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**January/February 2010**

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Robert J. “Sam” Tessen, MS

**Associate Executive Director**

Lucy Gibbs, CAE

**Executive Assistant**

Patty Bell

**Financial Operations Specialist**

Alicia Kotthmann

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AOA Convention Highlights

The American Osteopathic Association held its 114th Osteopathic Medical Conference & Exposition (OMED 2009) in early November, returning to New Orleans after a six-year absence since Hurricane Katrina devastated the area. The conference theme was “The Road to Health Begins with Prevention,” and attracted over 7,000 D.O.s, students, advocates, guests and exhibitors.

Prior to the opening of the convention, a health fair for the citizens of New Orleans was hosted by the National Osteopathic Medical Association, Student Osteopathic Medical Association and the Council of Osteopathic Student Government Presidents. Screenings for diabetes and other health conditions were offered, and children had the opportunity to receive wellness physicals.

Presenting the keynote address during the opening ceremony was the husband-and-wife team of James Carville and Mary Matalin, well known in political circles for their opposing partisan views. Each are frequent contributors for CNN political news programs.

Workshops, seminars and presentations offered topics in keeping with the prevention and wellness theme, including Depression; Adult ADHD; Fibromyalgia; HIV/AIDS; Women’s Health; Palliative Care; Osteoporosis; Type 2 Diabetes Management; and Minority Health: Disparities in Healthcare.

In addition, 14 osteopathic specialty societies held meetings in conjunction with the AOA, as did the Advocates for the American Osteopathic Association and a host of other non-practice affiliates. Most of the colleges of osteopathic medicine participated in the convention and sponsored events as well, along with individual alumni lunches and receptions. The American Academy of Osteopathy continued its tradition of providing OMT education sessions to attendees.

The AOA Board of Trustees met to address finance, strategic planning, and governance issues. TOMA member Mark A. Baker, D.O., FAOCR (TCOM ’76), continues his leadership role as a member of the AOA Board.

Among convention highlights:

- A special presentation on the H1N1 Influenza Pandemic by U.S. Assistant Surgeon General James Galloway, M.D.

- An AOA Town Hall Meeting on Health Information Technology and Health Care Reform, the AOA’s fifth such meeting, attracted 600 attendees. IBM Executive Janet Marchibroda spoke on federal HIT regulations and federal incentive payment for adoption of electronic measures. Providing information on health care reform and the resulting changes were the American Enterprise Institute’s Joseph Antos, Ph.D., David Kendall of The Third Way, and White House Senior Health Policy Advisory Kavita Patel, M.D. A question-and-answer session followed.

- The 53rd Annual AOA Research Conference, themed “Translation of Genomic Science into Osteopathic Clinical Practice and Research,” took place. Co-hosted by the Fort Worth-based Osteopathic Research Center and Steven Berley, D.O., of New York, the program featured leading experts in clinical and research genomics including John C. Licciardone, D.O., MS, MBA (KCOM ’82), ORC Executive Director and the Osteopathic Heritage Clinical Research Chair. Presentation summaries can be found at www.do-online.org/index.cfm?PageID=res_conf_pres_summaries.

- The AACOM Assembly of Presidents presented three 2009 Dale Dodson Awards, recognizing individuals for their leadership in medical education this past year. One of the recipients was Marc Hahn, D.O. (DMU-COM ’84), a former TCOM dean. He now serves as dean of the University of New England College of Osteopathic Medicine in Biddeford, Maine.

Texas D.O.s Visible at Convention

Other Texas D.O.s, students and advocates were present in full force and represented the Lone Star State well as attendees, members of board/bureaus, and as participants in lectures, panels and workshops held by the AOA and the various practice specialty organizations throughout the event. With apologies to those we may have missed, educational presenters included Robert Chilton, D.O. (DMU-COM ’72), San Antonio; Wayne R. English, Jr., D.O. (PCOM ’58), Burleson; Neil S. Levy, D.O., FACOP (DMU-COM ’71), Bedford; Bernard R. Rubin, D.O. (CCOM ’76), Fort Worth; Daniel W. Saylak, D.O., FACOFP (TCOM ’83), College Station; John L. Sessions, D.O. (TCOM ’74), Kirbyville; and Jeffrey Stone, D.O. (WesternU/COMP ’83), Dallas.

TOMA President George Cole and First Lady Linda Cole were also in attendance. As noted in Dr. Cole’s presidential newsletter of November 2:

“Many TOMA leaders are also here, including Pat and Sharon Hanford, Dan and Amy Saylak, Rodney and Marie Wiseman, Steve and Karen Bander, David and Linda Garza, Mona Sanderlin, Hector and Mireya Lopez, Ray and Pam Morrison, Sprague and Jean Taveau, Mark and Rita Baker, George and Jean Smith, Robert DeLuca, John and Wendy McDonald, Jim and Deidre Froelich, Ron and Kathy
Brenz, Thomas Shima, Cynthia L. Shughruhe, Bill Way, Joanna Gibbons, OMS, Bill Betz, OMS; and I am sure that I have missed others.

“Many of our leaders also have national positions with the AOA, AAOA and ACOFP, including Mark Baker, Rodney Wiseman, David Garza, Steve Bander, Dan Saylak, Pat Hanford, Robert DeLuca, Jim Froelich, Deidre Froelich, Linda, and Joanna Gibbons. Special recognition goes to Deidre Froelich who was responsible for staging the annual AAOA Fore You Golf Tournament.”

For More Information

The AOA has released a summary for those who were unable to attend OMED 2009. The document includes highlights, actions, reports and events held during the convention. This can be found online at www.do-online.org/pdf/OMED_%20summary.pdf. ♦

New Commissioner for DADS Announced

Chris Traylor, who has led the state’s Medicaid program for the past three years, was tapped as the new commissioner of the Department of Aging and Disability Services (DADS) effective January 1, 2010. DADS provides a comprehensive array of services for older Texans and individuals with disabilities. Its duties include regulating long-term services and nursing homes and operating state support living centers for people with profound developmental disabilities.

Traylor has served as associate commissioner for Medicaid and CHIP at the Texas Health and Human Services Commission since 2006. He also has served as chief of staff at HHSC and as the director of HHSC’s Transformation Program Management Office. He is a graduate of Texas Tech University.

“I am honored by the appointment and humbled by the responsibility,” Traylor said. “I have great respect for the thousands of DADS employees who work to provide safe and effective services for Texans and for the many advocates who understand exactly the importance of the agency’s mission. I look forward to working with them both as we try to make Texas a model for the nation in caring for our older citizens and those with disabilities.”

Obesity Prevention Program Implemented by BCBSA

The Blue Cross and Blue Shield Association (BCBSA) recently began a new Pediatric Obesity and Diabetes Prevention Pilot Program in five states, which includes Texas, in an effort to help reduce obesity and prevent diabetes. Toolkits were sent to 1,650 physicians containing physician reference materials and educational materials for patients and their families. Findings will be collected from physicians by BCBSA and the state BCBS companies participating in the program. If the pilot program proves successful, BCBSA will develop a toolkit to be available nationally.

Texas Attorney General Submits Brief Defending Constitutionality of Tort Reform Law

The state’s brief further explains that House Bill 4’s 10-year statute of repose does not interfere with an individual’s common law right to commence a medical malpractice lawsuit. Rather, the brief argues, “the Legislature struck a fair balance between the rights of plaintiffs to obtain redress for injuries and the effects of physicians and other health care providers from having to litigate stale claims. The balance struck by the Legislature was reasonable – and constitutional.”

As the brief explains, Texas has a long history of imposing limitations periods: “The enforcement of rules governing the timing of the suit is a centuries-old tradition under our legal system. This tradition exists because our legal system does not remedy injuries in perpetuity. Evidence grows stale; eyewitnesses move; records become lost; and parties receive assurances that courts will not reexamine acts from the distant past that have long since faded from memory. The rule of law is served by clear rules – and that includes traditional rules governing the timing of suit.”

The state’s brief, which was filed in a case styled Methodist Healthcare System of San Antonio v. Rankin, stems from a lawsuit that Emmalene Rankin filed against two physicians and the Methodist Healthcare System of San Antonio 11 years after a surgical sponge was allegedly left in her body. Rankin argued that the statute of repose violated the Texas Constitution’s Open Courts provision, which provides that “all courts shall be open, and every person for an injury done to him, in his lands, goods, person or reputation, shall have remedy by due course of law.” Although the district court found that Rankin’s lawsuit exceeded the repose period, the Fourth Court of Appeals reversed the trial judge and struck down the statute of repose under the Open Courts provision.

To read the full brief filed with the Texas Supreme Court, visit www.oag.state.tx.us and follow the links to News Releases. The November 18 release has a link to the brief posted in its body.

Make a Note to Vote!

Up for re-election this year are all 32 U.S. representatives; the Texas Governor, Lt. Governor, Attorney General, 16 state senators and all 150 state representatives and more.

Dates of interest:
- Primary election day: March 2, 2010
- Primary runoff day: April 13, 2010
- May uniform election date: Saturday, May 8, 2010
- November uniform election date: Tuesday, November 2, 2010 ♦
AOA’s Advocacy for Health Partnerships • December 21-22 • Phoenix, AZ

Sam Tessen; Pat Hanford, DO; John Crosby, JD; Steve Worrell, DO; also present was Dan Saylak, DO, TOMA Past President, representing the American Osteopathic Association of Medical Informatics as its President

AOA Annual Convention • November 2009 • New Orleans, LA

Mark Baker, DO, AOA Board of Trustees; George Cole, DO, TOMA President; Larry Wickless, DO, AOA President; Karen Nichols, DO, AOA President-elect; Robert Juhasz, DO, AOA Board of Trustees

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George Cole, DO, TOMA President; Chris Tidroski, DO; Jennifer Tidroski, DO; Steve Gates, DO, District President; Sam Ganz, DO; Mel Eliandes, DO; R. Allen Cicora, DO; Robert Low, DO

District 14 • December 11, 2009 • Alamo, Tx

George Cole, DO, TOMA President; Audrey Jones, DO; Michael Hohnadel, DO (with son Mason); Paula Rossi, DO; Luis San Miguel, DO; Rick Lin, DO, District President; Mario Sanchez, DO

Gail (Mrs. Sam) Tessen; Gabriella (Mrs. Mario) Sanchez; Linda (Mrs. George) Cole; Keith Hackland (spouse of Audrey Jones); Anita (Mrs. Michael) Hohnadel (with sons Ethan and Mason); Mona Sanderlin, ATOMA President; Cynthia (Mrs. Rick) Lin

continued on page 12 ...
TOMA’S STANCE ON HEALTHCARE REFORM
DETAILED

The TOMA Socioeconomics Committee recently completed the development of a position paper which represents TOMA’s official position on federal healthcare reform. Committee members are: Steven G. Bander, D.O., chair; H. Sprague Taveau, D.O., vice chair; Ronald W. Brenz, D.O.; April Fischer, OMS; D. Dean Gafford, D.O.; Gerald R. Garwood, D.O.; Deannah A. Jibril, D.O.; Samuel C. Lee, D.O.; Erin Losey, OMS; John C. McDonald, D.O.; Ghazaleh Moayedi, OMS; Cynthia L. Shughrue, D.O.; George N. Smith, D.O.; and Rodney M. Wiseman, D.O.

TOMA POSITION PAPER ON HEALTHCARE REFORM

The Texas Osteopathic Medical Association (TOMA) is dedicated to putting patients first and protecting the patient-physician relationship, and as such strives to improve the quality and accessibility of healthcare services delivered to all patients. We believe that reform of the delivery model to provide incentives for prevention, consumer education, healthy lifestyles, and accountability are essential first steps; and any health system reform must include our goal as physicians to make patient care better. TOMA provides the following guiding principles that would allow effective, cost protected healthcare delivery by osteopathic physicians:

(adopted from American Osteopathic Association Policy Compendium)

1. The need for any new regulation must demonstrate that access to or the quality of healthcare will be improved by the proposed regulatory action, and that the claimed improvement can be accomplished at an acceptable cost to the public.

2. In all matters where the health profession has demonstrated its capacity for self-regulation, government at all levels should not impose additional or preemptive regulation.

3. Where the need for regulation has been demonstrated, it should emanate from the lowest level of government.

4. Where there is a demonstrated necessity for regulation of healthcare, such regulation must be drawn and implemented in such a way as to promote pluralism and preserve the free enterprise system in healthcare.

5. These guiding principles further include but are not limited to the following:
   a. Promote portable and continuous health care coverage for all Americans using an affordable mix of public and private payer systems that also includes preventative and primary care services.
   b. Promote patient safety as a top priority for reform, recognizing an effective mix of initiatives that combine evidence-based accountability standards, committed financial resources, and rewards for performance that ensure patient safety by allowing tax and financial incentives versus punitive measures.
   c. Adopt physician-developed, evidence-based tools for use in scientifically valid quality/patient safety initiatives that reward the physician-led health care delivery team, and include comparative effectiveness research used only to help patient-physician relationships choose the best care for patients.

6. Preserve patient and physician choice and the integrity of the patient-physician relationship. Foster better communication between patients and physicians.

7. TOMA also strongly endorses the sanctity of the patient-physician relationship when making individual treatment decisions.

8. Incorporate physician-developed comparative effectiveness research, evidence-based measures and preventive health and wellness initiatives into any new or expanded health benefit package as a means to promote healthy lifestyles.

9. Recognize and support the role of safety net and public health systems in delivering essential health care services within our communities, to include essential prevention and health promotion public health services. Put patient safety first and work to reduce preventable injuries.

10. Support the development of a well-funded, nationwide emergency and trauma care system that provides appropriate emergency and trauma care for all Americans.

11. Support public policy that fosters ethical and effective end-of-life care decisions, to include encouraging all Medicare patients to have an advance directive that a Medicare enrollee can discuss as part of a covered Medicare visit with a physician, and should be available at least every three years and when any significant new diagnosis or change in prognosis appears.
12. Provide sustainable financing mechanisms that ensure the mix of services and create personal responsibility among all stakeholders for financing and appropriate utilization of the system.

13. Invest needed resources to expand the physician-led workforce to meet the health care needs of a growing and increasingly diverse and aging population.

14. TOMA will continue to observe patient-centered medical home demonstration projects, and encourages and supports increased funding and compensation for services provided by primary care physicians and the services provided by non-primary care, specialist physicians as part of the patient-centered medical home continuum.

15. Through public policy enactments, require accountability and transparency among health insurers to disclose how their premium dollars are spent, eliminate pre-existing condition exclusions, simplify administrative processes, and observe fair and competitive market practices.

16. Reform the national tort system to prevent non-meritorious lawsuits, keeping Texas reforms in place as enacted by the Texas Legislature and Constitutionally affirmed by Texas voters. This reform plan should include limits on contingency fees, and encourage establishment of non-biased panels to judge the merits of lawsuits before they proceed.

17. Abolish the Medicare Sustainable Growth Rate annual update system and initiate a true cost of practice methodology that provides for annual updates in the Medicare Fee Schedule as determined by a credible, practice expense-based, medical economic index.

18. Support the implementation of an inter-operable National Electronic Medical Records System, financed and implemented through federal funding.

19. Require payers to have a standard, transparent contract with providers that cannot be sold or leased for any other payer purposes without the express, written consent of the contracted physician.

20. Support efforts to make health care financing and delivery decision-making more of a professionally advised function, with appropriate standard-setting through clinical efficacy, payment policy, and delivery system decisions fashioned by physician-led deliberative bodies as authorized legislatively.

21. Increase primary care physician workforce through increased funded primary care residency programs, decreasing student debt through increased loan forgiveness and increasing funding and establishment of Community Based Health Care Centers and the National Health Service Corps.

22. Maintain employer based coverage. TOMA is against a public option plan and such a plan should not be allowed to enter the market under rules not applicable to the plans it will compete against. Competition must be on a level and equitable playing field. TOMA is opposed to any public option plan based on the Medicare program, and any provisions that would mandate physician participation in the program.

23. Continue preservation of physicians-owned hospitals as viable options to expanded access to healthcare. These facilities provide high quality medical care, have high levels of patient satisfaction, provide access to diverse populations, and contribute to the economic health of the communities they serve, and need to be able to expand and meet the changing medical needs of the community.

24. Promote individual investment in health through prevention, wellness and public health, and not impose untested and arbitrary treatment standards that do not improve the quality of patient care.

25. Create an equitable healthcare financing infrastructure that promotes quality and reduces impact of current tort laws.

