual for employers is available from Eniornmental Medical Training, Inc., at a cost of \$75.00; AOA members may purchase it for \$35. Contact Environmental Medical Training, Inc., 23814 Michigan Avenue, Suite 140, Dearborn, Michigan 48124; phone, (313) 563-4184; FAX (313) 563-4035.

# **Texas ACGP Update**

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

The MCAC meeting that I attended in Austin on 3/13/92, had two agenda items of interest to all Texas physicians. First, OBRA '90 Section 1901(1) (10) (B) requires that a State shall provide, by no later than 1/1/93, for a drug use review program for covered outpatient drugs under the Medicare program. A Drug Use Review Board is to be established to approve therapeutic criteria, recommend appropriate educational intervention, and prepare an annual report assessing input of the DUR program. The DUR board will be comprised of physicians and pharmacists. Physician representation cannot be greater than 51 percent or less than one-third of the DUR Board, TMA, TOMA, TPA and TSHT will be asked to submit candidates for DUR Board membership. The consensus and the recommendation from the MCAC to the Board of Human Services was that the DUR Board be composed of physicians and pharmacists who are not only licensed in Texas, but in active practice.

The TDHS is proposing to extend the period for which physician orders or primary home care "PHC" and day activity and health services "DAHS" may be valid from the current six months limit up to 12 months. Federal Medicaid rules mandate physician orders for primary home care or day activity in health services before the services can be approved for Medicaid payment. In 1991, the doctor refused to reorder the services in less than 0.5 percent of the cases. The prescribing physician would retain the authority to order DAHS or PHC for a shorter period of time than 12 months. Other program requirements would not change. The department case worker and registered nurse would continue to monitor the client's condition and the adequacy of the service plan at regular prescribed intervals. This change will help to reduce unnecessary paperwork for physicians, and the effective date of change is 7/1/92.

Another item that invoked much discussion on the part of the MCAC was how certain federally mandated health care regulations conflict with Texas state law. For example, health care dollars will be made available to cover poor children who live in a household without blood relatives and without a legal guardian. Texas has laws on the books regarding medical treatment of minors without parental consent. Texas law is strict regarding rendering health care to minors.

Although it is good that money will be made available to pay health care bills for these poor children, they must first receive the medical care. How many Texas physicians will treat minors without parental consent?

When federally mandated health care regulations conflict with Texas law, what is needed is a "no fault liability" provision that protects health care providers

who render services in good faith. This must be done at the Texas legislative level. Let's try to get legislation passed in Texas that protects health care providers who render care under federally mandated health care regulations.

OSHA is now looking at physicians' offices. Starting on 3/6/92 standards go into effect which will be phased in by 7/6/92. The Texas ACGP has been in close contact with TOMA regarding this issue. TOMA's working with the TMA to devise a "generic" written exposure controllan for physicians offices. They are also working on strategies for the administration of hepatitis B vaccination to physicians' employees, which will be paid for by the physicians. Stay tuned to TOMA on this issue. Through its general duty clause, OSHA can and has enforced regulations before they are final. OSHA has already assessed a fine against a Texas physician.

The Medicare RBRV's for OMT published in the Federal Register on 11/25/91 have generated considerable discussion among Texas DO's who actively utilized OMT in their practices. Nobody seems to understand how a relatively simple concept like reimbursement based on the number of different body areas treated could get so fouled up. There is little or no relationship between the published relative values for OMT, and the real world where osteopathic physicians utilize OMT in their practices. Under the published relative values for OMT it is now possible to get paid more for doing less and to get paid less for doing more.

The deadline for comments to HCFA about the published OMT relative values was 3/25/92. Both the Texas ACGP and TOMA have written to HCFA expressing their displeasure with the published values. The drastic cuts in reimbursement were expected; however, the total lack of continuity between codes and the non-relationship between the office and the hospital OMT codes is extremely puzzling.

Could it be that the Harvard Survey which generated the relative values for OMT was, in many cases, sent to the wrong group of osteopathic physicians? Should the AOA have insisted that the survey only go to osteopathic physicians who actively utilize OMT in their practice and bill for it? Looking at the published relative values for OMT in the Federal Register, the conclusion I came to was the relative values were the result of 'mixed' data — data derived from two distinct groups of osteopathic physicians. The two groups have different practice patterns — one group uses little or no OMT in their practice, and the other group utilizes OMT on the majority of their patients.

When you mix the data on OMT from these two distinct groups, you can't expect it to make much sense. Let's hope that HCFA will take the Texas ACGP and TOMA's comments into consideration prior to the publication of final rules in the Federal Register in October 1992.

In response to several inquiries, the 1992 - 1991 CPT conversion on pages 24 and 25 of the February issue of the Texas DO was taken from the Texas Medicaid bulletin number 86. Medicaid handles cross-over claims involving patients who have both Medicaid and Medicare, Under the new Medicare system of coding, the biggest dilemma for Texas physicians is the elimination of the 1991 CPT code 90060 for established patients.

Our next Texas ACGP meeting will be in conjunction with the TOMA Convention in Corpus Christi - our traditional breakfast for the members

1992 marks the 39th birthday of the Texas ACGP. Hope to see everyone at 7:00 a.m. on Saturday, May 2, 1992, for breakfast.

The Texas ACGP PACER's meeting will also be held in conjunction with the TOMA Convention in Corpus Christi. It is scheduled for Friday, May 1, 1992. Hope to see all the PACERs at that time.

