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On July 17, the American Osteopathic Association made history with the installation of Karen J. Nichols, D.O., as its 114th president and the first female president of the association. An internist from Arizona and dean of the Midwestern University/Chicago College of Osteopathic Medicine, Dr. Nichols will focus on “Teamwork” as her presidential theme. During her acceptance speech, she also noted five issues of concentration for the coming year: health system reform; private practice support; osteopathic graduate medical education; specialty student clearinghouse; and the economy’s impact on state and specialty associations.

Dr. Nichols, a resident of Oak Brook, Illinois, began her career as a medical technologist at Phoenix General Hospital. After serving as chief technologist and president of the Arizona Medical Technology Society, she sought her next career challenge by beginning medical school at age 28. She earned her D.O. degree at what is now the Kansas City University of Medicine and Biosciences College of Osteopathic Medicine, and completed her internship and residency training at the former Oklahoma Osteopathic Hospital in Tulsa.

Following training, Dr. Nichols worked her way up to chief of staff at Mesa General Hospital in Arizona. During her tenure, she established end-of-life care guidelines after an elderly patient requested his physician turn off the ventilator keeping him alive.

“We didn’t have any policies in place regarding end-of-life care,” Dr. Nichols says. “There was nothing like this being taught at that time in any medical school.”

After 17 years of treating patients, Dr. Nichols made another career change in 2002 when she became dean of the Midwestern University/Chicago College of Osteopathic Medicine (MWU/CCOM) in Downers Grove, Illinois, which had 166 students in its 2010 graduating class. As dean, she encourages her students to take an active role in their new profession.

“I tell my students what my grandfather told me: ‘You can make a difference,’” Dr. Nichols says. “Osteopathic medicine is a growing profession where students and D.O.s can have an impact.”

Dr. Nichols has been a member of the AOA since 1981 and a member of the AOA Board of Trustees since 1999. She is also a former chair of the AOA Department of Government Affairs and the AOA Council on Palliative Care Issues.

Aside from her AOA responsibilities, Dr. Nichols has served as a member of the Board of Trustees for the Institute for National Health Policy Review; as president of the American College of Osteopathic Internists (ACOI); president of the Arizona Osteopathic Medical Association (AOMA); and as a member of the Illinois Osteopathic Medical Society (IOMS).

Dr. Nichols has received many honors and awards including Fellow of the Institute of Medicine-Chicago; the first AOMA Physician of the Year; AOA Mentor Hall of Fame Inductee; the Outstanding Achievement Award from the MWU/CCOM Alumni Association Board of Governors; recipient of the IOMS Distinguished Service Award; and the Clinician of the Year from Mesa General Hospital.

The following are excerpts from her inaugural speech.

*If there were ever a time that calls for teamwork to achieve high-stakes results, this is it! I submit that today the osteopathic medical profession faces a number of issues of epic, even explosive, proportions—issues that can be addressed most effectively by working together.*
I have five areas of concentration for our teams this year.

I. First, Health System Reform.  
Without a doubt, it’s an area calling for us to band together. While we are not happy with every aspect of the law, we can all agree that our nation’s health care delivery system needs reform. This whole process in Washington is very difficult for physicians. Every minute of every day, every physician is working to make the right diagnosis, prescribe the right medications, the right surgery, and select the right protocol. If a physician is told that a compromise is necessary, what is the interpretation? That you are doing less than your best, not being the best advocate for your patient. So then we go to Washington and are told the only way to obtain anything is by compromise. No wonder physicians recoil when the “right” decision, as we see it, is changed through compromise. The thing we have to remember is that politics is like the air we breathe, you may not like the smell of it, but you still have to breathe. There is no other process.

So in order to achieve true reform for ourselves and our patients, we must continue advocating for changes that will transform medicine in the United States.  
To do this, the AOA team—you and me—must focus on issues including:
Team-based care through the patient-centered medical home
Comprehensive medical liability reform
And, our number one goal—permanently repealing the so called “sustainable growth rate” formula for Medicare reimbursement that is unsustainable!

I challenge every DO, every osteopathic medical student and every supporter of our profession here today to call your Senators and Representatives about the need to reform the Medicare physician payment system! Physicians need to receive fair reimbursement! This is Priority ONE! Failure is not an option!

II. Second, Private Practice Support.  
An explosion has and is occurring in the way we practice medicine. Changes in Medicare, in commercial plans, health information technology, the list goes on and on. Our physicians need support in day-to-day practice operations because more than ever, you must run your practice like a lean, clean, green machine. We must follow the Local Carrier Decisions and push them from one Fiscal Intermediary to another to spread good practices to other regions of the country. We need our Medicare Advisory Committees and our Carrier Advisory Committees to communicate with each other. We can beef up our Clinical Practice Advisory Panel so we can respond promptly to federal inquiries. We must ensure that our members in private practice have what they need readily available not only online but also at AOA headquarters! We need to work as a team so all can benefit from greater efficiencies and ultimately better reimbursements. Our members need this support now! Failure is not an option!