26. Support reduction of federal government and bureaucracy red tape for patients and physicians.

27. Reform should be comprehensive and simultaneously increase access to care, reduce cost, and improve quality. This includes a health care system that should be revisable and responsive to changing circumstances. The system should encourage physicians, patients, and communities to engage as partners in health care, and it should encourage mutual respect, healthy lifestyles, adherence to treatment plans, active self-management, and effective communication for better health.

28. Excluding individuals or populations from access to health care benefits should not be used to restrain cost. Universality should not be sacrificed to achieve sustainability. Reform should encourage efficient use of health care resources by all stakeholders, and should promote quality health care that provides incentives to carefully monitor and improve quality.

29. Reform must be equitable, consistent, transparent, sensitive to value, and be accompanied by a set of consensus recommendations from well-accepted methods for generating measurable clinical practice guidelines for policies and actions to ensure fairness in health care coverage decisions. ◆
PhoDOs Continued....

Dr. Art and Dodi Speece’s Party for the Osteopathic Medical Students and their Families, Nov. 21, 2009
Despite heavy and continuous activity by opponents of the proposal to add an MD offering at the University of North Texas Health Science Center, the UNT System Board of Regents voted unanimously on November 20 to proceed with the process. The next steps involve raising startup funds (estimated at $21.5 million), securing student training from area hospitals, and creating a business plan. In addition, the measure must be brought before the Texas Legislature in 2011 since state statutes prohibit UNT from awarding MD degrees.

**Meeting of the UNT Board of Regents**

Among those presenting at the meeting to speak against the plan were: TOMA President George Cole, DO; AOA President Larry Wickless, DO; AOA Executive Director John Crosby; Michigan State University College of Osteopathic Medicine Dean Bill Strampel, DO; TOMA/TCOM Task Force Chair David Garza, DO; Robert DeLuca, DO; Jim Froelich, DO; Scott Stoll, DO; and TOMA-50 President Joanna Gibbons, OMS.

According to Dr. Cole: “Your representatives presented comprehensive information that included the historic relationship of TOMA and TCOM, the growth of the osteopathic profession in the U.S. and in Texas, the exorbitant costs of creating and maintaining an allopathic degree program, and the unintended consequences that could ensue from the massive commitment of UNT in underwriting this proposal.”

Following approximately three hours of delivery and presentation from both sides, Dr. Cole stated that the board took only about three minutes to reach a unanimous vote in favor of the measure. He added: “Chancellor Lee Jackson delivered a summary of the resolution prior to the vote, noting that the board was authorizing further planning, not an approach to the legislature. The board resolution requires raising $21.5 million, obtaining signed agreements from affiliated hospitals that guarantee TCOM students access to undergraduate and graduate training positions, and formal acknowledgment of the legislatively approved growth of TCOM. These requirements must be met prior to hiring a dean and prior to any further development of accreditation plans with the LCME or with state approval agencies.”

Dr. Cole also voiced his surprise at the lack of discussion prior to such an important vote. “There was absolutely none,” he said. (For further details about the meeting, refer to Dr. Cole’s newsletter of November 23, posted at www.texasdo.org.)

**UNT Health Science Center Activity**

Updates have been posted to the TCOM MD Degree Study Group site at www.hsc.unt.edu/sites/StudyGroup. These include:

- Dr. Ransom’s remarks prepared for delivery to the Board of Regents on November 20
- Excerpts of letters in support of the proposal
- Presentations given at three Town Hall Meetings for UNT Health Science Center faculty, staff and students

On November 20, the UNT Health Science Center issued a press release announcing the board’s decision, as follows:

**UNT Board Approves Next Steps in Conferring MD Degree**

The University of North Texas System Board of Regents today voted unanimously to move forward in its intent to offer an MD degree at the University of North Texas Health Science Center. This second medical degree would be separate from and in addition to the DO degree which currently is conferred through the Texas College of Osteopathic Medicine (TCOM) at the UNT Health Science Center.

The decision follows a year of research into pursuing the option of conferring a second degree. The next steps in the process include securing preliminary funding, establishing a business plan for the new school, ensuring commitments to TCOM and confirming relationships with area hospitals for student rotations and instruction.

**TOMA Activity**

The preparation of remarks to the Board of Regents was not taken lightly. Much work and thought went into each presentation, with meetings and conference calls occurring beforehand to discuss and finalize individual emphasis areas. Each speaker was able to offer a unique perspective on the situation to try to educate the Regents. As pointed out by Dr. Cole, the message is to “outline our support for TCOM, and...raise fundamental questions about the desirability and the viability of the proposal.”
of the MD proposal.”

Prior to the November 20 meeting, TOMA and the osteopathic community dedicated much time in continuing its efforts to ‘Keep TCOM DO’ by numerous phone calls, letters and meetings with various groups and individuals, including hospital leaders and local and state politicians. These included meetings with Texas Representative Charles Geren, who indicated he would not support any effort that weakened TCOM; State Representative Brian McCall of Plano; and Senator Bob Deuell, an MD family practitioner who opposes the addition of the MD degree at TCOM and further noted his intent to write a letter to the UNT Board of Regents stating his stance.

Efforts did not stop during the recent AOA meeting in New Orleans, during which conversations and meetings were held with faculty, students, deans, osteopathic specialty society leaders and other interested parties, including Dr. Ransom.

TOMA emailed members and supporters on November 3, urging them to complete ‘Keep TCOM DO petitions.”

**TOMA’s Future Plans Taking Shape**

In early December, TOMA activities included an executive committee conference call and a subsequent meeting, a TOMA TCOM Task Force call, and a full board meeting.

Also in early December, a meeting was held to review the ramifications of the UNT Board of Regents meeting and plan future action. Participants included AOA Executive Director John Crosby; AOA President Larry Wickless, DO; AOA board members Bob Juhasz, DO, and Mark Baker, DO; MSU Dean Bill Strampel, DO; Dr. Cole; TOMA Executive Director Sam Tessen; TOMA Task Force chair David Garza, DO; Elizabeth Palmarozzi, DO; Patrick Hanford, DO; Robert DeLuca, DO; Monte Troutman, DO; Jim Froelich, DO; Rodney Wiseman, DO; and others. Among the topics of discussion was a letter from Regent Dr. Charles Mitchell that delineated the steps that Dr. Ransom must complete prior to further movement of the MD proposal. These include: raising $21.5 million; producing agreements with affiliated hospitals that guarantee access for TCOM students and graduates; and protecting the legislatively-approved resources for TCOM.

According to Dr. Cole, the AOA and TOMA Task Forces are developing a position paper that “contains facts that are pertinent to financing and accreditation that can be utilized in meetings with community leaders and with state political figures. We would like to include more Fort Worth osteopathic physicians in these meetings, and I welcome volunteers.” (Contact Dr. Cole at president@txosteo.org.)

**American Osteopathic Association**

The AOA has also expended much time and energy on this issue through assistance, presentations, and support from its leadership, staff and Task Force. The following excerpts are from Mr. Crosby’s blog of November 20:

AOA President Larry A. Wickless, DO, and I are in the Lone Star State today to represent the AOA at a meeting of the University of North Texas Health Science Center’s (UNTHSC) Board of Regents. For those unaware, the UNTHSC is exploring the development of an MD school at the Texas College of Osteopathic Medicine campus in Fort Worth. The AOA Board of Trustees unanimously opposes this proposal, believing it will rob resources and opportunities from osteopathic medical students at TCOM. Today’s Board meeting allowed representatives from both sides of the debate to testify before the UNTHSC Regents, after which they voted to continue the Planning Authorization process into 2010, albeit with conditions required that relate to financing, graduate medical education agreements, protection of TCOM resources, and focus on family practice medical education.

**Letters of Support**

Comments, support and letters from the osteopathic family continue to be received by TOMA. Many are included in Dr. Cole’s weekly presidential newsletters, which can be found on TOMA’s website at www.texasdo.org. The following are several such items.

- A recent submission was a copy of a letter from a LECOM student, currently rotating at a Dallas hospital, to the Board of Regents and the chancellor, which reads:

“To the Board of Regents and the Office of the Chancellor of UNT:

“I cannot begin to express my disappointment in the unanimous decision to continue with plans for an MD program under UNT HSC. The same facts presented to any impartial observer would result in a resoundingly dissenting opinion. While the

continued on page 22...
Help high-risk patients save their kidneys.

**Determine risk:**
- Diabetes
- Hypertension
- Cardiovascular disease
- Family history of kidney disease

**Do three simple tests:**
- “Spot” urine albumin-to-creatinine ratio to detect albuminuria (UACR)
- Serum creatinine to estimate GFR (eGFR)
- Blood pressure measurement

Prevention is possible, and early detection can enhance your patients’ length and quality of life. Teach them and test them to help keep their kidneys safe.

For more information, go to savekidneys.com.
Texas Osteopathic Medical Association 54th Midwinter Conference & Legislative Symposium

Registration Information

“The Leading Edge of Medicine”
The Westin Park Central, Dallas, Texas
February 12-13, 2010

Register On-Line: www.txosteo.org

American Osteopathic Association Accredited 19.75 Category 1A CME Hours
American Association of Family Practitioners Accredited 15 Category 1A CME Hours (Pending)
Conference Sponsored by the TOMA Foundation, a 501(c)(3) non-profit organization.
FRIDAY, FEBRUARY 12, 2010
3:00 – 7:00 p.m.
Registration
4:00 – 7:00 p.m.
Exhibit Hall Opens (Reception 5-7)
6:00 – 8:00 p.m.
“Chronic Obstructive Pulmonary Disease Workshop”
Office Interpretation of Spirometry - Phil Slocum, D.O.
Esther Fields, D.O.
8:00 – 9:00 p.m.
“OMT and the Treatment of Autism”
Conrad A. Speece, D.O.
8:00 – 9:00 p.m.
Cocktail Reception Honoring Texas OPTI Residents
9:00 – 11:00 p.m.
Meeting of the Friends

SATURDAY, FEBRUARY 13, 2010
7:00 a.m. – 5:00 p.m.
Registration
7:30 – 8:30 a.m.
Breakfast with the Exhibitors
8:00 a.m. – 5:00 p.m.
Office Managers
8:00 – 9:00 a.m.
“Endometrial Ablation as an Alternative to Hysterectomy”
Russell Thomas Phelps, D.O.
9:00 – 10:00 a.m.
“Closed Head Injuries”
Andres Morales, D.O.
9:00 – 11:30 a.m.
OPTI Resident Council
9:00 – 11:30 a.m.
ATOMA Board Meeting
10:00 – 10:30 a.m.
Pharma Update Break
10:30 – 11:30 a.m.
“Common Dermatoses with an Osteopathic Perspective”
Oliver J. Wisco, D.O.
11:30 – Noon
Pharma Update Break
Noon – 1:00 p.m.
Medical Regulatory Activities
9:00 – 10:00 a.m.
“OMT and the Treatment of Autism”
Conrad A. Speece, D.O.
10:00 – 12:00 noon
Risk Management
Texas Medical Board Presentation
Sponsored by Advocate DO
11:00 – 12:00 noon
Constitution & Bylaws
Noon – 1:00 p.m.
Committee Members Lunch
1:00 – 3:00 p.m.
Governmental Affairs/DOME Day/TOMA PAC
2:00 – 3:00 p.m.
Osteopathic Principles & Practices Environmental Health
3:00 – 4:00 p.m.
Executive Director Evaluation
End of Life Care
4:00 – 5:00 p.m.
New Physicians
Archives/History
6:00 – 8:00 p.m.
Strategic Planning
9:00 – 11:00 p.m.
Meeting of the Friends
11:30 – Noon
Pharma Update Break
Noon – 1:30 p.m.
Legislative Luncheon – TOMA’s 2010 Legislative Priorities and Strategies
1:30 – 4:30 p.m.
TxACOFP Board Meeting
1:30 – 2:00 p.m.
Pharma Update Break
2:00 – 4:00 p.m.
“Vaccines”
Texas Vaccination Requirements
David L. Lakey, MD
Texas Health Commissioner
Why Vaccines are Important: Dealing with Parents Who Refuse to Immunize
Stanley Grogg, D.O.
4:00 – 4:30 p.m.
Pharma Update Break
4:30 – 5:30 p.m.
“New Techniques in Joint Replacement Therapy”
Kenneth S. Bayles, D.O.
5:30 – 6:30 p.m.
“Interventional Cardiology”
Scott Turner, D.O.
6:30 – 7:30 p.m.
“Hepatitis C Update”
Reem Ghalib, M.D.
5:00 – 7:00 p.m.
TCOM Alumni Board Meeting
7:00 – 9:00 p.m.
TCOM Annual Reception

SUNDAY, FEBRUARY 14, 2010
7:00 – 8:00 a.m.
Breakfast
8:00 a.m. – 12:00 noon
Risk Management
Texas Medical Board Presentation
Sponsored by Advocate DO
10:00 – 11:00 a.m.
Minority Health
Military Affairs
2:00 – 3:00 p.m.
Information Technology/Website
3:00 – 4:00 p.m.
Past Presidents Advisory Council
4:00 – 5:00 p.m.
AOA Delegation

OFFICE MANAGERS’ SESSION – Physicians welcome at no additional registration fee.
SATURDAY, FEBRUARY 13, 2010  8:00 am – 5:00 pm
• E-Prescribing – Here it from the experts on the federal and state rules and coding for e-prescribing and where it is going in the future.
• PQRI - How to Bill, Code and Report for PQRI and the requirements for the incentive bonus for Medicare. Start reporting now to get your bonus before it becomes a penalty for not reporting PQRI.
• Quality Control and Quality Assurance - How to implement quality control in your medical practice. Tracking Labs, pain contracts, setting practice guidelines and much more.
• New Employee Hiring and Training – “Finding the right person for the job!”
• Networking – Bring all your Coding and Billing questions, Management Issues, New ideas, etc for a networking session with other Office Managers
### The Westin Park Central
Dallas, Texas

**PLEASE TYPE OR PRINT CLEARLY**

Name:  

Name for Badge (if different from above):  

Address:  

City:  State:  Zip:  

Business Phone:  Home Phone:  FAX:  

Email:  

D.O. College:  

Graduation Year:  AOA#:  

Specialty:  TOMA District:  

Email: Spouse/Guest Name (if requesting badge):  

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### Refund Policy

- Refund requests postmarked on or before January 31, 2010 will receive a refund less 25% administration fee.
- All refund requests MUST be made in writing.

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### Registration Fees for Midwinter Conference

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<th>CHECK SELECTION</th>
<th>Registration Dates: (Postmarked by 1/25)</th>
<th>(Postmarked after 1/25)</th>
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<td>TOMA Member:</td>
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<tr>
<td>Non-Member:</td>
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(includes meal tickets for students/interns/residents/fellows who are registered for the meeting)

**REGISTRATION SUBTOTAL: $___________**

**REGISTRATION TOTAL: $___________**

### Form of Payment

- Check in the amount of $___________  
- Credit Card in the amount of $___________ (check one)  
- Visa  Mastercard  AmExpress  

Card Number:  Expiration Date:  

PRINT Name as it appears on the card:  

Authorized Signature:  

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**RETURN COMPLETED FORM WITH PAYMENT IN FULL TO:**

TOMA Foundation • 1415 Lavaca Street Austin, Texas 78701

Fax ONLY if paying by credit card to 512-708-1415. Questions: Contact Patty Bell at patty@txosteo.org or call 800-444-8662

**REGISTER ON-LINE AT WWW.TXOSTEO.ORG**

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### Hotel Information

2009 Mid-Winter Conference  
Westin Park Central • 12720 Merit Drive • Dallas, Texas 78251

Please call the hotel directly to make reservations at 800-228-3000. Reservations must be made no later than Thursday, January 21st, 2010 to receive the discounted group rate of $132 sgl/dbl. Mention TOMA to receive the group rate.
Reception Held for Dr. Don Peska
A reception welcoming Don N. Peska, D.O. (DMU-COM ’75), to his new position as dean of Texas College of Osteopathic Medicine was held December 2 in the Atrium of the UNT Health Science Center. Faculty, staff, students and other well-wishers were on hand to officially celebrate his new position. Previously associate dean for Educational Programs for TCOM since 2004, he was named dean effective September 9, 2009. The reception was hosted by the UNT Health Science Center Office of the President.

AOA Recognizes New Subspecialty in Preventive Medicine in Hyperbaric and Undersea Medicine
Hyperbaric Medicine Offered by Dr. Kelly D. Grimes
The American Osteopathic Association recently recognized a new subspecialty of Preventive Medicine in Hyperbaric and Undersea Medicine. Kelly D. Grimes, D.O. (KCUMB’98), has a practice in Wound Care and Hyperbaric Medicine services at the Outpatient Wound Care & Hyperbaric Medicine Center at LifeCare Hospital. To his knowledge, he is the only full-time provider of this service line in Tarrant County. He is on staff at Harris Fort Worth, Harris HEB, Plaza Medical Center of Fort Worth, LifeCare SW, Kindred SW and Kindred Arlington, and John Peter Smith Hospital.