See you all aat the TOMA Convention, April 30 - May 3, 1992.

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

Neerforage: Overdosage: Overdosage: Overdosage occurs, activated charcosal, Overforage: Overdosage: Overdosage occurs, activated charcosal, emessis, or lavage should be considered along with clinical monitoring and supportive therapy. The ability of hemodialysis to remove nizatione from the body has not been conclusively demonstrated, however, due to its large volume of distribution, nizatione is not expected to be efficiently removed from the body by this method.



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# **TCOM To Keep Carswell CHAMPUS Clinic Open**

In a decision that will have a significantly positive impact on military retirees in the Fort Worth-Dallas area. U.S. Congressmen Pete Geren (D-Fort Worth) and Joe Barton (R-Ennis) announced an agreement March 2 under which TCOM will continue to manage the CHAMPUS Clinic at Carswell Air Force Base throughout the life of the base.

"As Fort Worth's medical school, we are delighted to continue serving the military retirees and their dependents through TCOM's CHAMPUS Clinic at Carswell," said President David M. Richards, D.O. "The retirees and their dependents are a vital segment of the community that is our home."

"This is great news for our military retirees and for the whole community," Geren said. "Now, everyone who depends on the clinic for medical care can rest assured that the rug will not be pulled out from under them before we've had the chance to develop alternative plans." The Air Force earlier announced the clinic would be closed April 30, nearly a year and a half before the base itself is to be closed.

"For more than 17 years, TCOM and the Air Force have enjoyed a mutually rewarding relationship," said Dr. Richards, "Our students have performed clinical rotations at the base hospital. And, since 1988, TCOM has been privileged to provide physicians and staff to operate the CHAMPUS Clinic." He noted that since then, the waiting time for an appointment has been reduced from 42 weeks to about 30 days. The clinic sees as many as 2,000 patients a month for services that include general and family medicine, internal medicine, psychiatry and surgery. The Air Force has cited TCOM's affiliation with Carswell as a model military-civilian relationship that provides significant benefits to America's third-largest military retirement community.

"TCOM's CHAMPUS Clinic also reduces costs to the taxpayer," Dr. Richards said. He pointed out that the college bills CHAMPUS only 65 to 70 percent of the reimbursable rate and waives copayment requirements.

"To close the clinic before the community has had time to develop an alternative plan would be terribly unfair to our retirees," Geren said. "This is an agreement that is good for the retirees, good for TCOM and good for the taxpaver."

"Keeping TCOM's CHAMPUS Clinic Open retains an important teaching environment for future osteopathic physicians for Texas," Dr. Richards stated. "Even more importantly, it will assure military retirees and their dependents of the uninterrupted health care that they deserve. We plan to continue working cooperatively on the local, state and federal levels to assure taxpayers and the retiree community of the most efficient use of all facilities at Carswell."

# **HCT Purchases "The Fitness Connexxion"**



"The Fitness Connexxion," purchased by Health Care of Texas, serving more than 3,000 members, is a full-service health and fitness club conveniently located in southwest Fort Worth.

Health Care of Texas, Inc., parent corporation for Fort Worth-based Osteopathic Medical Center of Texas, One Day Surgery Center and Medical Center Pharmacy, purchased "The Fitness Connexxion," a full-service health and fitness club in southwest Fort Worth.

In line with its comprehensive health and fitness philosophy, HCT has established special rates for the total corporate family. Osteopathic Medical Center of Texas employees and area D.O.s may use the Fitness Connexion facilities at discounted rates.

"The Fitness Connexxion is a quality operation," said Jay Sandelin, Health Care of Texas' Chief Executive Officer. "It will be extremely useful in our efforts to help people prevent health problems since it improves our capacity for fitness, wellness and rehabilitation programs. The health club logically supports our holistic approach to medicine, exercise and diet.



(L. to R. J Jay Sandelin, Health Care of Texas, CEO; Dr. Jay Beckwith, Osteopathic Medical Center of Texas Board Member; Cindi Azuma, HCT Outreach Coordinator; Joan Anderson, HCT Vice President Communications; Dr. Sam Pearson, HCT board member; and Phillip Saperstein, OMCT board member.

"The center is a daily symbol of our commitment to prevention and the holistic philosophy of osteopathy," he said.

The Fitness Connexxion will host free nutrition and health-related workshops open to the public.

The Fitness Connexxion has an indoor lap pool and indoor banked running track, as well as whirlpools, saunas, hardwood racquetball courts, tanning beds, massage therapy, a pro shop and a nursery. A professional aerobic program and personalized training are available.

"Helping people realize the benefits of exercise in physical and mental well-being will continue to be a top priority at The Fitness Connexxion," said Sandelin.

# In Memoriam

Auldine C. Hammond, D.O.

Dr. Auldine C. Hammond of Plano, passed away February 4, 1992. She was 87 years of age.

Dr. Hammond was born in 1904 in Novia Scotia and graduated from Victoria High School of Edmonton, Alberta, Canada in 1921. She received her D.O. degree in 1926 from Kirksville College of Osteopathic Medicine, Kirksville, Missouri.

Dr. Hammond practiced for 60 years in Port Arthur and Beaumont and resided the last two years in Plano with her niece, Dr. Eleanor Laughton, formerly of Oklahoma.

She was a life member of TOMA and the American Osteopathic Association.