III. Thirdly, Osteopathic Graduate Medical Education.  
An explosion is rocking osteopathic medical education as well. Think about it—26 colleges, 32 campuses, 3,851 graduates this year alone. But not enough OGME! ...We must markedly increase the number of osteopathic residency and fellowship positions.

I have received questions from specialty colleges about how to go about starting new residencies. I have received questions from states about which specialties to contact. I have received questions from colleges of osteopathic medicine about which states and hospitals may have potential for new programs. Together, these groups can tackle this issue in a meaningful way. … I am charging the OGME Development Initiative Advisory Committee to bring these different groups together into strong teams. Every specialty college, every COM, every state needs to be part of the OGME team.

I challenge every specialty with greater than 85% fill rates for their residencies to establish 15% more new positions annually until we have developed as many training positions as we have graduates. We can build consortia. We can work with untapped non-teaching hospitals. We can work with teaching health centers that are addressed as part of the GME provisions in the Affordable Care Act. Yes, I know that developing 15% more new positions EVERY year is an ambitious goal. Our students deserve no less.

IV. Fourth, Specialty/Student Clearinghouse  
Speaking of residency training programs, developing good connections between our specialty colleges and osteopathic medical students is crucial. These connections are vital in helping our students develop strong ties to
the training opportunities in the profession. To make this a reality, specialty colleges need to provide essential resources to our students:

- Bylaws and processes for establishing clubs on campus;
- Convention information detailing student-specific activities;
- Mentoring programs such as iLEARN; and
- Opportunities to actively participate in specialty colleges.

I propose that the AOA create a clearinghouse on our website to facilitate one-stop shopping for students to connect with all specialty colleges and that the AOA assist the specialty colleges in facilitating connections and opportunities for the newest members of our family. A staff group has been working with me to have this Clearinghouse available on DO-Online for the new academic year.

V. Finally, we have another serious issue that equally deserves our attention: the economy’s impact on our state societies and specialty colleges.

Today, three-quarters of the state associations and two-thirds of the specialty colleges are struggling to stretch their budgetary dollars further and further, even to the brink of bankruptcy. We need to look at innovative ways to build teams of states and specialties to pool resources and build synergies.

I recently attended the American College of Osteopathic Obstetricians and Gynecologists convention held in conjunction with the Louisiana Osteopathic Medical Association spring conference. This collaboration resulted in a successful meeting for a tiny state striving to grow. That’s the kind of teamwork we can create throughout our profession.

Additionally, state associations and specialty colleges have similar needs for services and functions but many can’t hire the needed staff individually. Sharing resources across state and specialty lines needs to be investigated and considered. If the European Union can come together to save Greece, the AOA team can come together to help our specialties and states.

How can we achieve these goals – this “nirvana of teamwork?”

Our Board is meeting in August to crystallize the goals and action plans that will put feet on the AOA Strategic Plan. Select leaders from the profession have been invited to join the Board in this important effort. A leadership conference will follow, to be held in San Francisco just prior to OMED, uniting each state osteopathic medical association and osteopathic specialty college with the AOA Board. We will discuss challenges, develop collaborative teams, and each team can choose those pertinent pieces of the Strategic Plan to put in place back home.

I’m calling on every President and Executive Director to join us at this conference! I’m also calling on the specialty colleges to work with the AOA to clarify and finalize the Principles of Affiliation that we’ve been discussing since our 2007 summit! I’m calling for the state associations to consider partnering with each other and the AOA to offer collaborative, high-quality CME programs through the ROME approach!

Everyone in the profession must work together. This includes the fastest-growing segment of our profession – our new physicians in practice. I have asked the Committee on Constitution and Bylaws to start the process of creating a new position on the AOA Board of Trustees for a New Physician in Practice. I am paving the way for them to have better representation within the AOA, and I stand here today asking our new physicians in practice to seize this opportunity to become part of the AOA team!

I also stand here today asking our students, interns, residents and fellows – the newest members of our family – our ROOKIES – to join our AOA team! Get involved! Share your insights! Keep us grounded with your perspectives! You truly represent the future of our profession. As an osteopathic medical student you are on the road less traveled and you are already making a difference!

Further, I stand here today asking every delegate…to join our team! Join me in the commitment to build stronger relationships throughout the AOA family. Go back to your practices, your hospitals, your colleges, your states and your specialties and tell them about the efforts we are undertaking for the good of our profession! Guide your fellow DOs, students and supporters of the profession to become part of our AOA Team! We need diverse perspectives, ideas, and involvement to field the ultimate team for the ultimate goal–strengthening
our profession so we can bring osteopathic medical care to a deserving public! As osteopathic physicians, we represent the most completely trained physicians in the world!! There’s no other group I would rather work with or want on my team.

Let me close with these thoughts. I know the Presidency of the AOA is a big deal. I am honored beyond belief to have the opportunity to serve in this capacity. But this role—this task—is not about me or the presidency. It is about you as a DO
It is about us as a team
It is about our official family
It is about the osteopathic medical profession.