His practice offers Advanced Wound Care, treatment of most skin conditions, sharp debridement, biopsy, non-invasive vascular studies, Doppler, and transcutaneous oxygen measurements, and he specializes in difficult, nonhealing, diabetic, neuropathic, pressure, surgical, traumatic, crush, infected, venous stasis, arterial, autoimmune, necrotic and gangrenous wounds.

Dr. Grimes completed an internship and Family Practice residency at Osteopathic Medical Center of Texas and is board certified in Family Practice.

His practice is located at 6201 Overton Ridge Blvd. in Fort Worth; (817-222-8325; FAX 817-222-8357; Direct FAX 817-735-8049).

TOMA President Attends Dedication of Educational Suite
TOMA President Dr. George Cole and his wife, Linda, recently traveled to Scott & White in Temple to represent TOMA at the dedication of the Ben Chlapek, D.O. Emergency Medicine Educational Suite. Dr. Chlapek, a 1975 graduate of the Kansas City University of Medicine and Biosciences College of Osteopathic Medicine, passed away in July 2008. He was affiliated with Scott & White, an active member of TOMA and a fellow and past president of the American College of Osteopathic Emergency Physicians.
The hospital dedicated the new suite in his memory. Drs. Cole and Chlapek were classmates at Kansas City.

Promotion for Dr. Teresa Boyd
Teresa D. Boyd, D.O. (TCOM ’86), has been named deputy chief of staff at South Texas Veterans Health Care System, San Antonio, at the Audie L. Murphy VA Medical Center. She is certified in Family Practice by the American Osteopathic Board of Family Practice.

Dr. Ray Morrison Noted in UNTHSC Online Publication
The election of Ray L. Morrison, D.O., FACOS (TCOM ’86), as vice speaker of the AOA House of Delegates was noted in the November 30 edition of Connection, an online publication of the UNT Health Science Center. A Crockett general surgeon, Dr. Morrison has served as vice speaker of the TOMA House of Delegates since 1998; he was re-elected to that position in June 2009. He also serves as assistant professor of surgery for TCOM’s Division of Rural Medicine.

New TCOM Dean Quoted in Local Newspaper
New TCOM Dean Don N. Peska, D.O., FACOS (DMU-COM ’75), provided his take on social media in the November 16 edition of the Fort Worth Business Press. The article explored the use of popular social media platforms, such as Twitter, Facebook and blogs, and their utilization by physicians and health care systems. Dr. Peska noted that TCOM students and faculty are well versed in the area of patient confidentiality, and that incidents of misuse have not surfaced. He cautioned on the need to “think through content” prior to posting online. Dr. Peska maintains a clinical practice in Thoracic and Vascular Surgery. Certification includes General Surgery, Thoracic-Cardiovascular Surgery, and General Vascular Surgery.

Dr. Mark Sanders Completes LLM Program in Elder Law
Mark A. Sanders, D.O., JD, MPH, LLM (TCOM ‘98), current president of TOMA District 2, earned his LLM in Elder Law at Stetson University College of Law in December 2009. In addition to being an attorney, Dr. Sanders is also a Geriatrician and practices at the UNT Health Science Center. His law firm, Sanders Law, has offices in Fort Worth and Dallas and practices general law, serious bodily injury in addition to elder law. The LLM (Master of Laws) is a higher academic degree that allows professionals to earn advanced legal training in a specialized field of law. Dr. Sanders earned his J.D. in 2003 from Texas Wesleyan University School of Law and his MPH in 2005 from the UNT Health Science Center’s School of Public Health. He was named TOMA’s New Physician of the Year in 2007 for his work in advancing the training and study of palliative care in osteopathic medical education.

New President for TOMA District 6
Carl V. Mitten, D.O. (KCUMB-COM ’60), was recently elected president of TOMA District 6, a position he has held in the past. He is a long-time active member of TOMA and was honored by his peers in May 2009 for 18 years of service in the TOMA House of Delegates. In addition, he was honored several years ago with TOMA Life Membership. Dr. Mitten maintains a family practice in Houston and is certified in Family Practice.

Dr. Robert Adams Discusses the Flu in Local Paper
Robert Adams, D.O., FCOOG (KCOM ’79), was quoted in an article entitled “Approach to Treating H1N1 has Changed Since Spring,” which appeared in the October 26 Fort Worth Business Press. The article noted the changes in how the virus is being handled now – such as asking sick people to stay home – in contrast to when it first emerged in April 2009, e.g., school closings and cancellations of various public events. Dr. Adams said that although H1N1 was widespread, “…there isn’t the sense of alarm that accompanied the disease when it first emerged.” He also said that by using a symptoms checklist, doctors can usually diagnose the virus over the phone and provide patients with warning signs that would warrant urgent medical attention. Dr. Adams is Chief Medical Officer for UNT Health and an associate professor in the Department of OB/GYN at the UNT Health Science Center. He is certified in Obstetric/Gynecologic Surgery.

Dr. Alex Guevara Receives Achievement Award
Alex Guevara, Jr., D.O. (TCOM ’85), was recently honored with a distinguished achievement award, the Chairman’s Award, by the United Hispanic Council. The Council is a Fort Worth and Tarrant County organization that combines the efforts of 16 Hispanic business groups. Certified in Family Practice, he maintains his practice at Rockwood Medical Clinic in Fort Worth. Dr. Guevara has been a leader in TOMA District 2 and serves as a member of the TOMA TCOM Task Force, which has been working to encourage the UNT Health Science Center to abandon the proposed addition of an M.D. degree.

Dr. David Stone Nominated for Additional Term on TX Medicare CAC
TOMA President George Cole, D.O., has nominated David A. Stone, D.O., FACOS (CCOM ’74), for another term on the Medicare/Trailblazer Carrier Advisory Committee. He was first appointed TOMA representative to the CMS Medicare Part B Medical Advisory Committee in 2003. Dr. Stone is board certified in General Surgery and received his fellow designation from the American College of Osteopathic Surgeons in 1996. He has been a TOMA member since 1996, and practices in Fort Worth.

UNTHSC Physicians Receive Grant Funding
“The Daily News,” online communication of the UNT Health Science Center, has reported grant funding for research studies/clinical trials for the following physicians. Congratulations!

Roberto Cardarelli, D.O., MPH (TCOM ’01), Family Medicine, has received $80,500 for “Debates and Directions in Fibromyalgia: Recognizing Signs and Selecting Appropriate Paths.” He is board certified in Family Practice.

Kendi L. Hensel, D.O. (OSU-COM ’98), Department of OMM, has received $54,000 for “Osteopathic Manipulative Medicine in Pregnancy: Physiologic and Clinical Effects.” She is certified by the American Osteopathic Board of Family Practice.

continued on page 24...
money issues are clear enough, the fact that Dr. Ransom states an MD program will bring more primary care physicians to Texas is simply absurd. Simply look at the figures and you will find that osteopathic institutions provide a far greater percentage of primary care physicians than their allopathic brethren.

“As a native Texan and an osteopathic student interested in family medicine, I have taken pause at your blatant slap in the face of everything I hope to embody; an osteopathic family physician who wishes to provide cost-effective, holistic health care to my fellow Texans. Your flawed decision making makes me wonder how wise it would be to practice in a state with an institution who claims to want more primary care physicians, but in reality chooses a path that will only decrease our overall health while increasing our already overburdened health care budget. Imagine what other would-be primary care doctors will think once you topple TCOM as one of the top primary schools in the nation.”

- Emails were received from Wayne Stockseth, a former member of the HSC board in the 1970s, and board chair in the 1980s. Excerpts follow.

“I am appalled by the efforts of the UNT board in their attempt to create an MD program at the HSC and, as a former chair of UNT I am frankly embarrassed by their lack of support for TCOM. Rather than having pride in what the school has accomplished they seem to be set on having what they perceive as a “Real Doctors” school as part of UNT. I know Dean Davis who followed me as chair feels the same way.

“...[T]he founders of our school gave the school to the State of Texas with the agreement that it would remain osteopathic... When I became Chair of UNT most of the Regents not only did not know anything about the osteopathic profession but thought little of its contributions to health care. As a member of the private school board TOMA supported me with the Governor so the regents would have at least one person that understood that osteopathic medicine was not voodoo medicine.”

- In addition, an op-ed by Tayson DeLengocky, DO (TCOM ’02), appeared in the November 13 Fort Worth Star-Telegram, titled, “Proposed MD School at Health Science Center is an Insult to Institution’s DO History.” He wrote: “It would be a travesty to waste millions of taxpayer dollars annually to duplicate the parallel administrative structure of a medical school to train future physicians who would provide the same care...” Dr. DeLengocky practices Vitreo-Retinal Surgery and Neuro-Ophthalmology in Illinois. The op-ed was noted in the AOA’s online magazine on November 13 in the “In and Around the Profession” section, where a link is provided.

Local Media Reaction
The November 21st issue of the Fort Worth Star-Telegram featured an article about the decision of the UNT regents. The article noted that “The regents...approved the proposal with little discussion.” Comments from Dr. Cole were included, indicating that TOMA would be watching the developments to make sure that “voiced commitments” to TCOM are kept. In addition, AOA Executive Director John Crosby was quoted: “You don’t need it, you can’t afford it, and it’s not the right thing to do.” Chancellor Lee Jackson made remarks to the effect that in light of strong opposition, it wasn’t an “ideal situation.” However, he added that he felt it “would be wrong...to ignore...community support” for the proposal. (The full article is found in Dr. Cole’s newsletter of November 23.)

On November 30, the Fort Worth Business Press featured an article that detailed the business benefits of the MD proposal while also touching on some statements made during the November 20 meeting of the Board of Regents. The article stated that the Fort Worth Chamber of Commerce passed a resolution in October that supported the addition of the MD school “to complement the osteopathic school” and saying that it would add to the UNTHSC’s economic impact in the city. The article also noted that AOA President Larry Wickless, DO, told the Board of Regents that the MD proposal was a “business decision that will last ‘forever.” (The full article can be found at www.fwbusinesspress.com.)

Stay Tuned
TOMA will keep you informed of any developments as they occur. In the meantime your thoughts, questions and comments are welcomed by TOMA. Contact us at toma@txosteo.org or by phone at 800-444-8662. The contact for TOMA President George Cole, DO is president@txosteo.org.

Finally, Dr. Cole issued a reminder in his newsletter of November 2 which bears repeating: “I hope that we don’t view this discussion as a battle, a fight, or a struggle. Fights only make both sides weaker, and TOMA is firmly committed to protecting and preserving the heritage of TCOM for the next generation of osteopathic physicians.” ♦
“It’s nice to have someone who goes the extra mile for you. TMAIT goes the extra ten miles.”

Iris Lieberman, Practice Manager for George I. Stern, MD, PA

TMAIT offers medical, life, income protection, office overhead, and ancillary insurance to TMA member physicians and their group managers. Each plan type meets a specific need, and you do not need every type at each stage of your career.

We work with you online, on the phone, or in person to determine which combination of plan types best meets your needs now and in the future. We will not sell you coverage you do not need or do not want.

That’s coverage you can count on.

Contact us anytime with questions or with ideas about how we can better meet your needs.

1.800.880.8181
www.tmait.org
John C. Licciardone, D.O., MS, MBA (KCOM '82), has received $50,000 in funding for “Mechanisms of Action of OMT for Chronic Low Back Pain.” He is executive director of the Osteopathic Research Center and the Osteopathic Heritage Clinical Research Chair.

Stephen E. Weis, D.O. (DMU-COM ’78), Department of Internal Medicine, has received $993,592.58 for “Tuberculosis Trials Consortium.” He is certified in Internal Medicine and Emergency Medicine.

Dr. Stephanie Sun Begins Palliative Medicine Training
Stephanie Kay Sun, D.O. (TCOM ’06), was recently accepted as a Fellow in the Palliative Medicine program at the University of North Texas Health Science Center at Fort Worth. She will train under the direction of Alvin Mathe, D.O. (TCOM ’89), UNTHSC Department of Internal Medicine, who also serves as medical director of Palliative Medicine at Harris Methodist Hospital of Fort Worth. The fellowship, which began December 1, will conclude in December 2010. Dr. Sun completed an Internal Medicine residency at Plaza Medical Center in Fort Worth in June 2009. In addition, she recently passed the Internal Medicine boards. She hopes to eventually practice either in Fort Worth or a smaller town somewhere in east Texas.

Dr. Bill Hospers Recognized in Dallas Paper
William D. Hospers, D.O. (KCOM ’59), was recently recognized in the Dallas Morning News for his commitment to preserving aviation history. The article, “Jitterbugging for a Great Cause,” provided information on the Vintage Flying Museum’s 19th Annual Hangar Dance, which drew flying enthusiasts to the nonprofit museum for an evening of big-band dancing, and also helped bring in donations. In addition, surviving members of the 95th Bomb Group that flew B-17 missions over Europe during World War II were on hand for photos and autographs.

The Vintage Flying Museum, tucked into a hangar at Meacham Airport in Fort Worth, features a working B-17 and 20 other rare planes that showcase the history of aviation. The B-17 is named Chuckie, after Dr. Hospers’ wife, who served as ATOMA president from 1989 to 1990. Dr. Hospers purchased the plane, which is the focal point of the museum.

Dr. Hospers, who served as TOMA president from 1995-1996, has a long history in aviation as a commercial pilot, Certified Flight Instructor, and Certified Aircraft Mechanic. He served two years of active duty in the U.S. Army, and was a Flight Surgeon in the U.S. Army Reserve Medical Corps, retiring in 1990 with the rank of Colonel. His passion for the restoration of bygone-era war planes eventually led to his founding the Vintage Flying Museum. Now retired from his Orthopedic Surgery practice, he has more time to supervise the restoration of the aircraft.

As an added note, the 1997 Sustainers Party during that year’s TOMA convention in Dallas was held at the Vintage Flying Museum, complete with big bands and a 1940’s theme.

For information about the Vintage Flying Museum, visit www.vintageflyingmuseum.org.

New Officers for TCOM Alumni Association
The election of new officers for the Texas College of Osteopathic Medicine Alumni Association took place during the recent AOA convention in New Orleans. In addition, a ceremony was held during which past presidents of the TCOM Alumni Association were inducted into the TCOM Gavel Club as honored members. The function of the Gavel Club is to provide advice and consultation to the TCOM Alumni Association.

Stephen D. Laird, D.O., FACOS, MHPE (TCOM ’78), is the new president. Dr. Laird serves as associate dean for Academic Affairs and as an associate professor in the Department of Surgery at A. T. Still University/Kirkville College of Osteopathic Medicine in Missouri.

Stephen D. Laird, D.O. and David Garza, D.O.
Dr. Clark. “Patients don’t have a rank.”

“It doesn’t matter if the patient is a general or an airman,” said Dr. Clark. “Patients don’t have a rank.”

Dr. Alvin Mathé Published in ACOI Publication
Alvin J. Mathé, D.O., FACOI (TCOM ‘89), submitted a case study involving a potential ethical conflict which was published in the November issue of ACOIInformation, a publication of the American College of Osteopathic Internists. The presented case details the ethical issues involved. Dr. Mathé is assistant professor in the Department of Internal Medicine at UNT Health Science Center. He also serves as medical director of Palliative Medicine at Harris Methodist Hospital of Fort Worth. The case study is found at www.acoi.org.

Dr. Elizabeth Clark Receives Star Spangled Banner Medallion
Elizabeth P. Clark, D.O., MPH (KCUMB ‘87), was awarded the Star Spangled Banner Medallion by the Kansas City University of Medicine and Biosciences during their 2009 Homecoming Awards Banquet. The award was established in 2004 and recognizes a physician graduate who exemplifies the University’s core values of leadership, humility, faith & positivity, integrity, compassion and service as well as commitment in service to the United States.

“It doesn’t matter if the patient is a general or an airman,” said Dr. Clark. “Patients don’t have a rank.”

Dr. Clark recently retired from the U.S. Air Force with the rank of Colonel, following a 25-year career that included four tours in Iraq. She is a recipient of the Bronze Star as well as other military decorations. She currently serves as medical director of the Weight Loss Cosmetic and Surgical Center of America in New Braunfels, Texas, where she has reshaped the clinic’s dietary plan for its patients, who range from 12 to 85 years old.

She earned a master’s degree in public health and tropical medicine from Tulane University in 1999. In addition to her medical training, she is a 1997 graduate of the Air Command and Staff College and a 2000 graduate of the Air War College.