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



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



Osteopathic Medical Center of Texas

1000 Montgomery • Fort Worth, Texas 76107

April 1992 Texas DO/21

## **Public Health Notes**

Leishmaniasis In Personnel Returning From The Middle East Nick U. Curry, M.D., M.P.H, F.A.C.P.M.



The family Trypanosomatidae includes both the genus Trypanosoma and the genus Leishmania. A number of species of Leishmania are pathogenic in man. The life-cycles of all Leishmania species include both vertebrate and invertebrate hosts. People are infected when they are bitten by an infected sandfly. Texas is the

only state in the U.S. which has an endemic focus of Leishmania.

The Department of Defense (DoD) has recently reported the occurrence of leishmaniasis in service personnel stationed in the Middle East. The species of Leishmania that occur in the Middle East can cause either cutaneous or visceral disease. In the Middle East, the species most often associated with cutaneous disease is L. tropica minor. Approximately 15 cutaneous cases have been identified in personnel returning from Operation Desert Storm. In cutaneous disease, the parasites are found in the endothelial cells of the capillaries of the infected area, nearby lymph nodes, monocytes, polymorphonuclear cells, and in serum exuding from infected areas. The parasites are not found in peripheral blood.

The skin lesions caused by these species tend to octor on exposed areas. The lesions may be 2-10 mm, non-ulcerating, purplish, papules; slightly larger nodules; or somewhat dry, shallow ulcers with a firm bluish-red margin and central granulation tissue. All are slow to heal. The nodules usually heal in a few months without scarring; however, the ulcers may take up to nine months to heal and often leave scars. The incubation period for cutaneous disease ranges from a few days to six months. Patients with cutaneous disease typically have normal complete blood counts.

The visceral form of leishmaniasis is usually caused by L. donovani. However, in at least seven cases identified in military personnel returning from the Persian Gulf, the causative agent appears to be L. tropica. The natural habitat of the visceral form due to L. donovani is the reticuloendothelial system of the liver, spleen, bone marrow, intestinal mucosa, and mesenteric lymph nodes. The incubation period for the visceral form ranges from ten days to a year, although disease is usually apparent within two to four months. Patients may present with non-specific complaints of lethargy, headaches, fever, and nonfocal abdominal pain that evolves over time to left upper quadrant pain with hepatosplenomegaly. They are mildly anemic and may have leukopenia and hyperglobulinemia.

#### CULTURE1

Biopsy material may be cultured for confirmation of Leishmaniasis. Bone marrow is the specimen of choice for the visceral form caused by L. donovani or L. tropica. Tissue from the leading edge of a lesion, or aspirate from beneath the leading edge of a lesion is preferred for the cutaneous form caused by L. tropica. Extreme efforts to insure a sterile specimen are required. Any bacteria unintentionally included in the biopsy material would represent a source of contamination of the culture and would seriously icopardize chances of success.

#### DIRECT MICROSCOPIC EXAMINATION

The above-mentioned specimens are also satisfactory for staining and examination for the presence of these parasites. If smears are made by local laboratories, impression smears or sections of tissue, and thick smears of bone marrow (similar to a thick blood film for malaria examination) are acceptable. These should be fixed by dipping into methanol prior to forwarding.

#### How to Submit a Specimen for Culture and/or Direct Examination

Make arrangements for submitting specimens by contacting the TDH Bureau of Laboratories, Medical Parasitology Section at (512) 458-7560 or (512) 458-7605. Specimens should be collected in sterile containers with tight-sealing lids. No preservative is required as long as specimens are delivered within a week. Specimens should not be frozen but should be kept cool.

#### SEROLOGICAL TESTING

Serological testing for Leishmaniasis is available at the CDC Laboratories in Atlanta, Georgia. A single specimen consisting of at least 3 mL of serum, accompanied by the new TDH "Specimen Submission Form" (#G-I) and a patient history including documentation of travel in an endemic area, is required. These should be sent to the Texas Department of Health, Bureau of Laboratoraies, 1100 West 49th Street, Austin, Texas 78756 for forwarding to the CDC Laboratories.

#### TREATMENT

Patients with single, cutaneous lesions may occasionally recover spontaneously. Those patients with infections acquired in regions where mucocutaneous or visceral leishmaniasis is common should be treated for up to four months. The treatment of choice is sodium stibogluconate (Pentostam) which is not licensed in the U.S. ▶

#### RESOURCES Non-Military

Questions from physicians and other health care professionals regarding clinical diagnosis and management of suspected cases among non-military personnel may be directed to:

CDC:

Dr. Barbara Herwaldt, Dr. Dennis Juranek, or Dr. Ralph Bryan National Center for Inf

National Center for Infectious Diseases

Parasitic Diseases Branch Atlanta, GA 30333 (404) 488-4050

To obtain Pentostam (sodium stibogluconate) for the treatment of **parasitologically confirmed** cases of leishmaniasis in non-DoD individuals, please contact:

CDC:

Ms. Susan Stokes Mr. John Becher CDC Drug Service (404) 639-3670 Evenings, weekends, holidays: (404) 639-2888

#### Military Personnel

Questions from physicians and other health care professionals regarding clinical diagnosis and management of Department of Defense (DoD) active-duty military personnel and their dependents may be directed to:

Air Force:

Maj. Gregory Melcher, MD Wilford Hall Medical Center Lackland Air Force Base San Antonio, TX 78236 (512) 670-7444

Navy/Marines:

Capt. Edward Oldfield, MD Naval Hospital San Diego, CA 92134 (619) 532-7475

Army:

Col. Charles Oster, MD Infectious Disease Service Walter Reed Army Medical Center Washington, D.C. 20307 (202) 576-0585/0586

Other DoD points of contact: (Office of the Surgeon General)

Col. Peake (703) 756-0141 Col. Erdtmann (703) 756-0125 Col. Tomlinson (703) 756-0135

Pentostam can be obtained through the Army contact.2

#### Reference:

<sup>1</sup>Prepared by: Dale Dingley, MPH, M[ASCP], Chief, Medical Parasitology Section, Bureau of Laboratories, TDH.