Let’s take the road less traveled by most associations and band together to address the issues we face! Let’s lead our profession to a better place than it was when we entered it—it will make all the difference! Join our TEAM and we will achieve great things—together!

Martin S. Levine, D.O., FACOFP, is New AOA President-Elect

Dr. Martin S. Levine, an AOA board-certified family physician, was named president-elect of the American Osteopathic Association during its recent annual business meeting in Chicago.

Dr. Levine has deep roots in the osteopathic medical profession as one of 20 D.O.s in his family. His term as president-elect puts him in line to follow in the footsteps of his father, Howard M. Levine, D.O., who served as president of the AOA from 1997 to 1998.

Dr. Levine has a family practice in Bayonne and in Jersey City, New Jersey. He serves as associate dean for educational development at the Touro College of Osteopathic Medicine in the Harlem neighborhood of New York City. Dr. Levine also serves as discipline chief of family medicine and clinical associate professor at Seton Hall University School of Health and Medical Sciences Clinical Training Center at St. Michael’s Hospital in Newark, N.J.

He has served on the AOA’s Board of Trustees since 2000. In addition to his role on the board, he has served the AOA in a number of capacities, including chair of the Department of Affiliate Relations and the Department of Professional Affairs as well as chair of the Bureau of Clinical Education and Research.

Aside from his AOA responsibilities, Dr. Levine is past president of the New Jersey Association of Osteopathic Physicians and Surgeons (NJAOPS). He also served on numerous committees for the American College of Osteopathic Family Physicians and the American Academy of Osteopathy.

Dr. Levine has been the recipient of many honors and awards, including being included in the Best Doctor listing by New York magazine every year since 1999, and being honored as a Best Doctor in New Jersey Monthly magazine’s listing three times. He also was named Physician of the Year by NJAOPS.

After earning his D.O. degree from what is now the Kirksville College of Osteopathic Medicine-A.T. Still University, Dr. Levine completed his internship and residency training at Kennedy Memorial Hospital in Stratford, New Jersey, where he served as chief resident.

Dr. Levine and his wife, Andrea, have two sons, Jacob and Aaron, and a daughter and son-in-law, Alena and Ed Bloom. ◆
AOA House of Delegates Chicago • July 6 2010

John Crosby, Executive Director of the AOA, contributes to the “Keep TCOM DO” effort to James E. Froelich, D.O., Chair of TOMA’s TCOM Task Force.

Karen Nichols, D.O. (third from left), new President of the AOA, congratulated by TOMA delegation leaders and representatives after her installation.

John Crosby, JD, Executive Director of AOA; Ray L. Morrison, D.O., Vice-Speaker of the AOA House of Delegates; Carl Pesta, D.O., Speaker of the AOA House of Delegates

AOA HOD Delegates Jim Froelich, D.O. and Steve Bander, D.O. from Texas display the results of the support from AOA delegates, members, staff and supporters when John Crosby allowed the Texas Osteopathic Medical Association Delegation to “pass the boot” during his report to the AOA HOD.

Mark Baker, D.O., Member of AOA Board of Trustees; Regina Benjamin, MD, Surgeon General of the United States; Sam Tessier, Executive Director of TOMA

Pair of tennis shoes purchased by Kirstie McCarty, grand-daughter of Jack McCarty, D.O., with a design honoring AOA Vice-Speaker Ray Morrison, D.O., painted on them by his son, Paul.

Monte Troutman, D.O., Chair of TOMA’s delegation, at the mike on the floor of the House of Delegates.
AOA House of Delegates, Board of Trustees
Meet in Chicago

The American Osteopathic Association’s House of Delegates and Board of Trustees met at the Fairmont Hotel in Chicago this past July for its annual business meeting. Close to 500 delegates representing osteopathic state organizations, specialty societies, interns, residents and students set organizational policies, approved various resolutions, and elected new leaders during the 90th annual meeting of the House.

Making history as the first female president of the AOA was Illinois internist Karen J. Nichols, D.O., FACOI (KCUMB-COM ’81), who was installed at the organization’s 114th president. Among the dignitaries present during the ceremony was U.S. Surgeon General Regina Benjamin, M.D., who saluted Dr. Nichols as the first female AOA president, and also brought congratulations from her boss, President Barack Obama. [Editor’s note: A video of the AOA installation ceremony is posted on the AOA website at www.do-online.org.]

Installed as AOA president-elect was Martin S. Levine, D.O., FACOFP (KCOM ’80). Dr. Levine practices in Bayonne, New Jersey, where he specializes in family practice and OMM.