New Leaders for TOMA District 14
During a December meeting of TOMA District 14 in Alamo, Texas, new officers were elected as follows: Rick J. Lin, D.O., MPH, FAOCD (TCOM ‘02), a McAllen dermatologist, is the new president. He completed a Dermatology residency under TOMA past president Bill V. Way, D.O., FAOCD, at the Dermatology Institute in Duncanville, a branch of the A.T. Still University of Health Sciences/KCOM, Dermatology Department, Kirksville, Missouri. Dr. Lin is also the creator of TOMA’s new website (www.texasdo.org), and was the recipient of TOMA’s New Physician of the Year Award in 2009.

The new vice president is Luis G. San Miguel, D.O. (KCOM ’91), who maintains a practice in McAllen. He interned at Bi-County Community Hospital in Warren, Michigan, and completed a Family Practice residency in Garden City, Michigan. Dr. San Miguel is certified in Family Practice by the American Osteopathic Board of Family Practice.

Audrey R. Jones, D.O. (TCOM ‘88), was elected treasurer and is the district’s immediate past president. Certified in Family Practice, she practices at Alamo Neighborhood Doctor in Alamo. An integral part of the community, Dr. Jones was named Citizen of the Year by the Alamo Chamber of Commerce several years ago. She also serves as a member of TOMA’s Board of Trustees.

New President for TOMA District 8
Steven L. Gates, D.O., FACOI (OSU-COM ‘86), has taken over as president of TOMA District 8. He has served as director of medical education at Bay Area Corpus Christi Medical Center since 2007, and also director of the new Internal Medicine Residency Program at Bay Area which began in 2009. He is certified in Internal Medicine with a Certificate of Added Qualifications in Geriatrics. Dr. Gates also serves as chair of TOMA’s Department of Development & Liaison.
New Members

The TOMA Board of Trustees is proud to welcome the following new members:

DISTRICT 1 (Panhandle)
Akinylee K. Lovelace, D.O.
507-B West 15th Street
Hereford, TX 79045
PCOM '05; Board Certified in Internal Medicine

DISTRICT 2 (Fort Worth Area)
Lan Thanh Le, D.O.
800 Eighth Avenue #506
Fort Worth, TX 76104
TCOM '05; Physical Medicine and Rehabilitation

Lindsay M. McBride, D.O.
706 E. Eureka #100
Weatherford, TX 76086
TCOM '03; OBGYN

Elaine Kay Miller, D.O.
Dermatology Associates of Parker County
912 Foster Lane #200, Professional Building II
Weatherford, TX 76086
TCOM '02; Dermatology

Chau N. Pham, D.O.
(Returning Member)
5040 N. Tarrant Pkwy #124
Keller, TX 76248
OUCOM '95; Board Certified in Family Medicine, OMM, Geriatrics

Interns/Residents/Fellows
Meera Patel, D.O.
John Peter Smith Hospital
TCOM '08; OB/GYN Residency

DISTRICT 3 (East Texas)
John R. McKinney, Jr., D.O.
800 E. Dawson
Tyler, TX 75701
KCUMB '98; Emergency Medicine

DISTRICT 4 (Abilene/San Angelo Area)
Martin S. Schnier, D.O.
Chief of Staff, West Texas VA Health Care System
300 Veterans Blvd.
Big Spring, TX 79720
UMDNJ/SOM '84; Board Certified in Family Medicine, CAQ Geriatrics

Michael R. Young, D.O.
(Returning Member)
Abilene Pain Care
1758 S. Clark Street
Abilene, TX 79605
TCOM '81; Board Certified in Family Medicine, OMM, Pain Management

DISTRICT 5 (Dallas Area)
Nicole C. Bullock, D.O.
2300 Matlock Rd #100
Mansfield, TX 76063
TCOM '04; Board Certified in Obstetrics & Gynecology

Elizabeth A. Pearch, D.O.
1001 Cross Timbers #1250
Flower Mound, TX 75028
TCOM '06; Board Certified in Family Medicine

Ray E. Rollins, D.O.
1515 E. Kearney
Mesquite, TX 75149
TCOM '83; Board Certified in Family Medicine

Interns/Residents/Fellows
DaKaya V. Jordan, D.O.
Baylor Medical Center, Garland
UMDNJ/COM '09; Family Medicine Residency

Cameran Nguyen, D.O.
Baylor University Medical Center
TCOM '05; Pathology Residency

Durr-e-Shahwaar Sayed, D.O.
UT Southwestern Medical Center
Western U '08; Family Medicine Residency

Cyril Varughese, D.O.
Methodist Dallas Medical Center
TCOM '09; Internal Medicine Residency

DISTRICT 6 (Houston Area)
Catherine P. Browne, D.O.
704 Old Montgomery Road
Conroe, TX 77301
CCOM '2000; OB/GYN

Thanh Ho Taylor, D.O.
( Returning Member)
1331 W. Grand Parkway North #210
Katy, TX 77493
TCOM '94; Board Certified in Family Medicine

DISTRICT 7 (Austin Area)
Jim B. Davis, D.O.
3839 Bee Cave Rd. #202
Austin, TX 78749
TCOM '86; General Practice, OMM, Alternative Medicine

Esther L. Fields, D.O.
2110 Scenic Drive
Georgetown, TX 78626
PCOM '02; Interventional Pulmonary/Critical Care Medicine

DISTRICT 8 (Corpus Christi Area)
John Watring, D.O.
15613 Palmira Avenue
Corpus Christi, TX 78418
PCOM '02; Family Medicine

DISTRICT 13 (Rockwall Area)
Richard S. McPherson, D.O.
3142 Horizon Road #100
Rockwall, TX 75032
TCOM '01; Physical Medicine & Rehabilitation – musculoskeletal-spine

DISTRICT 16 (Wichita Falls Area)
Fred J. Cotton, D.O.
246 NW Lake Drive
Graham, TX 76450
TCOM '78; Emergency Medicine

Robert T. Garbacz, D.O.
1518 10th Street
Wichita Falls, TX 76301
OSU-COM '83; Board Certified in Dermatology

DISTRICT 17 (San Antonio Area)
Shaina L. Reynolds, D.O.
7330 San Pedro #405
San Antonio, TX 78216
NSU-COM '2000, Board Certified in Family Medicine

District 18 (Temple/Waco Area)
James B. Hulin, D.O.
3610 Sierra Blanca
Temple, TX 76502
OSU-COM '05; Anesthesiology

OUT OF STATE
Tayson De Lengocky, D.O.
6800 N. Knoxville Avenue
Peoria, IL 61614
TCOM '02; Ophthalmology (vitreo-retinal surgery)

Interns/Residents/Fellows
Huy Luu, D.O.
Family Medical Care
Tulsa, OK
TCOM '07; Family Medicine Residency

Dustin Nguyen, D.O.
Bay State Medical Center
Springfield, MA 01199
TCOM '09; Radiology Residency
By Kris Beavers, TxACOFP Executive Director

Hello to all and greetings from Austin.

I hope your Holiday Season was one of much joy and happiness; may your New Year be a prosperous one in every way.

For many of you returning to work after a bit of a holiday break, the New Year brings with it the peak of the infectious season. This leaves many offices working long hours in an effort to accommodate the needs of your patients, as well as trying to keep yourself and your staff healthy.

Here are some quick tips for keeping peace and order:

• If your office closes for lunch, consider scheduling overlapping lunch breaks to allow yourself and office staff the time to eat a nutritious lunch followed by approximately 30 minutes, when patients are not in the office, to catch up on the most pressing work needs.

Doing this will help keep work loads down to a manageable level and it will also make sure that the most pressing tasks and calls to patients are handled earlier in the day.

• Leave time open in your patient schedule for emergency “work-in” appointments. Many offices limit the number of physical and well-exams during the infectious season in order to accommodate the large increase in sick appointments.

• Consider implementing a rotating schedule that places at least one staff member arriving at the office 15 to 30 minutes before the office opens to turn on the lights, start any machinery and take care of other opening duties. This will help alleviate some of the chaos that occurs when mornings get started late. It sets the tone for a well ordered work day.

• To create additional order in the office, have staff pull patient charts at the end of the day for the next day and verify any insurance information ahead of time.

• Do your best to keep appointments running on time. If patients present to the office seeking care for something ancillary to their chief complaint, ask them to schedule a separate appointment to address that need if at all possible, explaining that this insures there is proper time to meet their need.

This is by no means an exhaustive list, but hopefully helpful to you. Consider making arrangements to have your key staff participate in the Office Managers Training Sessions available at the TOMA MidWinter Conference and the TOMA – Texas ACOFP Annual meeting. Investing in your staff is investing in your business. 

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CALLING ALL DELEGATES

65th Annual Meeting of the TOMA House of Delegates

Saturday, May 1, 2010 • AT&T Conference Center • 1900 University Avenue • Austin, TX

As defined by Article IX of the TOMA Bylaws, “The House of Delegates shall be the legislative body of this Association and shall represent the delegated powers of the District Societies in state affairs.”

As TOMA’s primary governance body, delegates actively participate in the discussion and debate of policy and administrative resolutions considered by the House. They are responsible for amending the Bylaws as needed; establishing and maintaining a Code of Ethics; approving and revising resolutions that reflect TOMA’s position on a host of issues; and electing the leaders that will represent TOMA.

Delegates play a highly visible role by helping to determine the principles, policies and direction of TOMA for the betterment of quality health care, access to medical care, and the safety of the public seeking osteopathic medical services for citizens across the State of Texas.

Delegates are elected each year by their districts to represent the views and concerns of their respective district society. In essence, each delegate is the collective voice of his or her colleagues. The importance of this work cannot be stressed enough; the reality is that these duties showcase the unified stance of the osteopathic profession in Texas.

If you are interested in serving as a delegate, contact your district president. If you are unsure who he or she is, contact Lucy Gibbs in the TOMA office and she will get that information to you. Your participation is welcomed and highly appreciated.

We look forward to greeting all delegates at the upcoming 65th Annual Meeting of the TOMA House of Delegates on Saturday, May 1, 2010, in Austin. Be prepared to gather with your colleagues from across the state for the business at hand; remember, you represent the members who elected you.

HOTEL INFORMATION: The meeting will take place at the AT&T Conference Center and Hotel, which is located on the UT Austin Campus at 1900 University Avenue, Austin, TX 78705.

For room reservations, call (877) 744-8822 or log on to www.meetatx.com. The standard King Single/Double group rate is $129.00. The deadline for reservations at the TOMA rate is April 8, 2010.

RESOLUTIONS DUE MARCH 1: This serves as a reminder that any member or district planning to submit resolutions to the TOMA House of Delegates’ meeting on May 1 must submit such resolution(s) to the TOMA office prior to March 1, 2010. No resolutions will be voted on in the House unless they have been received in the TOMA office prior to the above date, or unless the TOMA Speaker of the House grants approval for presentation on the floor.

HOW TO SUBMIT A RESOLUTION: To submit a resolution, write down the main or essential point of your idea. Forward this to TOMA via email (lucyg@txosteo.org), by FAX (512-708-1415), or by regular mail (1415 Lavaca, Austin, TX 78701). Your submission will be forwarded to the Resolutions Committee to be shaped into resolution format. The Committee will then send the resolution to you to confirm that it reflects your intent.

Questions? Contact Lucy Gibbs at lucyg@txosteo.org or by phone at 1-800-444-8662. 

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THE JOURNAL OF THE TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
Introducing the Speakers

The following speakers are scheduled to present topics and issues relating to the theme – “The Leading Edge of Medicine” – during TOMA’s 54th Midwinter Conference & Legislative Symposium.

Anthony J. Agostini, D.O. - “Interventional Cardiology”
Dr. Agostini (LECOM '97), practices at the Cardiology Center of Amarillo, where his specialties are Cardiovascular Diseases and Interventional Cardiology. He is certified in Internal Medicine and Interventional Cardiology. He completed an internship, Internal Medicine residency, and fellowships in Cardiology and Interventional Cardiology at Western Pennsylvania Hospital in Pittsburgh.

Kenneth S. Bayles, D.O., FAOA - “New Techniques in Joint Replacement Therapy”
Dr. Bayles (DMU-COM '75), practices Orthopedic Surgery at the Centre for Fracture Treatment and Orthopedic Surgery in Dallas. He is a fellow of the American Osteopathic Academy of Orthopedics, American Academy of Disability Evaluating Physicians, and the American Academy of Pain Management. He completed Orthopedic Surgery residencies at Oakland General Hospital in Madison Heights, Michigan, and Dallas/Fort Worth Medical Center in Grand Prairie. Dr. Bayles served as TOMA president from 2005-2006. He was honored as a finalist for the AOA’s Mentor of the Year award in 2006.

Esther Lynn Fields, D.O. - “Interventional Pulmonary”
Dr. Fields (PCOM '02), is co-founder and vice president of Georgetown Pulmonary Associates, P.A., Georgetown, Texas, where she has practiced Interventional Pulmonary/Critical Care since September 2009. She is board certified in Internal Medicine, Pulmonary Medicine, and Critical Care. She was previously with Scott & White Hospital/Texas A&M University in Temple, where she practiced Interventional Pulmonary/Critical Care and served as assistant professor of Internal Medicine and associate director of the Medical Intensive Care Unit. Dr. Fields completed an Internal Medicine internship and residency at St. Luke’s Hospital in Pennsylvania, and a Pulmonary/Critical Care fellowship at Scott & White/Texas A&M, where she was Chief Fellow in Pulmonary/Critical Care from July 2007 to July 2008.

Reem Ghalib, M.D. - “Hepatitis C Update”
Dr. Ghalib is medical director of the Liver Transplant Program and director of Hepatology and Research at the Liver Institute at Methodist Dallas. She is certified in Gastroenterology, Internal Medicine, and Transplant Hepatology. She has authored/coauthored numerous articles and poster presentations and is principal investigator in multiple research trials. Dr. Ghalib was voted among the Top Doctors in Dallas in D Magazine’s November 2004, 2006 and 2007 issues. She earned her M.D. degree in 1989 from Kuwait University and completed a rotating internship at Mubarak Hospital, Kuwait; an internship and residency in the Department of Medicine at Baylor College of Medicine in Houston; and a fellowship in Gastroenterology at Washington University in St. Louis, Missouri.

Stanley E. Grogg, D.O., FACOFP, FAAP - “Why Vaccines are Important: Dealing with Parents Who Refuse to Immunize”
Dr. Grogg (KCOM ’71), is a professor of Pediatrics at Oklahoma State University Center for Health Sciences – College of Osteopathic Medicine and medical director of the Osteopathic Medical Educational Consortium of Oklahoma. He also serves as a clinical associate professor at KCOM, clinical associate professor of Pediatrics at the College of Osteopathic Medicine of the Pacific, and as a clinical associate professor of Pediatrics at the University of Oklahoma College of Medicine in Tulsa. He is a fellow of the American College of Osteopathic Pediatricians and the American Academy of Pediatrics. Certifications include the American Osteopathic Board of Pediatricians; BLS; PALS; Conscious Sedation; Certificate in Travel Health by the International Society of Travel Medicine; and AMA Basic Disaster Life Support. Dr. Grogg has been an FDA-approved clinical investigator since 1989 and has participated in numerous studies and trials. He has also published in multiple medical journals, is a frequently invited lecturer at medical conferences, and has appeared on radio and television programs. He is a past president of the American College of Osteopathic Pediatricians and the Oklahoma Osteopathic Association. Awards include the Distinguished Fellow Award in 2006 from the American College of Osteopathic Pediatricians and the Physician of the Year Award in 2006 from the Oklahoma Osteopathic Association.

David L. Lakey, M.D. - “Texas Vaccination Requirements”
Dr. Lakey serves as commissioner of the Texas Department of State Health Services, a position he has held since January 2007. He previously served as an associate professor of Medicine, chief of the Division of Clinical Infectious Diseases and medical director of the Center for Pulmonary and Infectious Disease Control at the University of Texas Health Center in Tyler. He received his M.D. degree with honors from Indiana University School of Medicine. He was a resident in Internal Medicine and Pediatric Medicine and completed a fellowship in Adult and Pediatric Infectious Disease at Vanderbilt University Medical Center in Nashville, Tennessee.

Andres G. Morales, D.O. - “Closed Head Injuries”
Dr. Morales (TCOM ’92), specializes in Neurology in Sherman, Texas, where he is affiliated with the Wilson N. Jones Medical Center. He completed an internship and Neurology residency and fellowship training at Medical College of Virginia, Virginia Commonwealth University.