<sup>2</sup> Prepared by: Bureau of Disease Control & Epidemiology, TCH. (Reprinted by permission of Tarrant County Physician)

# U.S. Senate Bill Signals Good News For Student Loans, House Vote to Come

The U.S. Senate has passed a bill reauthorizing the Higher Education Act which includes Stafford loans, Supplemental Loans to Students (SLS) and Perkins loans among its most important provisions.

In S. 1150, Stafford Loan limits for graduate and professional students would increse from \$7,500 to \$9,000 annually with an aggregate limit of \$66,000. SLS limits would increase from \$4,000 to \$15,000 with an aggregate limit of \$30,000. The interest rate for both Stafford Loans and SLS for new borrowers after July 1, 1993, would be nine percent during the first four years of repayment. During the remainder of the payment the interest rate would not exceed 11 percent. These new limits include an increase in the interest rate, but an increase in loan amounts might be helpful to students who need financial assistance.

In the Perkins Loan program, the annual loan limit for graduate and professional students would be \$5,000 with an aggregate limit of \$40,000. For Perkins loans made after July 1, 1993, the interest rate would be five percent for the first four years of repayment and eight percent during the remainder of the repayment period.

The Senate bill also addresses deferment/forbearance during residency training. New borrowers would be eligible for forbearance of both the principal and interest on their loans throughout residency training. Currently, some lenders define deferral to include only principal, while others include both principal and interest. As is now the case, previous borrowers would continue to be eligible for deferral of loans during two years of residency training.

Currently, a similar bill in the House (H.R. 3553) is pending but no definite timetable has been set for discussing the measure. Once approved in the House, a resolution between the Senate and the House would have to take place to resolve the differences between the two bills before the final version goes to the president.



# **AOA Washington Update**

#### President Bush's Healthcare Reform Proposal

On February 6, President Bush traveled to Cleveland to unveil his long-awaited plan to overhaul the nation; health-care system. The 94-page administration "white paper" is full of assurances that the estimated 36 million Americans who lack health insurance would be able to get it, and that a system projected to cost more than \$800 billion this year will soon come under control.

Bush's new plan also promises that no new taxes would be needed to pay for the potential new cost to the Treasury, which White House budget officials estimate to be \$100 billion over the next five years.

Sticking to the Republican way, Bush has endorsed an incremental reform program to "build on the system" which Bush called "the best in the entire world," rather than overhauling it or turning to some form of government-run system, as most Democrats support.

The central feature of Bush's plan would expand lowincome individuals' and families' access to private health insurance by means of a new voucher system based on tax credits, which lowers taxes owed. Middle-income earners who pay their own premiums would also get relief through new tax deductions, which lower taxable income.

The vouchers could be used to buy health insurance or offset the cost of insurance plans. Those with incomes too low to pay taxes would receive vouchers equal to the maximum tax credit: \$1,250 for individuals with incomes up to \$50,000; \$2,500 for married couples with incomes up to \$65,000; and \$3,750 for families of three or more with incomes up to \$80,000.

Although Bush's plan is short on details and long on ambition, he said 'my plan puts the emphasis on expanding access while preserving choice people now have over the type of healthcare coverage and health care they receive."

Following is a summary of the plan's major points:

## INCREASING ACCESS TO HEALTH CARE Tax Credits, Tax Deductions

Financial qualifications are as stated above.

#### Eligibility

All who do not receive assistance from other federal programs (Medicare, Medicaid, etc.) would be eligible.

#### *Iransjer*.

Vouchers could be transferred only to a private insurer for the purchase of health insurance.

#### Phaseout of Credit and Deduction

The maximum credit would be available to individuals and families with incomes up to approximately 100 percent of the federal poverty level (\$11,140 for a family of three).

The credit would phase down to a minimum at 150 percent of the poverty level (\$16,710 for a family of three).

The minimum credit would be 10 percent of the maximum, or:

- \$125 for individuals
  - \$250 for couples
- \$375 for families of three or more

Individuals with incomes up to the top of the income range could choose instead to deduct the cost of health insurance, up to the maximum (either \$1,250, \$2,500 or \$3,750). Employer contributions to a health plan would be deducted from the allowable deduction, which would also phase down for those with incomes within \$10,000 of the maximum.

#### Inflation Adjustment

Both the credit and deduction amounts, as well as the maximum income thresholds, would be adjusted annually for inflation.

#### Self-Employed

Individuals would be able to deduct 100 percent of the cost of their health insurance premiums or receive the applicable credit, whichever is greater (Current law is 25 percent).

## CHANGES IN THE INSURANCE MARKET Basic Benefits

- States would work with private insurers to develop basic health insurance benefit packages that matched the levels of the tax credit.
- Health insurers would be required to insure all groups that want to buy health insurance. Coverage would be guaranteed and renewable. Pre-existing condition clauses that limit coverage during the first months with a new employer would no longer be allowed.