The Lone Star State was in fine form during the meeting, and its representation in AOA leadership roles remains in capable hands. Great news for Texas was the re-election of Crockett general surgeon Ray L. Morrison, D.O., FACOS (TCOM ’86), as vice speaker of the AOA House of Delegates. Dr. Morrison, who served as vice speaker of the TOMA House of Delegates from 1998 to 2010, was named speaker of the TOMA House earlier this year. A big round of applause is also in order for the re-election of Mark A. Baker, D.O., FAOCR (TCOM ’76), of Fort Worth, who will continue his valuable service as a member of the AOA Board of Trustees. In addition, a host of Texas D.O.s continue their service on AOA bureaus, committees and councils.


Dr. Troutman and TOMA President Elizabeth Palmarozzi, D.O., FACOFP (TCOM ’84), served as chair and vice chair, respectively, of the TOMA delegation and provided leadership for the Texas delegates and alternates who attended the House meeting.

TOMA Resolutions Submitted to the House

The AOA House of Delegates acted on over 200 resolutions. Six of those originated from Texas; one was withdrawn and one was referred for study. The four approved resolutions are as follows:

Resolution 204 - Autopsies
RESOLVED, that the AOA supports the concept of medical schools, private hospital systems, and public medical facilities encouraging families to allow autopsies for training purposes; be it FURTHER RESOLVED, that the AOA encourages medical schools, private hospital systems, and public medical facilities to allow the viewing of autopsies by medical students and residents for teaching purposes.

Resolution 427 – Continued Support of Combating Bio-Terrorism Activities
RESOLVED, that the AOA recommends the continued support of any and all efforts to prevent future attacks of bio-terrorism in the United States.

Resolution 638 – Expanding Scope of Retail Clinics
RESOLVED, that the AOA opposes any expansion by retail clinics into programs offering patient care for chronic and complex conditions.

Resolution 639 – Encouraging Patient Participation in their Health Care
RESOLVED, that the AOA recommends that all insurance companies consider the establishment of a system for rewarding those patients who are trying to stay healthy as a means of decreasing the amount of money spent on health care.

To view all resolutions and final actions, go to the AOA’s website at www.do-online.org.

2010 Texas Delegation

The 2010 Texas Delegation to the AOA House consisted of the following:
White Coat Ceremony Welcomes 200 Future Osteopathic Physicians

The UNT Health Science Center held its annual White Coat Ceremony on July 24 at the Will Rogers Auditorium in Fort Worth, welcoming 200 incoming Texas College of Osteopathic Medicine students – its largest class ever - into the medical profession. Also welcomed were 70 incoming Physician Assistant Studies students.

The ceremony is a rite of passage during which students are “coated” for the first time, signaling their entrance into the field of osteopathic medicine. The white coats symbolize their careers in medicine and the event encourages a psychological contract for professionalism and empathy required of each student entering the profession.

Presenting the keynote address was Janice Knebl, D.O., FACOI, FACP (PCOM ’82), a tenured professor of Medicine at UNTHSC/TCOM and chief of its Division of Geriatric Medicine since 1988. She also holds the Dallas Southwest Osteopathic Physicians Endowed Chair in Clinical Geriatrics.

The health science center’s most prestigious awards were also presented during the event. The Honorable J.D. Johnson, Tarrant County Commissioner, received the TCOM Founders’ Medal, and Robert Lansford, senior trust advisor for private client services at J.P. Morgan Chase Bank, received the Mary E. Luibel Distinguished Service Award.

TOMA was represented by TOMA President Elizabeth Palmarozzi, D.O., FACOFP, and other physicians in attendance.

A reception followed the White Coat Ceremony in the recently completed Medical Education & Training building on the health science center campus. ♦
PhoDOs

Joint TOMA/TxACOFP Annual Convention • June 2010

James E. Froelich, DO, new President of the TX ACOFP, with members of his family

New ATOMA Board, with Heidi Couch (far right), AAOA National President
Karen Bander, Incoming ATOMA President; Mona Sanderlin, Outgoing ATOMA President

Heidi Couch, AAOA National President, swears in Karen Bander as new ATOMA President

Damon Schranz, D.O., outgoing President of TX ACOFP

Elizabeth Palmarozzi, D.O., new TOMA President, with her brother Nick Palmarozzi

Steven C. Ellerbe, D.O., congratulated by James Froelich, DO, new President of the TX ACOFP, for being honored at the Family Physician of the Year.

James E. Froelich, III, D.O., sworn in as President of the TX ACOFP by George Sawabini, D.O., President-elect of the national ACOFP

Elizabeth Palmarozzi, D.O., new TOMA President, with family members

Heidi Couch, AAOA National President, swears in Karen Bander as new ATOMA President

Damon Schranz, D.O., outgoing President of TX ACOFP

Karen Bander, Incoming ATOMA President; Mona Sanderlin, Outgoing ATOMA President

continued on page 16 ...
MEET THE TCOM CLASS OF 2014

The Texas Osteopathic Medical Association is pleased to welcome the following members of the TCOM Class of 2014:

April Aguilar, Plano, TX
Sasha Ahangama, Arlington, TX
Jaffar Aleagha, Highland Village, TX
Mir Ali Khan, Grand Prairie, TX
Tracey Angadiereil, Arlington, TX
Laura Aronson, Fort Worth, TX
Anthony Arredondo, Pasadena, TX
Nasser Ayyad, Arlington, TX
Ryan Bachman, North Richland Hills, TX
Ashley Bailey-Classen, Keller, TX
Laura Baker, Fort Worth, TX
Rachel Bass, Plano, TX
Sara Bodenhamer, Rowlett, TX
Eric Boe, Ada, OK
Brady Bowen, Riverton, UT
Jeremiah Brewer, Arlington, TX
Graham Brown, Lubbock, TX
Jeremy Brown, San Antonio, TX
Adam Basio, Grand Prairie, TX
Emily Buescher, Plano, TX
Andrew Hieu Bui, Plano, TX
John Burge, Magnolia, AR
Benjamin Cameron, The Woodlands, TX
Joshua Garlton, Dallas, TX
Enrique Carrizales, Corpus Christi, TX
Joseph Carver, Conroe, TX
Thomas Cayce, Toledo, OH
Thanuja Chandrasena, Sugarland, TX
Helen Chen, Missouri City, TX
Brandon Chu, Houston, TX
Seth Clifford, Paris, TX
Karissa Cryer, Farmersville, TX
Tabitha Davies, Austin, TX
Troy Dawley, Flower Mound, TX
Angalene Deapen, Fort Worth, TX
Jacob Dennington, Austin, TX
Christopher Dingess, Richardson, TX
Vy Do, Dallas, TX
Catherine Dodds, Euless, TX
Erin Donaldson, Bartlesville, OK
Matthew Douglass, Flower Mound, TX
Jessica Edwards, Cedar Hill, TX
Kayla Ehrman, Copperas Cove, TX
Juan Flores, Rio Grande City, TX
Shelley Flores, Roma, TX
Daniel Freedman, Houston, TX
Laura Gandy, Waynevile, MO
Tyson Garfield, Wichita Falls, TX
Priya Ghelani, Richardson, TX
Ziad Ghneim, Richardson, TX
Luiz Gilbert, Silsbee, TX
Brienne Giliberto, Fort Worth, TX
Sharon Gilkey, Kennedale, TX
AmolGotwala, Cedar Hill, TX
Daniel Green, Webster, TX
Kelly Hanley, Hamilton, MI
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Nichelle Haynes, Kyle, TX
Philip Helmbright, Arlington, TX
Joel Herrman, Manhattan, KS
Landon Huffman, Graham, TX
San Hunyh, Garland, TX
Jennifer Jaynes, Grapevine, TX
Jeremy Jennings, North Logan, UT
Matthew Jepson, San Antonio, TX
Emily Johnson, Roswell, NM
Craig Laird, Cedar Hill, TX
Scott Keeney, Frankfort, IN
Joanne Knight, San Antonio, TX
Ellen Ko, Plano, TX
Guneet Kochhe, Houston, TX
Esther Koo, Houston, TX
Bunrith Koy, Missouri City, TX
Galina Lachkova, Sliven, Bulgaria
Aphoton Lane, Decatur, TX
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Carol Le, Friendswood, TX
Julie Leber, Conyers, GA
Jessica Lee, Midland, TX
Lauren Link, Fort Worth, TX
James Liu, Seabrook, TX
Elise Lockett, Canton, TX
Alia Long, Dallas, TX
Angad Madan, Fort Worth, TX
Steven Mahler, Flower Mound, TX
Sarwat Makkani, Fort Worth, TX
Emmanuel Mantilla, Cebu, Philippines
Eric Marble, San Antonio, TX
Ashley Marshall, Fort Worth, TX
James Mason, Beaumont, TX
Riley McBryde, Austin, TX
Taharka McCalvee, Killeen, TX
Jared McFarlin, Arlington, TX
Luana Melo, Ipira, Bahia, Brazil
Nathan Mielke, El Paso, TX
Carlyann Miller, Ft. Gibson, OK
Travis Miller, Murray, UT
Sameena Mohiuddin, Sugarland, TX
Lisa Moore, Rowlett, TX
Micheal Moore, Plano, TX
Arnold Morris, San Antonio, TX
Talitha Morton, Lewisville, TX
Jason Moultou, Springtown, TX
Eric Mozeleksi, Carbondale, PA
Atefa Nayeb, Fort Worth, TX
Matthew Negem, San Antonio, TX
Diana Nguyen, Houston, TX
Kenneth Nguyen, Arlington, TX
Linh Nguyen, Fort Worth, TX
Tran Nguyen, Houston, TX
Dorene Niv, Dallas, TX
Kaylee Nuckolls, Mansfield, TX
Sung Paik, Austin, TX
Maheen Patel, Karachi, Pakistan
Nahel Patel, Dallas, TX
Sapna Patel, Waco, TX
Alyson Pennington, The Woodlands, TX
Mary Pennington, San Antonio, TX
Rafael Perez, Waco, TX
Leah Persad, Sachse, TX
Brenna Pickard, Nederland, TX
Frederick Poage, Lufkin, TX
Christina Pool, Canyon, TX
Ryan Purkiser, Austin, TX
Mohammed Qureshi, Sugarland, TX
Sabrina Rabab, Carrollton, TX
Christina Ragland, Plano, TX
Samar Rashid, Houston, TX
Nicholas Ray, Carrollton, TX
Oliver Reyes, Dhahran, Saudi Arabia
Kelly Roan, Lewisville, TX
Justin Rodman, Austin, TX
Christine Rollins, Southlake, TX
Tina Roopani, Houston, TX
David Rothrock, San Antonio, TX
Elizabeth Rourke, Livonia, MI
Matthew Rushing, Lubbock, TX
Solomon Saltifors, Evant, TX
Elizabeth Scarbrough, Howe, TX
Christina Schott, Cloquet, MN
Rachel Senise, Dallas, TX
Perini Shah, Plano, TX
Ushma Shah, Lewisville, TX
Brady Simonak, Southlake, TX
Chance Sims, Lake Jackson, TX
Ankita Singh, Arlington, TX
Lauren Smith, Elgin, TX
Kyle Sulak, Waco, TX
Collin Swafford, Hurst, TX
Douglas Taylor, Schertz, TX
Kristiansen, Mission, TX
Anu Thomas, Houston, TX
Jared Thompson, Flower Mound, TX
Michael Tiller, St. Louis, MO
Farrel Tobolowsky, Dallas, TX
Julie Tollefmane, Austin, TX
Ramin Toofan, Dallas, TX
Bela Toth, Houston, TX
Mai-Anh Tran Ngoc, San Antonio, TX
Melanie Truong, Sachse, TX
Atul Utturkar, Brownsville, TX
Colin Yokes, Arlington, TX
Richard Wagner, Temple, TX
Miraie Ward, Arlington, TX
John Wenhold, Corpus Christi, TX
Jessica Wentling, Baltimore, MD
Anam Whyne, Richardson, TX
Joseph William, Fort Lavaca, TX
Austin Willis, North Richland Hills, TX
Ellen Wilson, Lovington, NM
Kelli Windsor, Breckenridge, TX
Christopher Wood, Friendswood, TX
Gillian Wooldridge, Corpus Christi, TX
Arynn Yaeger, Dallas, TX
Robert Yang, Austin, TX
Lu Yung, Nanjing, Jiangsu, P.R. China
Christian Zuniga, Stephenville, TX
July 1, 2010