Russell Thomas Phelps, D.O. - “Endometrial Ablation as an Alternative to Hysterectomy”
Dr. Phelps (TCOM ’95), maintains a practice in Round Rock, Texas, where he specializes in Obstetrics/Gynecology. He is certified by the American Board of Obstetrics & Gynecologists. He completed his OB/GYN residency at Tulane University and Charity Hospital Systems in New Orleans, Louisiana.

Philip C. Slocum, D.O., FCCP, FACO, FCCM, FACP - “Chronic Obstructive Pulmonary Disease: Office Interpretation of Spirometry”
Dr. Slocum (KCOM ’76), is the dean of Kirksville College of Osteopathic Medicine and a professor in the Department of Internal Medicine. He completed his internship and residency in Internal Medicine at the Osteopathic Hospital of Maine, and was the first D.O. trained at Maine Medical Center where he completed a Pulmonary & Critical Care fellowship. He served as chair of Medicine at the University of New England College of Osteopathic Medicine and later as chief of Pulmonary Medicine at the University of North Texas Health Science Center/Texas College of Osteopathic Medicine. He became KCOM associate dean in 2001 and was named to his present position in 2004. Dr. Slocum’s home was destroyed by the tornado that swept through Kirksville in 2009; he and his family hope to be back in their home this March.
Conrad A. Speece, D.O. – “OMT and the Treatment of Autism”
Dr. Speece (KCUMB-COM ’74), has been in private practice in Dallas since 1975, is involved in training residents in Osteopathic Manipulation, and has served on the faculty of Texas College of Osteopathic Medicine since 1982. He has chaired the Dallas Osteopathic Study Group since 1991 and has been a member since 1974. The Study Group is an organization dedicated to advancing the principles and practice of osteopathic manipulative medicine. He has taught numerous postgraduate OMT courses since 1983 on the local, state, national and international levels. He is board certified in Family Practice and passed the Cranial Academy’s Proficiency Exam. Also an inventor, his patents include Vertebral Manipulation Device; Rib Manipulation Device; Sacral Manipulation Device, Ergonomic Computer Mouse; and Ergonomic Computer Keyboard (patent pending).

Oliver J. Wisco, D.O., FAAD – “Common Dermatoses with an Osteopathic Perspective”
Dr. Wisco (PCOM ’02), a Major in the USAF, practices Dermatology at Lackland Air Force Base, Texas, where he also completed a Dermatology residency. Prior to that, he interned at David Grant Medical Center, Travis AFB in California, and was a Flight Surgeon at Beale AFB, California. He also serves as assistant professor of Dermatology at the Uniformed Services University of the Health Sciences in Bethesda, Maryland; as a member of the American Academy of Dermatology Performance Measurement Task Force; and as an article reviewer for the Journal of the Academy of Dermatology. Dr. Wisco is certified by the American Board of Dermatology. He has published numerous journal articles, book chapters and pamphlets; is involved in research activities; and is a frequent presenter at local, state and national medical organizations.

Legislative Luncheon

Steve Jacob, MPH & TOMA Executive Director Sam Tessen, MS – “Healthcare Reform”
Steve Jacob has been publisher of the Northeast Tarrant County edition of the Fort Worth Star-Telegram since 1997, and in 2008 expanded his duties to include the Arlington edition. He has been a publisher of newspapers, magazines and niche publications for more than 20 years. He is a board member or officer of nearly a dozen civic and professional organizations. He holds master’s degrees in journalism and business administration from Indiana University and earned a third master’s degree in health policy and management at the University of North Texas in December. He was awarded the 2008 Public Health Award for Media Excellence by the Texas Public Health Association for his commentary on Texas health policy, and also won an award from the Texas Medical Association for a column on obesity in Texas. His columns are distributed nationally by the McClatchy Tribune News Service.

Sam Tessen began his duties as TOMA’s executive director in October 2004. He previously served as executive director of the Texas Office of Rural Community Affairs, an agency created by the 77th Legislature to provide health, economic development, and community development programs to rural Texas communities. He received a bachelor’s degree, cum laude, in psychology and political science from the University of Wisconsin-Eau Claire. He received his master’s degree in psychology from Western Illinois University in Macomb, Illinois. Professional honors include the Patient Advocacy Award from the Texas Academy of Family Physicians in 2000; The Elite 5, 2000 Speaker Award, HealthNet, Texas Tech University; Fellow of Texas A&M University’s Center for Distance Learning Research, 2002; and selection as a Henry Toll Fellow by the Council of State Governments, 2002.

Risk Management Sessions

G. Michael Stewart – “Top 10 Ways to Avoid and/or Defend Medical Malpractice Cases”
Learning objectives: Upon completion participants will be able to apply general risk management techniques in their professional practice and defense of claims; identify and avoid problems in medical charting; and explain the legal atmosphere impacting jury verdicts and jurisdictions.

Mr. Stewart is a Dallas attorney specializing in health care law. He is board certified and is the head of the medical litigation section at Godwin Ronquillo LLC. He has over 16 years of experience defending medical malpractice suits, handling healthcare client disputes in office, clinic and hospital situations, and providing counseling and support to risk management systems. He received a J.D. from Southern Methodist University Dedman School of Law in 1993 and a B.B.A. in Business/Engineering from the University of Texas at Austin in 1989.

Leslie C. Warren, MA – “Electronic Medical Records: Your Practice can Survive and Flourish!”
Learning objectives: Explain the importance of assessing workflow when installing an EMR; identify some key economic features of installing an EMR, including “meaningful use;” and explain how to have a successful EMR installation.

Ms. Warren has over 11 years of extensive experience in the health care Information Technology field including recruitment, software integration, EMR vendor negotiation, work flow analysis expertise, and EMR feature analysis. She is business manager of an integration health care software group and a Certified Social Worker. She received her B.A. from Northern Arizona University, her Master’s in Industrial/Organizational Psychology from the University of Houston, and completed an internship at Columbia, HCA Healthcare Corporation.

Mr. Morton is director of Risk Management at Advocate MD in Austin, where he is responsible for the development and implementation of risk management products, services and education. He began his career in 1990 as a risk manager at Providence Memorial Hospital in El Paso. After moving to Austin in 1994, he joined American Physicians Insurance Exchange where he built a comprehensive risk management program with a heavy emphasis on individual and group practice risk management consultation and specialty specific loss prevention education for physicians. He is a Certified Professional in Healthcare Risk Management and a member of the American Society for Healthcare Risk Management. He also completed and earned the Associate in Risk Management program of the American Institute for CPCU and Insurance Institute of America; the Healthcare Risk Management Certificate Program of the American Society for Healthcare Risk Management; and is a graduate of Dale Carnegie Training in Austin. Mr. Morton earned his BA in English and Minor in Business Management from the University of Texas, El Paso, in 1990. Continuing education includes frequent attendance and participation in local, state and national medical malpractice and health care risk management conferences and workshops, such as annual ASHRM and the Physician Insurers Association of America programs.
J. “Scott” Holliday, D.O., Mari Robinson, J.D., Alan T. Moore, M.D. – “Texas Medical Board”

Dr. Holliday (KCUMB-COM ’00), serves as a member of the Texas Medical Board. He is a board certified anesthesiologist at Pinnacle Partners in Medicine in Dallas and is chair of Arlington Memorial Hospital’s Department of Anesthesiology. Memberships include TOMA, TMA and the American Society of Anesthesiologists. He is also a Diplomat of the American Board of Anesthesiology. After earning his D.O. degree, he completed his Anesthesiology residency at the University of Texas Health Science Center at San Antonio.

Dr. Moore was named medical director of the Texas Medical Board in March 2009, after serving as interim medical director for several months. He is certified in Anatomic Pathology, Clinical Pathology and Hematopathology. In practice in Austin for over 20 years, he has served as president of Clinical Pathology Associates as well as on the board of Clinical Pathology Laboratories; as medical director of Seton Medical Center Laboratory; chief of staff at Seton Medical Center; and as transplant pathologist for the Seton Medical Center Cardiac Transplant Program. He has also served as president of the Texas Society of Pathologists. Dr. Moore received his M.D. degree from U.T. Southwestern Medical School, where he was a member of Alpha Omega Alpha Honor Society. He completed his Anatomic and Clinical Pathology residency at Parkland Memorial Hospital in Dallas, where he was chief resident during his fourth year. He also completed a Hematopathology fellowship at Parkland.

Ms. Robinson was named executive director of the Texas Medical Board in March 2009. She had previously served as interim executive director for several months. She began her career at TMB as a litigation attorney in 2001 and had served as director of enforcement since 2006.

Office Managers Session

TOMA is pleased to again offer educational sessions on Saturday, February 13, for office managers and other administrative personnel who support physicians in their practices.

Kris Beavers – “New Employee Hiring & Training”

Ms. Beavers is the executive director of the Texas Society of the American College of Osteopathic Family Physicians. As a former family practice office manager, she has over 10 years experience in family medicine and has worked in nearly every position at one time or another in the office, including medical assistant, receptionist, medical billing and accounts receivable. She has remained an active presence in family medicine through her home-based medical billing and consulting business.

Richard S. Leakey – “e-Prescribing – Federal Regulations”

Mr. Leakey is with the federal Drug Enforcement Administration (DEA).

Gay Dodson, R.Ph. – “ePrescribing – State Regulations”

Ms. Dodson has served as executive director/secretary of the Texas State Board of Pharmacy since 1997. An employee of the Board since 1982, she served for two years as Field Compliance Officer in the Houston area, three years as Senior Compliance Officer in the Austin office, and almost 10 years as Director of Compliance before being appointed to her present position. She is a 1969 graduate of the University of Texas at Austin, College of Pharmacy, after which she worked as a community pharmacist in the Dallas area for 13 years. During that time, she was an active member of the local, state, and national pharmacy associations. Numerous awards and recognitions include the National Association of Boards of Pharmacy’s 2007 Lester E. Hosto Distinguished Service Award; Texas Pharmacy Association’s 2006 Distinguished Service Award; and a 2004 appointment by Governor Rick Perry to serve on the State Employee Charitable Fund Policy Committee. Ms. Dodson currently serves as vice chair of the Texas Health Professions Council and is a past president of the University of Texas College of Pharmacy Alumni Association.

Jeff Henry, J.D. – “What Office Managers Can Do to Help Minimize the Risks of Medical Complaints Against Physicians”

Mr. Henry is affiliated with Capelo Law Firm in Austin. His practice areas include Administrative, which encompass defense of health care professionals before their respective licensing boards. Administrative practice includes trials of formal administrative hearings and appeals of administrative agency decisions to the Texas district courts and appellate courts. He also focuses on Civil Litigation practice, which includes defense of physicians, attorneys, and nursing homes in professional malpractice litigation, representation of physicians in credentialing and peer review actions, and the prosecution and defense of complex commercial litigation, business torts, and employment disputes. Litigation practice includes trials of cases in state and federal courts, binding arbitration proceedings, and appeals to state and federal appellate courts. Mr. Henry received his J.D. from Baylor University School of Law in 1991 and was admitted to the State Bar of Texas that year. He also is admitted to practice before all Texas trial and appellate courts, the U. S. Fifth Circuit Court of Appeals, and the U.S. District Courts for the Western and Northern Districts of Texas.

Sharon L. McGill, MPH – “PQRI & AOA CAP Program”

Ms. McGill is the director of the Department of Quality and Research at the American Osteopathic Association. In this role, she oversees the research activities, quality improvement programs, and public health initiatives of the AOA. Over the last several years, she has implemented a web-based clinical quality improvement program for residency training programs and physician practices. She has also developed CME programs to educate physicians on women’s health and minority health issues, end of life care, and disaster planning. Ms. McGill has a Master’s in Public Health from the University of Illinois at Chicago and has worked at the AOA for 14 years.

Shellye Truran – “Quality Control Assurance in the Office”

Ms. Truran currently serves as quality assurance manager for Robert DeLuca, D.O., in Eastland, Texas. She has been in the medical profession for 20 years where she has worked in several area of medical practice. She began as a receptionist, scheduling patients, working the front desk and posting charges and payments, and has worked under two doctors doing nursing duties including drawing labs and administering in-house tests such as EKGs, PFTs, etc.

Kelly Skinner – “Office Managers Helping Each Other”

Ms. Skinner is from Eastland, Texas. She has an extensive accounting background and has worked in medical offices for over 19 years. She is currently office manager for Robert DeLuca, D.O.
The month of January can be a very difficult month for many offices. While there is an enthusiasm in the air over getting busy with implementing our personal New Year’s Resolutions, there is also the reality of dealing with offices busier than normal due to the demands of infectious season.

Here is a short check list of things to consider;

- **Deductibles**

  Most insurance policies with a deductible including Medicare Part B start over January 1.
  - Be sure your office staff is up to date as to the office policy for handling deductibles.
  - Be consistent in collection policies out of fairness to all patients as well as to the office.
  - Be sure to know the proper amount to collect according to insurance allowable amounts
  - Be sure to know what you need to collect in advance of the appointment so when patients present to the office, collecting what is due is clear and straightforward.
  - Be sure to inform new patients of what will be due from them at the time of their appointment if at all possible.

For ease in collecting payments from patients, try this technique.

Mrs. Jones presents to the office for her appointment; she is on Aetna with a co-payment of $20. As she checks in, the front office staff person greets her warmly with: “Hello Mrs. Jones, are you still covered under Aetna and may we go ahead and collect your $20 co-payment?”

Once the payment has been requested, lower your gaze to the desk, pick up a receipt book and begin to write out the receipt. Avoid making eye contact with the patient during this time. What this does is make the assumption that Mrs. Jones came prepared to make her co-payment. It also makes it psychologically more uncomfortable for her to ask for a payment deferment.

If there is a request for a deferment, staff can politely let her know that payment is due at the time of service and you can hold her appointment for her while she runs to the nearby ATM or back home for a check. Most patients at this point will find it easier to produce a check or payment of some type rather than the hassle of trying to negotiate a deferment. Practice this technique consistently and the majority of patients will come prepared to pay at the time of service. This also lets those patients in the waiting room who may be listening know that your policies are firm, consistent and fair to all.

- **Update Patient Demographics**

  The first of the year is a great time to have patients complete an updated demographics form. It can be hard for people to remember if everyone has the most current address, phone and insurance information, so completing a form is much easier.

- **Make Technology Work For You**

  Almost every insurance company has a website that can be used to check patient eligibility, benefits, co-pay and deductible amounts. Most have on-line claim information so checking claim status is quick and easy.

I hope this check list has been helpful to you. If there are subjects you would like to see addressed in our Practice Management section, please let us know.
Karen Bander Recognized

ATOMA President-Elect Karen Bander recently received recognition for her dedication to the rescue and rehabilitation of abused horses. Mrs. Bander was featured in the Dallas Morning News for her efforts in developing Throwaway Ponies, a non-profit organization devoted to providing a safe haven for horses that have been mistreated or neglected. Throwaway Ponies also provides equine assisted therapy to women and children who have been physically, emotionally, or sexually abused in order to build self-confidence, self-esteem and physical strength.

Mrs. Bander, a Registered Nurse, is trained as a Sexual Assault Nurse Examiner (SANE) for Rockwall County. She works with mental health and domestic violence counselors throughout northeast Texas. Her vision for Throwaway Ponies is to help assaulted or abused women heal. She and her husband, Steve Bander, D.O., started helping horses on their 12-acre ranch east of Rockwall about nine years ago.

UTMB Correctional Managed Care

WANTED: HIGH QUALITY PSYCHIATRISTS

UTMB-CMC employs Psychiatrists at multiple adult and juvenile facilities all over Texas. We are heavy utilizers of telepsychiatry using state of the art technology and an electronic medical record. We are a correctional healthcare system that is setting the standard for others. Correctional Managed Care is among the world’s leaders in telemedicine and electronic medical record applications. Innovative programs, creative solutions and participation in quality improvement efforts further define our organization and help lead us toward performance excellence.

Current Opportunities Available

• Staff Psychiatrist – Telemedicine Centers
• Staff Psychiatrist – Inpatient Correctional Settings
• Staff Psychiatrist – Texas Youth Commission
• Positions also available for psychiatric PA and Nurse Practitioners: Telemedicine Centers and Inpatient Correctional Settings
• Positions Available Statewide.