#### Health Insurance Networks

The plan would establish networks of small business groups to reduce costs of administering health insurance policies. It would exempt insurance sold through networks from state premium taxes, coverage mandates and laws restricting managed care arrangements. This would enable small companies to purchase less expensive health insurance than is currently available.

#### Mandated Benefits

The plan would prohibit states from passing laws requiring health insurance to include specified benefits or coverage provisions that "unduly limit flexibility for health plans."

#### Insurance Affordability

 Premiums that insurers charge for similar policies sold to companies in a single block of business could vary by no more than 50 percent.

 The plan would phase in a health-risk adjustment across insurers, removing premium disparities and allowing for plan flexibility.

#### HOW TO PAY

#### Government Cost

The White House estimates that the tax credits and deductions would cost the federal government \$100 billion over the next five years and \$35 billion in 1997, when they would be fully phased in. Bush officials have declined to break down costs by year before 1997.

#### Suggested Offsets

The plan proposes no specific sources to offset the costs, although the administration claims that savings from the plan's cost containment provisions and from Medicare and Medicaid changes, detailed below, "will yield public-sector savings that would be sufficient to offset" the credit and deductions costs.

#### Medicare

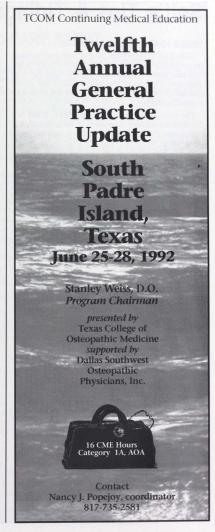
It would eliminate "disproportionate share" payments to hospitals serving high numbers of patients with no insurance coverage. The plan says such payments, projected to total \$2.3 billion in fiscal 1992, would be less necessary with more coverage available. Bush also proposes phasing down special payments to teaching hospitals (estimated to cost \$3.2 billion in fiscal 1992). Congress has repeatedly rejected the latter proposal.

#### Medicaid

The most dramatic proposal in the package would eliminate the open-ended entitlement status for most of the acute-care portions of Medicaid, the joint federal-state health program for the poor. Medicaid coverage for institutional care for the elderly and disabled and for elderly recipients who are also eligible for Medicare would not be affected. The remainder of the program would be converted to a lump sum, based on each state's total per capita costs in 1992 and adjusted after that for inflation.

In addition to these proposals, Bush's plan also incorporates measures for cost containment such as malpractice reforms, coordinated care responsibilities and patient responsibilities.

With such an ambitiouis proposal that falls short on the finer details such as a definitive financing mechanism, it is difficult to say how realistic the chances are for enactment of President Bush's proposal. After unveiling his new proposal, Bush promised to provide more details "later," after he lambasted the approaches favored by most Democrats (National Healthcare, and "Play or Pay"). However, Senator Harris Wofford (D-PA), whose surprise victory in last November's special Senate election is credited with forcing Bush to address the health issue, welcomed Bush into the fray. "I don't think any of us should fool ourselves that we can meet the challenge of reforming our nation's healthcare system without leadership from the White House."



April 1992 Texas DO/25

#### TRIGGER POINT INJECTIONS & MEDICARE

Code 20550 (Trigger Point Injection) reflects the charge for the administration of an injection into a trigger point. This code does not include the cost of the injectable drug. Therefore, if you inject into trigger points, you should also use the correct J code to designate the drug, with a senarate charge.

The same thing applies to codes 20600, 20605 and 20610 (Arthrocentesis, Aspiration of Joint/Bursa). You should also charge for the injectable drug when using these codes.

#### BILLING MEDICARE PATIENTS FOR "NO-SHOWS"

We've had a few people recently ask us about the advisability of billing a "no-show" charge to their patients. We have no problem with you doing this for a repeat (non-Medicare) offender, but we do not recommend you do so for Medicare patients. If the patient consistently does not keep scheduled appointments, you may want to inquire to the reason. If it does not sound valid to you, you may want to consider divorcing the patient. After all, you should be in control of your practice... not the patients.

#### CHARGING A "BILLING" OR "FILING" FEE

Medicare regulations strictly prohibit a physician from charging a fee to their Medicare patients for filing insurance claims. We do not recommend you charge a filing fee to any patients. Either you have a policy of filing non-Medicare claims or you have a policy stating you do not. Some office personnel are now opening sideline businesses, helping patients with their insurance needs. You may want to find someone in your area doing this and refer some of your patients to them.

#### COLLECTING FROM MEDICARE PATIENTS AT TIME OF SERVICE

Quite a few Medicare participating physicians have a policy that the patient only pays after Medicare has paid their portion. To increase cash flow and reduce monthly statement expenses, we recommend you collect from the Medicare patient at the time of service. Why not list those procedure codes you perform most often, with the Medicare approved amount and have that at the front desk. When the patient is about to check out, go ahead and calculate the patient's portion and ask for it then. Most Medicare patients are not adverse to paying their 20 percent up front. This is an area that is discussed in quite a bit of detail in our collection workshops. You may want to watch for one in your area or contact us directly.

#### WORKSHOPS

In the past year, we have had calls from many T.O.M.A. members asking us questions. You told us you wanted Medicare & Collection workshops closer to your town. You said you wanted your staff to be able to attend workshops on the subjects we teach at your conventions. You told us you wanted lower priced workshops.

#### YOU ASK & WE DELIVER!

We have now started scheduling workshops throughout Texas on Medicare and collections. We lowered our price to \$110 for the first person and \$95 for each additional person from the same office for Medicare workshops. The price for the collection workshop is \$45 per person (retainer clients pay \$40 total).