To the TOMA Board of Directors:

Thank you very much for honoring me at the recent annual meeting in Fort Worth with the TOMA Community Service Award.

I was very pleasantly surprised as well as confused. Our state president, George Cole, D.O., very eloquently defined the award, but he lost me. I could not figure out anything I had done that was so special.

Being part of a community and participating in all aspects is part of all of our lives as osteopathic physicians. I try to teach our students and young docs that they cannot just practice medicine, or just devote time to medicine and family, but that they also belong to a large community. The best way (the only way for me) to belong is to get involved. It does not matter if it is in the house of worship of your religious preference, charitable organizations, service organizations, state, specialty, or national medical societies, the arts, or teaching, etc. “No man is an island.”

It is actually the diversity of people and activities that keep things interesting. Maybe that is why I am enjoying life as a general and family practitioner. My patients are so diverse I never get bored. From newborns to grandpas and hypertensive cardiovascular or diabetic patients, to delivering babies, doing procedures, etc., - how can you ever get bored? I love going to the office and to the hospital every day. I look forward to it almost as much as I look forward to doing things with my daughters and being in their lives. I cannot think of a better job or way of life. Perhaps if my dreams, before osteopathic medicine, of being an Underwater Demolition Navy Frogman had come to fruition, I would now be saying how cool it is to get to blow things up and get paid for it instead of what I am doing now (but that is another story).

I teach and have a close relationship with about 15 to 18 student physicians each year. They all get this “shpiel” from me. Remember, when we teach medical students and residents, it is not just medical facts we share with them but life in general. It is in how they see us act and lead our lives, private, public and professional.

We all learn that healing comes in many ways and envelopes the body, mind and spirit. Maybe part of this “community” comes from my personal nationality and religious upbringing, which is Judaism. The main underlying premise and goal of Judaism is “Tikun Olam.” Translated, it means to “make the world a better place for all”; to lead your life by example for others to see. Not just you, your family, your countrymen and others like you, but for everyone whom you come in contact with or influence in one way or another. Even folks you disagree with or the ones who do not care for you or your way of life are included.

To be singled out for an award for just living life is gratifying as well as embarrassing. All of us who have practiced this profession do these things every day. I am not any more special than any other D.O. out there who lives life and leads by example to those coming behind. I thank you for the recognition and hope and pray that our trustees and the board of TOMA and our new president, Elizabeth Palmarozzi, D.O., have a special year full of positive achievements.