Compare our Benefits with other Organizations

• Relocation allowance
• $2000 CME stipend per fiscal year
• 5 days paid CME leave
• Competitive salaries
• Biannual CMC conferences
• M-F work schedule-day shift
• Flexible schedules
• Limited on-call rotation
• Professional liability coverage
• Comprehensive medical coverage
• Paid vacation, holidays and sick leave
• State retirement plan in ORP or TRS with State contributions

Correctional practice eliminates many of the “headaches” of community practice such as dealing with insurance companies including Medicare and Medicaid, malpractice insurance problems. To learn more about our organization visit: www.utmb.edu/cmc

To apply, contact Debie Dansbe 281-269-6700 or 866-900-2622 or email resume to: dsdansbe@utmb.edu
Questions can be directed to: Joseph V. Penn MD – CCHP, Director, Mental Health Services 936-436-1148 or email jopenn@utmb.edu

UTMB is an EO/AA Employer M/F/D/V
Q: What is the appropriate response to patient requests for medical records?

First, the response must be timely. The Texas Medical Board (TMB) set a deadline of 15 business days after the date of receipt of the request and reasonable fees for furnishing the information. A reasonable fee can be no more than $25 for the first twenty pages and 50¢ per page for every copy thereafter.

If the physician determines that access to the information would be harmful to the physical, mental, or emotional health of the patient, the physician shall furnish the patient a written statement, signed and dated, within 15 business days of receipt of the patient’s request stating the reason for the denial and how the patient may file a complaint with the Federal Department of Health and Human Services (if the physician is subject to HIPAA) and the TMB.

In addition, the TMB rules specify that those records also include copies of medical records of other health care practitioners contained in the records of the physician to whom the request has been made. Records requested pursuant to a proper request for release may not be withheld based on a past due account for medical care or treatment previously rendered to the patient.

A subpoena is not required for the release of medical and/or billing records requested pursuant to a proper release for records made by a patient, the patient’s guardian or other representative duly authorized to obtain such records. In response to a proper request for release of medical records, a physician is not required to provide copies of billing records pertaining to medical treatment of a patient unless specifically requested pursuant to the request for release of medical records.

Other details in the TMB rules regarding medical record release including Patient Access to Diagnostic Imaging Studies in the Physicians Office and other Board Rules may be found at http://www.tmb.state.tx.us/rules/rules/bd perfor mation.php

Advocate, DO recommends that all patient requests for records be taken seriously and handled promptly. If you have any concerns about potential liability, please contact your liability carrier risk management or claims department.
Letter from the AOA President on Health Care Reform

On December 4, AOA President Larry Wickless, D.O., posted “My Letter to the Osteopathic Family on Health Care Reform” to detail the AOA’s efforts and views and to answer questions from members. The letter follows.

To the Osteopathic Family:

For the past 11 months the American Osteopathic Association (AOA) and the nation have been engaged in the ongoing debate regarding the reform of our nation’s health care system. This debate has invoked strong reactions from our membership and the public. The views shared with the AOA on this important issue reflect the diversity of our membership. This process has also challenged the AOA Board of Trustees, bureaus, councils, and committees, and our professional staff. I am proud of the way our association is responding. We are engaged at the highest levels of policy development and the legislation reflects many priorities of the AOA.

Much of the public discourse on this issue and the pending legislation ignores the broader scope of the legislation and focuses on singular issues that play upon the apprehensions of our members and the public. Do these issues have merit? Of course. However, we owe it to our membership and the public always to evaluate issues with all the facts, not just those that promote our perceived interpretation.

AOA Priorities for Health Care Reform

Since our initial communications with Congress in 2008 on the issue of health care reform, we have advocated five priority issues. Those are:

1. Ensure Access to Affordable Health Coverage for all Americans
2. Fundamentally Reform the Delivery System – Beginning with Long-Term Reforms of Physician Payment Methodologies
3. Grow the Physician Workforce to Meet Demand and Promote Primary Care and General Surgery
4. Promote Individual Investment in Health Through Prevention, Wellness, and Public Health
5. Create an Equitable Health Care Financing Infrastructure that Promotes Quality and Reduces the Impact of Current Tort Laws

AOA Policy-Making Process

The House of Delegates (HOD) is charged with the development, approval, and reaffirmation of policies for the AOA. The HOD is a representative body comprised of members from all 50 states, specialty organizations, and other recognized affiliates. The HOD meets annually to consider new resolutions and those set for reconsideration on a five-year basis. Since 1920, the HOD has met to establish the policy framework for our advocacy, educational, and oversight functions on behalf of our membership. The HOD has provided noble leadership to the osteopathic medical profession on historic issues such as the Flexner Report, the establishment of Medicare and Medicaid, California Proposition 22, osteopathic physicians in the military, consolidation and expansion of colleges of osteopathic medicine, and many others.

The distinguished work of our HOD provides the AOA with a sound framework by which we can evaluate legislative and regulatory proposals – including those presently under consideration. In preparation for the health care debate, the AOA reviewed the entire compendium of policies to determine the policy priorities of the Association as established by its governing body. We have applied these policies in a constant and consistent manner as we have evaluated legislative proposals.

The “Affordable Health Care for America Act of 2009” (H.R. 3962), as approved by the House of Representatives on November 7, 2009, contains more than 30 provisions that are consistent with AOA House of Delegates’ policies. In contrast, the “Patient Protection and Affordable Care Act of 2009” (H.R. 3590), which is under consideration in the Senate, contains far fewer congruent policies. The AOA is operating from a sound foundation of policies that represent the interests of our members and their patients. A complete summary of AOA policies included in H.R. 3962 is attached to this letter.

As I have stated, the AOA has received thousands of inquiries from our members on the current debate, legislation under consideration, the AOA policy-making process, AOA priorities in health care reform, and the AOA’s position on several key issues. Our professional staff, largely our Department of Government Relations in Washington, has responded to over 20,000 inquiries both pro and con reform, since January. The AOA has made every communication with Congress and the
Administration public at http://www.do-online.org/health_reform/public. We have conducted five town halls – two in-person events and three virtual. We will hold a sixth town hall on Wednesday, December 16 at 7pm CST.

In summation, we have done everything we can to keep our membership informed, engaged, and invested in this historic debate. Whether or not you agree with everything we are doing, I hope you will acknowledge the transparent manner in which the AOA has approached this issue – it is a true member benefit.

Health Care Cost

The rate of growth in our current health care system is a tremendous threat to the economic security of families, physicians, and the country at large. Spending on health care has grown at a more robust rate than the economy as a whole. In 2009, we will spend $2.5 trillion on health care or 18 percent of the gross domestic product (GDP). Health care spending is projected to exceed 20 percent of GDP in 2018. Spending on Medicare and Medicaid will grow from $720 billion in 2009 to more than $1.4 trillion in 2019.

Increases in health care costs impact American families and represent a significant financial obstacle to most of our fellow citizens. Since 1999, health insurance premiums have increased 131 percent for a family of four. The general rate of inflation for the same period was 28 percent. For example, in 2000, the average insurance premium for an individual was $2,471 and for a family of four $6,438. In 2009, the average premium grew to $4,824 for an individual and $13,375 for a family of four. If you project these numbers over the next 10 years, the average health insurance premium for an individual will exceed $8,000 and $25,000 for a family of four. The impact on U.S. companies competing in the global market with this financial burden hurts our economy as well.

This rate of growth in health care spending has not resulted in increased payments for physicians for their services. In fact, just the opposite has occurred. Since 2002 physician payments, in real dollars, have been stagnant. When you factor in medical inflation, physician payments are over 25 percent below inflation since 2001. Payments for primary care physicians and general surgeons have eroded to the point that these specialties face acute workforce shortages now, not in the future.

Additionally, there is great variation in health care spending on a per capita basis. Health care spending in general ranges from about $4,000 in Utah to $6,700 per capita in Massachusetts. This variation in spending on a per capita basis also exists in the Medicare program. The average spending on Medicare beneficiaries ranges from $5,600 in South Dakota to $8,700 in Louisiana.

Finally, the cost of uncompensated care and defensive medicine are contributors to our rising health care costs. The true impact of uncompensated care is very difficult to determine, but it is estimated to be billions of dollars annually, while defensive medicine accounts for greater than $50 billion in excess spending annually.

These numbers clearly demonstrate the fragmentation of our current system and the need for systemic reform to our health care system – in both the private and public sectors. Many experts argue that the extension or continuation of our current system is a far greater economic threat than anything under consideration in Congress.

Tort Reform

The AOA has long-standing policy on medical liability reform and the issue remains a priority for us as these bills advance through the legislative process. While the House approved legislation lacks robust tort reforms, it does include provisions that allow for expansion of alternative dispute resolution (ADR) programs. Support for ADRs is articulated clearly in AOA House Resolution 264 which was just reaffirmed by the House of Delegates in 2008. Would we prefer a comprehensive law similar to those in Texas and California? Absolutely. Is it politically achievable? No. Such an amendment would not secure the support of all 40 Republican Senators not to mention the 60 votes required for passage. This is the political reality we face at this time.

It is important that we remind ourselves that from 1994 to 2006, the United States Congress considered eight major health care reform bills and not a single one of those proposals included medical liability reform. Additionally, not once during this same time period did the Congress attempt to provide a permanent fix for the Medicare physician payment formula.

Finally, we have made progress on medical liability reform through administrative rule-making. On September 17, continued on page 38...
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<tr>
<th>CALENDAR OF EVENTS</th>
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<tr>
<td><strong>Online CME Available at</strong></td>
<td><strong>MARCH 26-28 – ORTHOPEDICS</strong></td>
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<tr>
<td><a href="http://www.RegisterWithUNT.com">www.RegisterWithUNT.com</a></td>
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<td>“Depression in Latinos: A Focus on</td>
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<td>Overcoming Barriers”</td>
<td>Academy of Orthopedics</td>
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<td>Expires March 15, 2010</td>
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<tr>
<td>TOMA 54th MidWinter Conference</td>
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<tr>
<td>Association Foundation</td>
<td>FL 33329-1690; (800) 741-2626;</td>
</tr>
<tr>
<td>Location: The Westin Park Central,</td>
<td>FAX 954-262-1748; <a href="mailto:ondrejac@nova.edu">ondrejac@nova.edu</a>;</td>
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<tr>
<td>Dallas, TX</td>
<td><a href="http://www.aoao.org">www.aoao.org</a></td>
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<tr>
<td>Contact: 1-800-444-8662 or</td>
<td><strong>APRIL 6-10 – EMERGENCY PHYSICIANS</strong></td>
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<tr>
<td><a href="mailto:LucyG@txosteoo.org">LucyG@txosteoo.org</a></td>
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<td><strong>FEBRUARY 13-17</strong></td>
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<td>Osteopathic Emergency Physicians</td>
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<tr>
<td>Osteopathy in the Cranial Field</td>
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<tr>
<td>Sponsored by the Cranial Academy</td>
<td>Litchfield Park, AZ</td>
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<td>Location: Hilton Fort Worth, Fort Worth, TX</td>
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<tr>
<td>CME: 40 Category 1-A hours anticipated</td>
<td>Contact: Kristin Wattonville, Meetings</td>
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<tr>
<td>Contact: Sidney N. Dunn, Executive Director, 8202 Clearvista</td>
<td>Manager, 142 E. Ontario St., Suite 1250,</td>
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<tr>
<td>Parkway, Suite 9-D, Indianapolis, IN; (317) 594-0411;</td>
<td>Chicago, IL 60611-2818; (800) 521-3709;</td>
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<tr>
<td><a href="mailto:info@cranialacademy.org">info@cranialacademy.org</a>; <a href="http://www.cranialacademy.org">www.cranialacademy.org</a></td>
<td>FAX (312) 587-9951;</td>
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<td><strong>FEBRUARY 19-21</strong></td>
<td><a href="mailto:kwattonville@acoep.org">kwattonville@acoep.org</a>; <a href="http://www.acoep.org">www.acoep.org</a></td>
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<tr>
<td>Intermediate Course: Dancing with the</td>
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<td>Mechanism</td>
<td>“Deepening Your Osteopathic Perceptual</td>
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<tr>
<td>Location: Hilton Fort Worth, Fort Worth, TX</td>
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<td>Parkway, Suite 9-D, Indianapolis, IN; (317) 594-0411;</td>
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<td><strong>APRIL 18-24</strong></td>
<td>Contact: Sidney N. Dunn, Executive</td>
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<tr>
<td>National Osteopathic Medicine Week</td>
<td>Director, 8202 Clearvista Parkway, Suite</td>
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<td>Sponsored by the American Osteopathic</td>
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<td>Association</td>
<td>594-0411; <a href="mailto:info@cranialacademy.org">info@cranialacademy.org</a>;</td>
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<tr>
<td>Contact: AOA at (800) 621-1773; or www.</td>
<td><a href="http://www.cranialacademy.org">www.cranialacademy.org</a></td>
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<td>do-online.org</td>
<td><strong>APRIL 14-18 – INTERNISTS</strong></td>
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<td><strong>APRIL 30</strong></td>
<td><strong>19th Annual Internal Medicine Board</strong></td>
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<td>TOMA Board Meeting</td>
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<tr>
<td>Location: AT&amp;T Conference Center,</td>
<td>Sponsored by American College of</td>
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<tr>
<td>1900 University Ave., Austin, TX</td>
<td>Osteopathic Internists</td>
</tr>
<tr>
<td>Contact: TOMA at (800) 444-8662 or</td>
<td>Location: TradeWinds Island Resort, St.</td>
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<tr>
<td><a href="mailto:toma@txosteoo.org">toma@txosteoo.org</a></td>
<td>Pete Beach, FL</td>
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<td><strong>MAY 1</strong></td>
<td>CME: 38 Category 1A hours anticipated</td>
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<tr>
<td><strong>65th Annual Meeting of the TOMA House</strong></td>
<td>Contact: Susan Brennan, 8851 Camp Bowie</td>
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<td><strong>of Delegates</strong></td>
<td>West, Suite 120, Fort Worth, TX;</td>
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<tr>
<td>Location: AT&amp;T Conference Center, 1900</td>
<td>1-800-875-6360; <a href="mailto:cme@acoep.org">cme@acoep.org</a>;</td>
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<td>University Ave., Austin, TX</td>
<td><a href="mailto:kwattonville@acoep.org">kwattonville@acoep.org</a>; <a href="http://www.acoep.org">www.acoep.org</a></td>
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<td>Contact: TOMA at (800) 444-8662 or</td>
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<td><a href="mailto:LucyG@txosteoo.org">LucyG@txosteoo.org</a></td>
<td><strong>77th Annual Conference</strong></td>
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<td><strong>APRIL 30-MAY 2 – INTERNISTS</strong></td>
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<tr>
<td>Contact: Susan B. Stacy, Director of</td>
<td>Suite 508, Bethesda, MD 20814-5383;</td>
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<tr>
<td>Administration, 3 Bethesda Metro</td>
<td>(301) 656-8877; FAX (301) 656-7133;</td>
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<tr>
<td>Center, Suite 508, Bethesda, MD</td>
<td><a href="mailto:susan@acoep.org">susan@acoep.org</a>; <a href="http://www.acoep.org">www.acoep.org</a></td>
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<tr>
<td><strong>JUNE 16-20</strong></td>
<td><strong>ACOEP Annual Spring Seminar</strong></td>
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<td>TOMA/TXACOFP Annual Conference</td>
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<td>Sponsored by TOMA and the Texas ACOFP</td>
<td>Osteopathic Emergency Physicians</td>
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<td>Location: Renaissance Worthington Hotel,</td>
<td>Location: Wigwam Golf Resort and Spa,</td>
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<td>Fort Worth, TX</td>
<td>Litchfield Park, AZ</td>
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<tr>
<td><strong>Out-of-State Meetings and CME</strong></td>
<td>Manager, 142 E. Ontario St., Suite 1250,</td>
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<td><strong>Opportunities</strong></td>
<td>Chicago, IL 60611-2818; (800) 521-3709;</td>
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<tr>
<td><strong>FEBRUARY 4-6</strong></td>
<td>FAX (312) 587-9951;</td>
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<td>AOA Midyear Board of Trustees Meeting</td>
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<td>Location: Chicago, Illinois</td>
<td><strong>APRIL 8-11</strong></td>
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<tr>
<td>Contact: AOA at (800) 621-1773;</td>
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<td><strong>77th Annual Conference</strong></td>
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<td>New Orleans, LA</td>
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<td>Contact: Patt L. Moskal, Dir. of Education</td>
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<td>and Conventions, 330 E. Algonquin Rd.,</td>
<td>and Conventions, 330 E. Algonquin Rd.,</td>
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<tr>
<td>Suite 1, Arlington Heights, IL 60005-4665;</td>
<td>Suite 1, Arlington Heights, IL 60005-4665;</td>
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<tr>
<td>(800) 323-0794; FAX (847) 228-9755;</td>
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<td><a href="mailto:pattm@acofp.org">pattm@acofp.org</a>; <a href="http://www.acofp.org">www.acofp.org</a></td>
<td><a href="mailto:pattm@acofp.org">pattm@acofp.org</a>; <a href="http://www.acofp.org">www.acofp.org</a></td>
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<td><strong>MARCH 19-21 – ANESTHESIOLOGISTS</strong></td>
<td><strong>Midyear Meeting</strong></td>
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<td>Midyear Meeting</td>
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<td>of Anesthesiologists</td>
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<td>of Anesthesiologists</td>
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<td>Location: Wyndham Chicago, Chicago, IL</td>
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<td>Contact: Glenna Vazzano, Executive</td>
<td>Kansas City, MO 64151-1530;</td>
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<tr>
<td>Secretary, 6500 NW Tower Dr., Suite 103,</td>
<td><a href="mailto:Osteoanest@aol.com">Osteoanest@aol.com</a></td>
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<tr>
<td>Kansas City, MO 64151-1530;</td>
<td><strong>JULY 13-18</strong></td>
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<td><a href="mailto:Osteoanest@aol.com">Osteoanest@aol.com</a></td>
<td>AOA Board of Trustees and House of</td>
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<td><strong>JULY 13-18</strong></td>
<td>Delegates</td>
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<td>AOA Board of Trustees and House of</td>
<td><strong>Annual Business Meeting</strong></td>
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<tr>
<td>Delegates</td>
<td>Location: Fairmont Hotel, Chicago, IL</td>
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<td><strong>ANNUAL BUSINESS MEETING</strong></td>
<td>Information to be posted on <a href="http://www.do-">www.do-</a></td>
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<td><strong>JULY 13-18</strong></td>
<td>online.org ♦</td>
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The Governing Board of Texas Medical Liability Trust has approved a 24% policyholder dividend for renewing TMLT policyholders and a 1% rate reduction for TMLT policyholders effective January 1, 2010. It is not too late to become eligible for this 2010 policyholder dividend. Become a TMLT policyholder by December 31, 2009, and you will be able to participate in the savings when you renew in 2010.