For the next three months, we will be teaching Medicare workshops on coding, new RBRVS fee schedules, new HCFA formats, bottom line on electronic filing, how to avoid Medicare audits & areas where you are losing money. We will also be teaching workshops on collections for a medical office.

Some may ask why we are doing workshops on the same subjects Medicare is teaching. Medicare carriers are not known for telling you ways to INCREASE your income. They are not prone to telling you how to increase the amounts they pay. Would you do so, if you were getting a bonus from HCFA on the amount of money you saved the government?

Send in your check today to reserve a seat. Make sure you designate the number of people and which workshop you will be attending. Seating limited to the first 75 people at each workshop. Workbook & Refreshments are provided. Confirmation will be sent to you.

## MEDICARE WORKSHOPS 9:00 a.m. - 4:00 p.m. April 16 San Antonio Bexar County Medical Society

April 21	Beaumont	Ramada
April 23	Dennison	Holiday Inn
April 28	College Station	Ramada
May 11	Amarillo	Holiday Inn
May 12	Lubbock	Holiday Inn
May 13	Midland	Ramada
May 14	El Paso	Ramada
June 9	Victoria	Holiday Inn
June 15	San Antonio	Ramada
June 19	Las Vegas Nevada	Excalibur***

#### COLLECTION WORKSHOPS

April 23	7:00 p.m 9:00 p.m.	Dennison	Holiday Inn
April 28	7:00 p.m 9:00 p.m.	College Station	Ramada
June 20	9:00 a.m 12:00	Las Vegas	Excalibur***

\*\*\*Special Travel Arrangements made for retainer client's staff

#### SPECIAL MEDICARE ALERT

We just received a special bulletin from one of our very good sources that the CLIA compliance clock starts ticking on 9-1-92. The Clinical Lab Improvement Amendments of 1988 gives labs two years to get their shop in order before facing fines, but the fees will begin this year.

All offices doing lab tests for Medicare patients will have to pay for registration. \$100 to \$600 bills for registration certificates will go out by early May and be due 30 days from receipt. The amount of your registration depends on the number of tests you are performing:

\$100: Low Volume Labs doing no more than 2,000 tests/yr.

\$350: Moderate Labs doing no more than 100,000 tests/yr.

\$600: High Volume Labs doing more than 100,000 tests/yr.

In addition, labs must pay \$100 fee for a certificate of accreditation.

Inspection fees will also be charged, when biennial inspections begin in the fall of 1992. These fees are \$300 for low volume (not more than 2,000 tests/yr.), \$1,400 for three specialties of service with an unal volume of no more than 25,000 tests/yr and \$2,380 for 75,000 to 100,000 tests/yr. The inspections will consist of quality control, proficiency testing, patient test management and quality assurance. Implementation of some general quality control requirements is delayed for two years for labs using certain instruments approved by the F.D.A.. We will be trying to get a listing of those "kits" that are approved to all retainer clients in the next month, as it becomes available.

The waiver category, which originally included 17 often performed tests, has been reduced to eight:

- Dipstick or tablet reagent urinalysis for: bilirubin, glucose, hemoglobin, ketone, leukocytes, nitrite, pH, protein, urobilinogen, specific gravity
- · Ovulation tests-visual color tests for human luteinizing hormone
- Urine pregnancy tests-visual color comparison
- Erthrocyte sed rate (non-automated)
- · Hemoglobin by copper sulfate
- · Fecal occult blood
- · Spun microhematocrit
- · Blood glucose (FDA-cleared home-use devices)

The final rule does not require the physician lab director be a pathologist when doing tests of moderate complexity, but can qualify if they have either one year's experience directing such a lab or if they earn 20 hours CME in labs by Fall, 1993. HCFA believes 75 percent of the 10,000 tests fall into the moderate complexity category, which includes direct Group A Strep Kit, ASO screen slide test, theophylline, sickle cell screen, urine sediment exam and ABO/RH grouping. Therefore, the majority of physicians operating labs in their practices will fall into the "moderate complexity" category, which is much less stringent.

MEDICAL CONSULTANTS OF TEXAS DON SELF P.O. BOX 1510, WHITEHOUSE, TX 75791 (903) 839-7045 (800) 256-7045

April 1992 Texas DO/27

# TREAT YOUR INCOME THE SAME WAY YOU TREAT YOUR PATIENTS.

Medical school probably covered everything except what to do for severe paralysis of the paycheck.

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#### DISCOUNTS AVAILABLE TO TOMA MEMBERS.

<sup>1</sup>1985 Commissioners' Individual Disability Table A. Seven-day Continuance Table.

<sup>2</sup>LIMRA, 1989, as measured in annualized premium in force, new annualized premium and new paid premium.

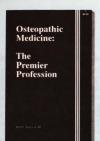
Dean, Jacobson Financial Services (817) 335-3214 P.O. Box 470185 Fort Worth, TX 76147

Dallas/Fort Worth Metro Number: (817) 429-0460 1-800-321-0246

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#### Celebrate The Centennial!

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

written a concise and sharply defined description of Osteopathic Medicine.

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

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

this copyrighted book go to this foundation.