It was also nice to have Karen Nichols, D.O., our new AOA president, at the TOMA meeting and luncheon. Best wishes to her and her AOA board as they also embark on a year of tranquility in leading us with absolutely no stress, altercations or turmoil. (Sure!!!)

By the way, watch these two women presidents. There is no doubt in my mind that they will lead our profession to new heights in the year and years to come.

Thanks once again.

Fraternally,

Al E. Faigin, D.O. (KCOM ’72)
Wedgwood Family Health Associates
Fort Worth
Hugh Barton, JD, recipient of the TOMA Meritorious Service Award

The Honorable Richard Pena Raymond, Texas State Representative

Al Faigin, DO., recipient of the TOMA Community Service Award, from George Cole, DO, outgoing TOMA President

Karen Nichols, D.O., then President-elect of the AOA, and now its President

Mona Sanderlin, outgoing ATOMA President

The Honorable Richard Pena Raymond, Texas State Representative, recipient of the TOMA Public Service Award, from David Garza, D.O., member of the TOMA Board

The Honorable Richard Pena Raymond, Texas State Representative

Hugh Barton, JD, recipient of the TOMA Meritorious Service Award

Karen Nichols, D.O., then President-elect of the AOA, and now its President
Three generations of the Maul family, with the soon to be OMS in the middle.

Participants in the Office Managers’ Training.

continued on page 20...
The TOMA Board of Trustees is currently accepting nominations for six awards that honor individuals in or affiliated with the profession, or individuals outside the profession who have made significant contributions to the osteopathic profession.

Take the Time to Honor Outstanding Individuals Now

This is your opportunity to nominate outstanding persons for their efforts in giving their best through the various avenues of service. They can be found in rural, urban or inner-city practices, offices or hospitals, in the military or public services, in medical schools or clinics, in the community or in the halls of government.

In order to have the time to assess nominees and obtain proper documentation, the TOMA Awards & Scholarship Committee requests that nominations be submitted by January 15, 2011. The committee highly encourages the osteopathic community to make the time to recognize and submit nominees. These individuals personify the best of the osteopathic profession and healthcare in general. Honor them for their contributions that enrich the osteopathic profession.

The Awards

Distinguished Service Award – Presented to a D.O., it recognizes outstanding accomplishments in scientific, professional, osteopathic education, or service to the profession in Texas or at the national level. The nominee must be a member of TOMA, the AOA, and a long-time member of his or her district. (Those holding an elective office in TOMA are ineligible to receive this award during their term of office.)

Meritorious Service Award – Recipient does not have to be an osteopathic physician. The award recognizes outstanding accomplishments in scientific, philanthropic, or other fields of public service to the osteopathic profession in Texas.

Community Service Award – Presented to a D.O. in recognition of outstanding service to the community through the promotion of and dedication to osteopathic medicine in his or her practice. The nominee must be a TOMA member in good standing, have provided excellent service to their local, regional, or state community, exceptional care to their patients, and demonstrated a commitment to the principles and philosophy of osteopathic medicine. The nominee should exemplify what the profession perceives to the “typical” D.O. who cares for patients and is an unsung, local hero. (Those holding an elective office in TOMA are ineligible to receive this award during their term of office.)

Public Service Award – May be presented to a maximum of two governmental officials whose works and accomplishments are outstanding in promoting the health care needs of the state of Texas, while recognizing the unique value of the osteopathic philosophy.

Student Doctor of the Year Award – Presented to a fourth-year osteopathic medical student from Texas who will receive the D.O. degree in the year of the award. The award recognizes outstanding accomplishments in the areas of academic achievement, leadership, and service to the community and the osteopathic profession. Nominee must be a TOMA member.

New Physician Award – Presented to a D.O. in practice five years or less. The nominee exhibits outstanding performance in community service; excellence in his or her osteopathic medical practice; contributions to public health; service to organized osteopathic medicine; membership in his or her local TOMA district, AOA or other osteopathic specialty society; charitable service; contributions to osteopathic medical research; and contributions to medical education. Nominee must be a TOMA member in good standing, and must be nominated by their local TOMA district or by two TOMA members in good standing.

The Nomination Process: Easy

The process is easy. Members or districts that wish to nominate candidates should complete a nomination form, available on the TOMA website at www.txosteo.org, or contact Lucy Gibbs at (800) 444-8662. The completed form should be signed by at least five TOMA members who are members of the nominee’s district.

Need help in nominating? Contact the TOMA office and the staff will assist in obtaining the proper district signatures and sponsorship.

The form should be returned to Sam Tessen, TOMA Executive Director (1415 Lavaca St., Austin, TX 78701; FAX 512-708-1415) no later than January 15, 2011. He will forward it to the TOMA Awards & Scholarship Committee for consideration.

The Awards & Scholarship Committee will meet to review nominations. If recommended by the committee, the chair will nominate a candidate and present to the necessary information to the Board of Trustees. An affirmative vote by three-fourths of the members of the Board of Trustees will be required to grant any award.