This is the fifth time TMLT has declared a policyholder dividend. The 24% dividend will amount to approximately $36 million in 2010 premium savings for TMLT insured physicians. This is the seventh consecutive rate reduction since the passage of House Bill 4 by the Texas legislature and Governor Rick Perry in 2003.

According to Dave W. Kittrell, MD, Governing Board Chairman of TMLT, once these rate cuts and dividends are implemented in 2010, TMLT insured physicians will have saved approximately $519.6 million since the passage of medical liability reform.

Just think of what you could do with the money you will save!

For more information or to apply, contact TMLT at 800-580-8658 or email sales@tmlt.org.
President Obama directed Health and Human Services (HHS) Secretary Kathleen Sebelius to launch a new medical liability demonstration project. The demonstration will provide financial incentives – up to $3 million over three years – to states and health care systems to test alternative dispute resolution models that meet four goals:

1. Put patient safety first and work to reduce preventable injuries
2. Foster better communication between doctors and patients
3. Ensure that patients are compensated in a fair and timely manner for medical injuries, while also reducing the incidence of frivolous lawsuits
4. Reduce liability premiums

We are working with the Agency for Health Care Research and Quality (AHRQ) on the criteria that will be used to allocate these grants and the criteria used to determine their success.

Medicare Cuts

Our top concern with respect to a cut in Medicare is the 21 percent cut physicians face on January 1, 2010. Unlike hospitals, physicians face real dollar cuts, not reductions in our rate of growth. Preventing the implementation of this draconian cut is a top priority.

Many of you have raised concerns with the $500 billion in Medicare cuts that are included in proposed legislation. These “cuts” largely are a result of a reduction in overpayments to Medicare Advantage plans (not senior citizens’ benefits), which are paid at a rate of 115 percent to 120 percent of fee-for-service Medicare. The AOA has advocated for parity in Medicare payments for over 10 years and this proposal is consistent with AOA policies. Additional savings come from a reduction in the rebates provided by pharmaceutical companies participating in the Medicare Part D prescription drug program, a reduction in the rate of growth for certain Part A programs and the phasing-out of disproportionate share (DSH) payments.

Over the course of the past year, several industries agreed to significant cuts over the next 10 years as a means of facilitating health care reform. Specifically, the hospitals agreed to cuts totaling $155 billion and the pharmaceutical industry agreed to $80 billion in cuts. Physicians are the only Medicare participating industry that will not take significant cuts as a result of proposed legislation. In fact, physicians will receive increased funding. The fact that Congress is willing to invest new monies in physician services is an important fact that we should not ignore. The House has invested over $300 billion on physicians in their legislation – a figure that is worthy of our appreciation.

The Public Option

The AOA has explicitly raised concerns with the creation of a public insurance option. In its current form, we view the public insurance option as an ill-advised public policy proposal. We continue to believe that the public insurance option faces a very tenuous future as this debate progresses. If the public option survives the Senate debate, it would be in a form that makes it an equitable competitor with the commercial insurers, thus negating the concerns raised. To clarify, the AOA has stated on numerous occasions that a public plan should not be allowed to enter the market under rules not applicable to the plans it will compete against. Competition must be on a level and equitable playing field. Additionally, we are opposed to a potential public plan that is based upon the Medicare program and any provisions that would mandate physician participation in the program.

House of Representatives

We are pleased that the “Affordable Health Care for America Act of 2009” (H.R. 3962), approved by the House of Representatives, contains numerous provisions long-supported by the AOA. There are insurance reforms, payment reforms, delivery system reforms, graduate medical education reforms, expanded access to affordable health care coverage, and increased Medicaid payments to Medicare levels for primary care physicians.

Provisions included in the House bill are consistent and harmonious with both the philosophy of the osteopathic profession and policies adopted by the House of Delegates. If we set aside those provisions which strike at the partisan philosophical divide in our politics, H.R. 3962 has the potential to transform our nation’s health care system for the good. Additionally, on November 19 the House of Representatives approved the “Medicare Physician Payment Reform Act” (H.R. 3961), permanently repealing the current Medicare physician payment formula – the sustainable growth rate (SGR). The bill
establishes a new methodology whereby physicians’ services are bifurcated into independent service targets. All evaluation and management services, along with designated preventive care services, would be reimbursed using a methodology that promotes their delivery and provides adequate compensation to both primary care and specialty physicians.

United States Senate

On November 20, the United States Senate began consideration of the “Patient Protection and Affordable Care Act of 2009” (H.R. 3590). This legislation, as it is currently drafted, contains provisions that are a marked improvement upon legislation approved by the Senate Finance and Health, Education, Labor, and Pensions (HELP) Committees. However, the legislation falls short of meeting the AOA’s policy objectives in many areas, specifically in the areas of payment, delivery system, and physician workforce reforms. We have articulated our concerns to the Senate leadership and are working with numerous Senators to improve the legislation through the amendment process. Our final position on this bill will be dictated by those improvements made over the coming days and weeks.

Congressional Budget Office

The Congressional Budget Office (CBO) is an independent non-partisan entity responsible for determining the long-term economic impact of legislation on the federal budget. The United States Congress is beholden to the economic “scoring” produced by the CBO for the purposes of the legislative process. The CBO process allows for the evaluation of proposed legislation over a ten year period, with estimated projections available for years 11 and beyond. Congress typically only focuses on the ten year number, which coincides with the House and Senate budget process.

The CBO has estimated that the H.R. 3962, approved by the House of Representatives, will cost $891 billion over 10 years, will provide coverage to 36 million currently uninsured Americans, and will reduce the federal deficit by $129 billion over the next 10 years. The CBO estimates that the proposed Senate bill, H.R. 3590, will cost $848 billion over 10 years, will provide coverage to 31 million currently uninsured Americans, and will reduce the federal deficit by $130 billion over the next 10 years.

Conclusion

As I stated at the beginning of this letter, the AOA has been engaged on this issue for the past 11 months. We have participated in hundreds of meetings with House, Senate, and Administration officials. We have written numerous letters outlining our policy objectives. And, we have strived to maintain a high level of transparency with our membership, keeping you informed about the policy development and political process in Washington, DC.

Again, health care is a very personal issue. Each of us is impacted directly by current and future policies. The AOA is cognizant of this fact. Each and every day we remind ourselves of the impact that policies under consideration will have upon our members, the health care system, and most importantly, our patients.

The outcome of this historic debate remains undecided, as does the AOA’s position on a potential final bill. Our Board of Trustees and Executive Director are in daily communications with the Bureau on Federal Health Programs and our professional staff. We evaluate developments on an hourly basis. We take our responsibility to represent our members seriously and will continue to do so until the final vote is cast.

For now, the policy development and political process continue and the AOA is committed to remaining a part of these processes. We owe it to you, our profession, and our patients to work until the final minute to pursue the enactment of reforms that will improve our nation’s health care system. I urge each of you to remain engaged with us.

Fraternally,

Larry A. Wickless, DO
President

(Appendix found at: http://images.magnetmail.net/images/clients/Osteopathi/attach/Appendix1_WicklessLetter.pdf)
**The Numbers:** Worldwide: H1N1 Flu

The World Health Organization reported as of December 11, 2009, more than 208 countries and overseas territories or communities had reported lab-confirmed cases of H1N1, including at least 9,596 deaths.

According to WHO, the majority of 2009 H1N1 influenza isolates tested worldwide remain sensitive to oseltamivir, an antiviral medicine used to treat influenza disease. Worldwide, 102 2009 H1N1 isolates tested have been found to be resistant to oseltamivir – 29 of these isolates were detected in the United States.

**United States:** For the week ending December 5, 2009, flu activity continued to decrease in the U.S.

Over 99% of all subtype influenza A viruses reported to CDC were 2009 H1N1 viruses.

Visits to doctors for influenza-like illness (ILI) nationally decreased again over the previous week, the sixth consecutive week of national decreases in ILI after four consecutive weeks of sharp increases. While ILI has declined, visits to doctors for ILI remained elevated nationally.

Flu hospitalization rates decreased across all age groups but were higher than expected for this time of year. Though declining, hospitalization rates continued to be highest in children 0-4 years old.

The proportion of deaths attributed to pneumonia and influenza (P&I) increased over the past week and was higher than expected for ten consecutive weeks. In addition 16 flu-related pediatric deaths were reported: 13 associated with H1N1, 2 with influenza A viruses that were not subtyped, and one with seasonal influenza B virus. Since April 2009, CDC received reports of 267 lab-confirmed pediatric deaths: 224 due to H1N1, 41 lab-confirmed as influenza but not subtype, and two associated with seasonal flu.

**CDC Releases New Estimates:** The CDC developed a method to provide an estimated range of the total number of H1N1 cases, hospitalizations and deaths in the U.S. by age group using data on flu associated hospitalizations collected through its Emerging Infections Program.

On December 10, 2009, the CDC issued updated estimates for the numbers of H1N1 cases since the pandemic began in April 2009 through November 14, 2009, as follows:

- Between 34 million and 67 million cases of H1N1 occurred between April and November 14, 2009. The mid-level is in the range of about 47 million people.
- Between 154,000 and 303,000 H1N1-related hospitalizations occurred during the time period, with the mid-level about 213,000 hospitalizations.
- About 7,070 to 13,930 H1N1 deaths occurred during this period, with the mid level about 9,820 deaths.

Upon releasing the updated estimates during a news briefing on December 10, CDC Director Thomas Frieden, M.D. stated: “By November 14th, many times more children and younger adults, unfortunately, have been hospitalized or killed by H1N1 influenza than happens in a usual flu season. Specifically...we estimate there have been nearly 50 million cases, mostly in younger adults and children...and more than 200,000 hospitalizations, which is about the same number that there is in a usual flu season for the entire year. And sadly, nearly 10,000 deaths, including 1,100 among children and 7,500 among younger adults. That’s much higher than in a usual flu season. So as we’ve seen for months this is a flu that is much harder on younger people and fortunately has largely spared the elderly until now. What that means, if you calculate it, is that about 15% of the entire country has been infected with H1N1 influenza and that means about 1 in 6 people. That still leaves most people not having been infected and still remaining susceptible to H1N1 influenza.”

**Texas:** DSHS’s flu report for the week ending December 5 showed flu activity level for Texas as regional. The percentage of visits to doctors for influenza-like illness was above the regional baseline.

All Texas Health Service Regions reported a decreased level of flu activity compared to the previous week, except HSR 11 (increased level) and HSRs 4/5N and 6/5S (same level of activity compared to the previous week).

Data collection for confirmed H1N1 hospitalizations, ICU admissions, and deaths began in Texas on September 20, 2009. Forty-six confirmed H1N1 deaths were reported in Texas residents and one child from Mexico prior to that date. Cumulative numbers show 1,994 hospitalizations, 452 ICU admissions, and 187 deaths.

As of December 10, DSHS reported the cumulative number of H1N1 vaccine doses to Texas providers was 5,830,681.

**Texas News/Updates:** On December 11, DSHS announced it was opening up the state’s H1N1 vaccine supply to the general public. With supplies increasing, Texas health officials began urging providers to offer the vaccine to the general population but to continue to ensure people in priority groups get the vaccine they need. Since early October, Texas had been targeting the limited vaccine supply to priority groups.

“We have reached a point where supply is catching up with demand. We have been looking forward to reaching this milestone,” said Dr. David Lakey, DSHS commissioner. “With the holidays coming and the potential for another wave of illness, we want everyone to be able to protect themselves.”

People who wanted the vaccine were advised to check with their usual health care provider about vaccine availability or use the flu vaccine locator service available on TexasFlu.org.

Texas is providing vaccine to pharmacies, private practices, hospitals, medical clinics, employer health groups and others. Providers can determine who should be vaccinated and whether priority groups have been adequately served in their practices and communities.

Texas has been allocated about 6.7 million doses of the vaccine by the CDC. More orders and shipments will follow as providers confirm their orders with DSHS. Based on projections from the CDC, Texas expects to receive nearly 13 million doses of the vaccine by January.

**New and/or Updated Items:**

- 2009 H1N1 Influenza Vaccine – provides answers to frequently asked questions, updated information on vaccine project areas and distribution at the state and local level – www.cdc.gov/h1n1flu/vaccination/public/vaccination_qa_pub.htm.
- Vaccine Safety: The CDC’s December 4 MMWR featured preliminary data on the number and types of adverse health events that had been reported following vaccination with H1N1 vaccine. From July 1 through November 24, 2009, VAERS (Vaccine Adverse Event Reporting System) had received 3,783 adverse event reports following vaccination. Ninety-five percent were not serious; five percent were considered serious health events. Of the serious health events, there were 13 reports of death, now under review by CDC, FDA and states where the deaths occurred. As of November 24, 2009, nearly 52 million doses of H1N1 vaccine had been shipped to providers in the U.S. For more information, go to www.cdc.gov/mmwr and follow the links.
- “Interim Guidance: Considerations Regarding 2009 H1N1 Influenza continued on page 43...
Building a Healthy Future

Introducing the first step in the UNT Health Science Center’s plan to accommodate our growing Texas College of Osteopathic Medicine student body and meet the health care needs of Texans – the 112,000-square-foot Medical Education and Training Building.

This new campus cornerstone will include:

- Two 250-seat auditorium-style classrooms
- Size-flexible conference and meeting facilities
- A small café-style eating area
- A large OMM training room, including new hydraulic manipulation tables
- A new, state-of-the-art patient simulator training facility
- Offices for our growing TCOM and physical therapy faculty

Watch our progress live from a Web cam feed linked to our Campus Facility Update site at http://www.hsc.unt.edu/campusfacilityUpdate. And stay tuned to news of opening events!

If you would like to help support a healthy future for TCOM through donations for this building or for TCOM student scholarships, call Gary Grant at 817-735-2445.
John Smith, DO has decided to buy the medical practice of Dr. Robert Jones and they have agreed on a price. What documents should Dr. Smith expect to see at closing?

What is being bought? There are two basic ways to buy a practice: (1) purchase the stock if the seller is incorporated, or (2) purchase the seller’s assets. There are several considerations to this:

If Dr. Smith buys Dr. Jones’ professional association stock, he buys not only the assets of the practice but its liabilities as well. Is that a good idea? Conversely, purchase of all assets does not necessarily mean purchase of all liabilities. If the seller is incorporated and doing business as Robert Jones, DO, PA, Dr. Smith is not likely to want to purchase that entity - even if no liabilities went with it. When stock is purchased, there are complicated tax rules. For example, Dr. Smith cannot deduct the stock’s price as an expense, nor can he depreciate it, while he may be able to depreciate the assets. Tax advice is desirable here.