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

Doctor, this is your special opportunity to help others better understand your unique and great profession! Give this book to:

- \* Patients in waiting rooms and in hospitals
- Employees in the doctor's office and in osteopathic institutions and organizations
- \* Other health-care professionals
- \* School and public libraries
- \* The news media
- \* Civic, religious, and social organizations
- \* Elected officials and government agencies
- \* Students in high schools
- \* Pre-med clubs and osteopathic medical school applicants
- \* Neighbors, friends, and family members
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Books are shipped 4th Class Book Rate. Please Allow Two Weeks for Delivery.

## **CHAMPUS News**

#### Nonavailability Statement Correction, Part 2

A recent correction to a CHAMPUS article concerning the requirement for some CHAMPUS patients to obtain nonavailability statements for certain outpatient procedures, was itself missing a line.

The correction should have said, "Nonavailability statements (NAS) are required for both upper and lower GI endoscopies (visual examinations of the interior of the gastrointestinal tract). For providers of care, the inclusive CPT-4 and ICD-9-CM procedure codes for all affected GI endoscopies are: (43200-43272, 45300-45385) (29.1, 42.2, 44.1, 45.2). An NAS is not required for removal of foreign bodies (43215, 45307) and decompression of volvulus (45321),"

#### CHAMPUS Covers "Appropriate Level of Care"

CHAMPUS may costshare only care which is determined to be medically necessary, and which is provided at the appropriate level of treatment.

However, for inpatients who require skilled nursing facility care that isn't available in the general locality, benefits may be permitted in a higher-than-appropriate-level care facility. But, CHAMPUS sharing of the institutional costs will be limited to the allowable cost that would have been incurred in an appropriate lower-level treatment facility.

#### **CHAMPUS Requires FDA Approval of Drugs**

In order for prescription drugs and medicines to be cost-shared by CHAMPUS, they must be approved for use by the Food and Drug Administration. The only exceptions to this rule are drugs which were "grand-fathered" by the Federal Food, Drug and Cosmetic Act of 1938. These drugs, such as insulin and penicillin, may be covered under CHAMPUS as if they were FDA-approved.

#### Fraudulent Billing May Cause Rejection of Entire Claim

If a claim that's submitted to CHAMPUS includes a billing for services, supplies or equipment not furnished to or used by a CHAMPUS-eligible patient, the entire claim will be denied. This is true regardless of how large or small the fraudulent billing is, compared to the total billings on the claim.

Claims that have already been cost-shared by CHAMPUS, and are audited and found to include fraudulent billings, may be partly or completely denied. CHAMPUS may act to recoup funds paid on a claim that includes fraudulent billings. Persons who submit fraudulent claims may also be prosecuted.

Exceeding your expectations.

Northeast Medical Building II on the campus of Northeast Community Hospital is now open for occupancy. Locating your medical practice here places you in the affluent Mid-Cities area, with convenient access to outlying Northeast Tarrant County communities. The 53,000 square foot building is home to Diagnostic Imaging Services, a facility which houses the 1.5 Tesla Signa™ magnetic resonance system. Diagnostic Imaging Services offers a wide range of medical services, including radiology, cardiac catheterization, interventional radiology, nuclear medicine, ultrasound, vascular echo, mammography, CT scan, MRI and MRA. Again, Northeast Community Hospital exceeds your expectations. ■



# TCOM To Provide Health Care To Lena Pope Home Residents

Texas College of Osteopathic Medicine, Fort Worth's medical school, will provide health care services for the youth of Lena Pope Home, Ted Blevins, LPH executive director, announced today.

TCOM will provide medical services in the areas of pediatrics, orthopedics, obstetrics/gynecology, and general and family medicine.

"Medical requirements for a youth removed from home are 50 percent greater than other children," Blevins said. "We are pleased to begin a long-term association between Lena Pope Home and the Texas College of Osteopathic Medicine to meet those medical needs."

"TCOM is delighted to work cooperatively with Lena Pope Home to help improve the health of its residents," David M. Richards, D.O., TCOM president, said. "As Fort Worth's medical school, we have a sincere interest in serving all residents of our community. This affiliation expands our service into one of Tarrant County's most valuable assets — Lena Pope Home."

"This association will provide the doctors of tomorrow with direct experience into the realities of a significant segment of our youth who have problems that require special counseling, living arrangements, educational and health care needs. We are pleased to join forces with such a fine institution as Lena Pope Home and look forward to helping address the health care needs of its youth," Benjamin L. Cohen, D.O., TCOM's vice president for academic affairs and dean, said.

The relationship with TCOM will provide the Home additional support from Tarrant County's medical community, Blevins noted. The Home will continue to work with physicians who currently donate their services to the youth.

Lena Pope Home is a residential treatment facility for troubled youth who suffer from emotional scars because of abuse, neglect or abandonment.

TCOM is a four-year, state-supported college of osteopathic medicine under the direction of the University of North Texas Board of Regents.

For information, contact Beth Guenzel at Lena Pope Home at 817/731-8681 or Bill Hix at TCOM at 817/735-2552.

# FYI

# PHYSICIANS SHOULD USE NEW HCFA-1500 FORMS FOR WORKERS' COMP

The Texas Workers' Compensation Commission (TWCC) has authorized carriers to accept the new HCFA-1500 form, as long as all TWCC required information is included. Until April 1, 1992, the old or new claim forms could be submitted; for dates of service on or after April 1, 1992, however, the new HCFA-1500 form is the only one that will be accepted.

For information about completing this form, call the TWCC Medical Review Division at (512) 440-3515.