For these reasons the typical practice sale involves only purchase of the seller’s assets. Even so, does Dr. Jones want to buy all the assets - such as accounts receivable? Dr. Jones’ representations about his A/R may be unrealistic, for example, amounts claimed may be “billed charges” not rationally related to “allowable amounts.” The claims could be mis-coded/upcoded, for services otherwise not originally billed timely, properly or for services deemed not medically necessary or within the scope of coverage. Thus A/R is not generally considered an attractive asset by the purchaser.

Bill of Sale. The primary document will be a Bill of Sale. In this document, the seller agrees to sell specified assets, warrants that he has title to those assets, and the purchaser agrees to buy those assets. The actual assets - examination tables, exam stools, equipment, trash cans and the like - will be listed, room by room, item by item, on an attached schedule.

If the purchaser is assuming any liabilities those be explicitly stated, and those liabilities, like the assets, will be listed on an attached schedule. For example, if Dr. Smith purchases financed equipment, he will agree to assume those financing obligations and to execute any new documents required by the financier. Other liabilities that Dr. Smith might assume may include telephone and utilities accounts, yellow pages listings, payroll during the transition, and the like.

Seller’s Closing Certificate. In this document, Dr. Jones states that (1) he is the owner of the assets transferred and has authority to execute the certificate, (2) all representations and warranties made in the Bill of Sale are true, and (3) the seller has performed all conditions to the closing. This could make the seller liable for fraud if things are found to be not as represented.

Asset Purchase Note. If bank financing is not obtained, Dr. Smith will execute a Promissory Note payable to Dr. Jones in the amount of the agreed upon sale price, with interest and payment terms specified. A description of the collateral securing the note, generally identical to the assets list under the Bill of Sale, will be attached.

Security Agreement. In this document, Dr. Smith - as a debtor - grants Dr. Jones - as a secured party - an interest in the collateral to secure the Note. Dr. Smith will agree not to sell, transfer or “encumber” the collateral except in the usual course of business. Thus, if an examination table wears out it can be replaced, but Dr. Smith cannot sell it to pay a personal debt.

Dr. Smith will also agree to not change the form or location of his business organization without advance notification. Thus, Dr. Smith cannot (1) associate two other partners in his practice the day after the closing, (2) merge his practice with another physician, (3) convert from a professional association to a professional limited liability company, or (4) move the practice to a different city without the seller/secured party’s permission.

In the Security Agreement, Dr. Smith will typically agree to insure all the purchased assets/collateral and in doing so, to name the seller/secured party as an additional insured, and provide copies of the insurance policy to the seller/secured party. Dr. Smith may also be required to obtain a separate “umbrella” insurance policy in a specified amount covering all of his practice assets and not cancel that policy without advance notice.

Default events will be specified. Dr. Smith may be in default if (1) he fails to pay the seller, (2) files bankruptcy, (3) breaches any provision of his written promises to the seller, (4) assigns the purchased assets/collateral for the benefit of his creditors, (5) dissolves his professional association, or (6) has his medical license suspended. In the event of default, the seller/secured party may demand payment of the entire Note, or may take control of the purchased assets/collateral and sell them to satisfy the debt. In doing so, Dr. Smith will grant the seller/secured party the explicit right to enter the office and seize the assets.

Name Permission. If Dr. Jones is incorporated as Robert Jones, DO, PA but doing business as Main Street Clinic, that name will likely have value to Dr. Smith. A document should be prepared to assign to Dr. Smith the right to use the name Main Street Clinic, and a new assumed name certification prepared and filed at the county courthouse. Similar issues may arise with other forms of publicity, such as signage and advertising, website URLs and email accounts, that need to be addressed legally.

Assignment of Lease. Assuming the practice is located in office space Dr. Jones leases, it will be necessary for Dr. Smith to assume Dr. Jones’ lease obligations. This will be a fairly short document, with the underlying lease attached as an exhibit. The landlord will typically execute a document called “Consent to Assignment” that will be included as part of this package. On the other hand, if Dr. Jones is selling his practice at the end of a lease term, Dr. Smith may simply execute a new lease agreement.
Non-Competition Agreement. The last thing Dr. Smith will tolerate is for Dr. Jones to open up a new practice down the street, so a non-
competition agreement is typically included. Like those in employment agreements, this will include a prohibited geographic area (e.g.,
7 miles), a timeframe (e.g., 3 years) and a scope of activity (e.g., family practice) with exceptions (e.g., maintaining hospital privileges
at a facility within the area). Although non-competition agreements are disfavored by Texas courts in employment agreements, they are
generally upheld in sale-of-business settings. In fact, one of the first non-competition agreement cases ever decided in Texas (in the late 1800s)
involved a physician who sold his practice and opened a new one - in the same town. The buyer physician won that case.

Payor Contracts. Dr. Jones cannot sell his Medicare or Medicaid provider numbers, so Dr. Smith must apply for and receive his own provider
status. The same goes for commercial insurer contracts, which are typically associated with Dr. Jones’ tax identification number. Thus, assumption of payor contracts does not occur and Dr. Smith should plan to have his billing ability up and running the first day he enters
the purchased practice.

Medical Records Issues. Without medical records, Dr. Smith has little to go on when he treats his first patient. But are the seller’s medi-
cal records “assets” that Dr. Smith can buy? One body of thought is that medical records cannot be “sold” but only “transferred” in a 
“side agreement,” but this seems disingenuous. After all, hospital medical records - which are subject to the same confidentiality rules
as physician’s medical records - are usually sold as assets when a hospital is sold. Why are physician’s medical records no less subject to
asset characterization? Texas Medical Board rules now state that “transfer [of] ownership” may occur, possibly ending the debate, since
transfer of ownership usually equates with a “sale.”

Furthermore, obtaining written consent of all the seller’s patients to transfer records is impractical and probably impossible. Under HIPAA,
if the purchaser “is a covered entity or, following completion of the sale or transfer, will become a covered entity” then the seller may use
and disclose protected health information for “due diligence in connection with the sale or transfer of assets” to the purchaser. In other
words, sale or transfer (however characterized) of medical records is permitted under HIPAA as part of “health care operations” without
the necessity of written patient authorization.

But the asset value is not great. A patient may never seek care from the purchaser, or can make the purchaser copy their records and
send them to another physician. In either event the purchaser must incur the costs of storage and maintenance, retain the record for a
specified time (see below) or face being fined by TMB if a complaint is filed and no record can be produced.

The seller has obligations, too. Under TMB rules the seller must: (1) notify all patients of his departure that were seen within the last
two years, (2) place a notice in his office, (3) publish notice in two newspapers, and (4) send a copy of the notice to TMB. Thus it may
be wise to include in the practice sale documents a written agreement about (1) transfer of some or all of the records (for example, Dr.
Smith legally needs to only have records of patients seen in the last seven years (and seven years from the date of last treatment if the
patient is under twenty-one) and so may only agree to purchase those specific records.), and (2) performance of the seller’s obligations
imposed by TMB (and who will pay for it), including proof thereof.

Conclusion. Simply finding an attractive practice to buy at a fair price is only part of the task. Terms of the “deal” itself as reflected in
the documents have to be considered and negotiated, and Dr. Smith should be represented by counsel to insure he fully understands his
rights and obligations in what may well be one of the most important transactions of his lifetime. ◆

Hugh M. Barton is a health lawyer in Austin, Texas. He concentrates on business and regulatory issues affecting licensed health professionals.
Mr. Barton has been practicing health law for 25 years and is Board Certified in Health Law by the Texas Board of Legal Specialization. He
can be reached at (512) 499-0793 or at bartonlaw@yahoo.com.

FLU CHECK continued from page 40

in Intrapartum and Postpartum Hospital Settings”: This interim guidance has been updated to replace previously posted guidance entitled “Con-
siderations Regarding Novel H1N1 Flu Virus in Obstetric Settings”, dated July 6, 2009. This document clarifies clinical considerations related to
management of suspected or confirmed maternal infection with 2009 H1N1 influenza virus infection within labor and delivery, postpartum, and
newborn care settings in hospitals. A cautious approach to the management of ill mothers and their newborns is still recommended, but several
options are provided based on hospital configuration, staffing, and surge capacity. - www.flu.gov/professional/hospital/index.html.

Resources: Texas Department of State Health Services
For information on both seasonal flu and H1N1 flu in Texas, visit www.texasflu.org. This is a one-stop resource providing clinical guidelines; ordering,
reporting and recording; registration for physicians wishing to vaccinate against H1N1; vaccine information statements; updated information for
professionals; guide to reporting adverse events; patient resources and more.

Centers for Disease Control and Prevention
www.cdc.gov/h1n1flu - issues relating to H1N1.
www.cdc.gov/flu/weekly - synopsis of geographical spread of both seasonal and H1N1 flu.

Department of Health and Human Services
www.flu.gov - guidance and general information on seasonal and H1N1 flu, including a flu shot locator.

World Health Organization
www.who.int – provides worldwide coverage of seasonal and H1N1 flu. ◆
SEEKING OMM CHAIR IN FORT WORTH, TX

**General Responsibilities:** The Chair of the OMM Department at the Texas College of Osteopathic Medicine (TCOM) is the senior administrative officer, responsible for development growth strategies, implementation of daily operations and management of all activities related to OMM education of students and residents, research and clinical practice. The OMM Chair must demonstrate excellent organizational, communication, interpersonal and collaborative skills, as well as ethical character.

**Candidate Qualifications:**
- Certification by the AOBNMM in OMM or NMM
- Ability to obtain an unrestricted license for the practice of medicine in the State of Texas
- Recognized for excellence in teaching, clinical care, leadership, peer reviewed grant funding and publications
- Qualify as an Associate Professor or Professor in OMM
- Qualify for medical-staff privileges at Fort Worth hospitals
- 5 years experience teaching in an osteopathic Educational program

**The OMM Department:** The department of OMM provides a 7-year plus progressive and integrated medical curriculum, teaching courses to Year 1 and Year 2 in the fall and spring semester, and a required Year 3 clerkship. Other programs include a Year 2 OMM Teaching Assistant program, a Year 3-5 OMM Pre-doctoral Fellowship program, and a NMM and OMM 2-year residency and Plus-one GME program through Plaza Medical Center. The OMM department is currently developing curricula in collaboration with the newly developed Physical Therapy (PT) School. The OMM clinic is comprised of five clinical faculty, 3rd year students, residents and OMM fellows and provides approximately 5,200 patient visits annually averaging a revenue stream of $1.1 million. The OMM Department has extensive opportunities for collaboration with the Osteopathic Research Center (ORC), the Physical Medicine Institute (PMI) as well as within UNTSC’s many departments, schools, and its 12 Research Centers and Institutes.

**TCOM:** TCOM is a leader in comprehensive primary care and rural medicine, named as one of the nation's top 50 medical schools for primary care and the only osteopathic medical school in the state. Graduates place highest on the osteopathic profession's board scores and get accepted to some of the most demanding residency programs in the nation.

**UNTHSC:** the University of North Texas Health Science Center is one of the nation's distinguished graduate academic institutions, dedicated to education, research, patient care and service, with a growing 33-acre campus located in Fort Worth's Cultural District.

**UNT Health:** The physician group is the largest, multi-specialty practice in Tarrant County, with 170 physicians and 51 non-physician providers and has over 500,00 patient visits per year. Faculty has access to the latest in technology in more than 45 different clinic sites across the area, including EMR. Resources include managed care contracting, risk management, a call center and malpractice insurance.

**Fort Worth, TX:** Texas has been stated as the best place in America to practice medicine due to tort reform, low malpractice insurance costs, lack of state income tax and low real estate costs. We are the 17th-largest city in the U.S., located in the cultural district of Fort Worth and one of “America’s Most Livable Communities.” We have a thriving center of education, arts, Botanical Gardens, commerce, Stockyards and a vibrant downtown area!

**Application Procedure:** Position available January 30th, 2010. This is an EEO/AA Institution. Please apply to www.unthscjobs.com and contact Blair Chappell, Physician Recruiter, at 817.735.5106 or cchappell@hsc.unt.edu for more information.
FUTURE D.O.s 101

TOMA is pleased to present our ongoing series focused on student doctors, your future colleagues. We look forward to providing a brief introduction of a student doctor in each issue of the Texas D.O.

INTRODUCING
Osteopathic Medical Student Joanna Gibbons

Age: 26
TCOM Class of 2012
Hometown: Dallas, Texas

What is your previous training/education?
BS Neuroscience 2005 – University of Texas at Dallas; MS Neuroscience 2007 – University of Texas at Dallas

What were your occupations or jobs prior to entering medical school?
I did the typical pre-med work as a research technician at UT Southwestern and as quality control technician at Messina Chemicals, but my five years as a bookseller at Half Price Books in Dallas were some of the best years of my life. I loved that job dearly, and in return it gave me a constantly expanding knowledge base and a love of books that could rival the most dedicated reference librarian. My co-workers were by far some of the most intelligent and interesting people I have ever met. They helped mold me into the person I have become, and I still find ways to weasel my way into company parties.

Do you have any medical professionals in your family?
No, but my younger brother is in school to become a paramedic.

How/why did you decide to go into medicine, and osteopathic medicine in particular?

Going into medicine was less of a decision than it was the path of least resistance or the natural progression of things. I was always the nerdy science kid. Given half a chance, I would show off my microscope kit or dash to the medical section at the bookstore and pretend I knew what I was reading (I still do that). My parents would even bribe me with trips to Majors where I would stare longingly at the pink stethoscopes. As I got older, I developed my love for science and eventually discovered my never-ending compassion for the underdog. Everything just fell into place.

During the application process for medical school, I began to consider nursing school where patient care could be more of a centerpiece in my career. A friend suggested I look into osteopathic medicine, and I have been hooked ever since. My background in neuroscience along with my interests in eastern philosophy and the mind-body relationship made osteopathy a natural fit for me. I have every intention of using OMT in my practice and recently applied for the OMM fellowship at TCOM.

What is your impression of the field of medicine so far?

From a political perspective, the medical profession is much more frustrating than I ever thought possible. There are so many changes that need to be made on so many levels, but very few people passionate enough to work towards a solution. I am immensely grateful for the opportunity to meet and work with the leaders of both TOMA and TMA. These are the physicians who give their time and energy so the rest of us can continue to learn and practice unabated. They truly deserve our admiration.

What are your personal goals in medicine?

Right now I am fascinated by nearly every field of medicine, so any goal of choosing a focus before my 4th year seems completely unattainable. I do hope to be involved with healthcare policy in some capacity. On one hand I would love to become more involved in international medicine, but also feel like my knack for the political world will be most effective at the state level. Either way, someday I want to help create policy that increases access to quality care for underserved populations be it in rural Texas or a Congolese village. For the moment, my goal is to help establish programs at TCOM that might inspire students to become more involved with their community, reignite passion for osteopathic medicine, and ideally provide medical services where physicians and healthcare workers are overwhelmed. Ultimately I hope to end up in academic medicine where I can use our current program at TCOM as a model to develop new and dynamic medical curricula that encourage community involvement, problem solving, and leadership.

Based on your experiences in medical school, do you have advice for anyone thinking about entering medical school, or advice for your newer classmates?

Do whatever it takes to maintain and nurture your passion. It is so easy to trade your love for patient care, health care policy, international medicine or human rights for a few more points on an exam. I have seen so many students abandon the interests that drove them to enter medical school in the first place. Medical school is as difficult as everyone says it is, but you can still make a difference during your four years here. Why wait to apply your talents and leave a mark on the world? Volunteer, get involved, teach someone. There are so many opportunities open to you while you are in school. To disregard them is a tremendous waste.
FOR SALE -
★ Established Family Practice in Garland
★ Same location for 28 years
★ Owner currently seeing 15 patients/day working part-time
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★ Owner ready to retire and eager to sell

If interested contact George Molhusen, D.O. at 972-271-3681 or via FAX 972-271-2356

Physician needed in Austin, TX. Urgent Care / Occupational Medicine, Full-time & part-time positions available. Forward CV to clientservices@promedaustin.com or fax to 512-444-6852.

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Energetic young Board Certified/Board Eligible Family Physician/Internal Medicine Physician to join a successful five doctor group with offices in Arlington and Mansfield, Texas. Limited weekend and hospital call. Want to practice quality medical care in a fun and loving atmosphere? Then give us a call.

Please contact Patricia Gouldy, at 817-277-7482 or afp76015@sbcglobal.net

JAIME CAPELO, Attorney
Former State Representative
• Chair, Public Health Committee
• Joint Author, HB 4 Medical Liability Reform

JEFF HENRY, Attorney
Over 15 years of experience defending health care professionals, including licensing board complaints and malpractice litigation

Defence of Texas Medical Board Complaints
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