#### HEALTH BENEFITS ARE A TOP PRIORITY FOR WORKERS

According to a recent Gallup Poll of 1,000 workers, 70 percent considered employee benefits very important in attracting them to a job. Health benefits were considered the most important attraction by 65 percent of those polled. In fact, over half of the surveyed workers would not accept a job that did not offer health benefits.

(TexasBusiness Today, March 1992)

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

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

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

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

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

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

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

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# **Blood Bank Briefs for Physicians**

Transfusion Trigger: How Low Can We Go?

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



Acute blood loss triggers a number of compensatory mechanisms designed to maintain blood flow to and thus oxygenation of the brain and heart. The extent of compensation depends upon the rate and magnitude of blood loss as well as the ability of the body to respond. It is important to recognize

that the initial manifestations of acute blood loss are related to hypovolemia and not to a decrease in circulatory red cell mass.

The compensatory mechanisms activated by acute blood loss include stimulation of the adrenergic nervous system, release of vaso active hormones, hyperventilation, reabsorption of fluid from the interstitium into the vascular space, a shift of fluid from the intracellular to the extracellular compartment and renal conservation of total body water and electrolytes.

For decades, it was traditional for surgeons and anesthesiologists to insist that surgical patients have hemoglobin levels of 10g/dL or greater. The arbitrary "10 gram" rule was based on habit not clinical or experimental evidence. This value, thus, served as a transfusion trigger in spite of a wealth of clinical experience indicating that patients not only could survive but could function adequately with lower hemoglobin levels if their circulating blood volumes were in normal range.

In June, 1988, the Consensus Conference on Perioperative Red Cell Transfusion, sponsored by the National Institute of Health recommended a reduction in the transfusion trigger from 10g/dL; it is usually indicated when the level is below 7g/dL.

The oxygen extraction ratio, the mixed venous oxygen tension and the clinical status of the patient should be helpful in determining the need for transfusion in those patients when hemoglobin level is between 7 and 10gm/dL.

It is apparent that a hemoglobin of 10g/dL is not the minimum safe level and that mortality is extremely high when the value is 3g/dL. Using data from patients undergoing normovolemic hemodilution, it would appear that a hemoglobin of 7g/dL is safe in appropriately selected patients. However, this experience must not be generalized to all patients. The presence of coronary artery disease, aortic stenosis or beta adrenergic blockade

may interfere with compensatory mechanisms and result in myocardial ischemia. It is imperative that 7g/dL not become the new "transfusion trigger." Each patient must be evaluated individually. No therapy should be administered on the basis of numbers alone. Good medical practice dictates that the patient's chart reflect the indications for administration of RBC's when transfusion is deemed indicated.

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April 1992 Texas DO/33

# **Heel May Help Solve Earhart Mystery**

By Anietta McQueen Fort Worth Star-Telegram

In October, Dr. Tommy Love of Fort Worth found the heel of a popular 1930s American shoe on a deserted South Pacific island

Five months later, that size 9 lady's shoe heel may be on its way to becoming a crucial piece in the puzzle of aviator Amelia Earhart's disappearance 55 years ago.

"But there's a lot more to the puzzle," said Love, who joined the International Group for Historic Aircraft Recovery in 1987 after he read about the group's research projects in a magazine article.

So far, Love and 19 other group members who were searching for a lost fuselage and any other evidence of Earhart and her navigator, Fred Noonan, have found a piece of wreckage and the heel.



Richard Gillespie, the Delaware-based group's executive director, said yesterday at a news conference in Washington, D.C., that those discoveries proved that Earhart and Noonan landed in Nikumaroro and died of thirst for lack of fresh water. They disappeared July 2, 1937, on the last leg of a flight circling the globe at the equator.

Gillespie has given a piece of metal that he says is from Earhart's two-engine Lockheed 10-E Electra plane to the National Transportation Safety Board for authentication.

Brent Bahler, the NTSB director of public affairs, said vesterday that there is not enough fuselage to either confirm or reject the group's assertions.

"We have provided the group with a factual report without conclusions or analysis," Bahler said in a telephone interview.

He said that the NTSB will need more specific evidence such as a serial number.

In the April issue of Life magazine, which contains an account by Gillespie of his search, Frank Schelling, head of the P-3 Aircraft Structures Branch at the U.S. Navy Aviation Depot in Alameda, Calif., wrote, "Gillespie's case doesn't stand up."

He said his examination of photos of the fragment



This case contains artifacts, including a shoe heel, which may help solve the mystery of Amelia Earhart's disappearance.

and of planes such as Earhart's Electra led him to believe that the piece did not come from her plane because. among other things, the rivet patterns did not match.

But Gillespie said the shoe heel is another piece of strong evidence, pointing out that Earhart had been photographed wearing Cat's Paw oxford shoes during her trip. The heel found on the island was identified by the Biltrite Corp., which made the shoes, Gillespie said at the news conference.



Tommy Love: Found a lady's shoe heel on a deserted island.

Love, the team physician, was on grave-excavation detail when he discovered the shoe heel. He said he was working with some equipment when he looked down and saw a hermit crab trip over something.

"The shoe didn't have Amelia Earhart stamped on it," Love said vesterday in a telephone interview, "but if you were going to a deserted island, you wouldn't wear street shoes"

Street shoes would never cut it in the jungle underbrush, he said. That assertion, Love said, was backed by British officials who tried to colonize the island in 1937 and Coast Guard officers who stopped on the island during World War II. He said that the officers all wore boots on the island.

(Permission for further reprinting of this article must be obtained from the Fort Worth Star Telegram.)

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