Award recipients are then notified by the Board of Trustees and requested to attend TOMA’s annual convention, at which time the award is presented.

Additional questions concerning award may be directed to Lucy Gibbs, TOMA Associate Executive Director.

Don’t Delay

The holiday season, with its whirlwind of activities, is fast approaching. Look around in your communities, hospitals, offices and clinics and resolve to thank an exceptional individual for making a difference each and every day. ◆
Hello to all and greetings from Austin;

Texas ACOFP would like to introduce you to our 54th President, James E. Froelich, III, D.O., FACOFP.

James E. Froelich, III, D.O., FACOFP, was installed as the 54th President of the Texas Society of the American College of Osteopathic Family Physicians during the Joint Annual Convention of the Texas Osteopathic Medical Association and the Texas Society of the American College of Osteopathic Family Physicians, held June 16-21 in Fort Worth.

A Fellow of the American College of Osteopathic Family Physicians, Dr. Froelich is board certified by the American Osteopathic Association and has maintained a family practice office in Bonham, Texas, since 1983.

After earning his osteopathic medical degree from the University of North Texas Health Science Center / Texas College of Osteopathic Medicine, he completed his residency and internship at Sun Coast Hospital, Largo, FL.

Dr. Froelich has served on the Texas ACOFP Board of Governors since 2005. In addition to his role on the board, he has served the osteopathic medical profession in a number of capacities including chair of the Governmental Relations and Convention and Program committees.

Aside from his Texas ACOFP responsibilities, Dr. Froelich is a Past President of the Texas Osteopathic Medical Association and serves as a Texas Delegate for TOMA and the AOA House of Delegates, representing over 3,000 Texas osteopathic physicians each year.

While he remains active in serving the Texas ACOFP, TOMA, ACOFP and AOA, Dr. Froelich also is very involved in supporting the cause of osteopathic family medicine through political activism. Through his involvement in the Keep TCOM D.O. Task Force, he gives many hours of his private time to contacting local and national representatives as well as his colleagues to continue efforts to bring resolution to this issue. He is also involved in Patient’s First, a political organization that addresses Scope of Practice concerns through lobbying efforts, research and providing information to physicians.

Dr. Froelich is also involved in his community of Bonham, Texas, serving on the Advisory Board of Northeast Medical Center (formerly Fannin County Hospital). He has also served on the Board of Campfire Girls of America and is a member of the Rotary Club International.

Dr. Froelich and his wife, Deidre, have two children, James Clifford and Deidre Ann Froelich.

What’s New

It’s not what’s new, but it is an excellent benefit for you, our members: our Office Manager’s Community. The TOMA and Texas ACOFP work together to provide quality training at our CME programs for your office managers. Kelly Skinner, CMM, is the Office Manager for Robert DeLuca, D.O., FACOFP of Eastland, Texas.

Kelly has over 15 years of medical billing and coding expertise, and is very experienced with credentialing, contracting and many of the day-to-day management aspects of operating a family practice office. Kelly, along with Sam Tessen, TOMA Executive Director, work together to provide a full day of training sessions twice a year that will provide your office manager with the most current information available in a wide variety of topics relevant to operating your practice.

Included in each Office Manager’s Session is the opportunity for networking. This is an invaluable service allowing your office manager to contact others throughout the year for help with difficult billing questions, solving unpaid claim issues and other problems that may arise regarding various aspects of the practice relating to financials, billing and management.

Please consider having your office manager contact our office to sign up for email notification on upcoming Office Manager Sessions. Email us at officemanagersession@txosteo.org or call us toll free at 1-800-444-8662. ✯
Giti Azmabalni, DO., recipient of the TOMA New Physician of the Year Award

Heidi Couch, President of AAOA, honored for her leadership

Jack McCarty, D.O., honored for his years of service as a leader of TOMA and a member of its Board

A gathering of leaders: (back row) John Crosby, JD, Executive Director of AOA; George Cole, D.O., outgoing President of TOMA; Heidi Couch, President of AAOA, Ray Morrison, D.O., Vice-Speaker of the AOA House of Delegates; Mark Baker, D.O., Member of the AOA Board of Trustees; James E. Froelich, III, D.O., new President of the TX ACOFP. (front row) Karen Nichols, D.O., incoming President of the American Osteopathic Association; Elizabeth Palmarozzi, D.O., new President of TOMA
Mark A. Baker, D.O., Member of the AOA Board of Trustees

Elizabeth Palmarozzi, D.O., new TOMA President, honored by the TCOM Alumni Association, by Robert DeLuca, D.O., and John Wright, D.O.

Rodney A. Wiseman, D.O., recipient of the TOMA Distinguished Service Award, from Robert DeLuca, D.O., Master of Ceremonies

Elizabeth Palmarozzi, D.O., sworn in as the new TOMA President by Karen Nichols, D.O., President-elect of the AOA

Jessica Toler Huerta, D.O., recipient of TOMA’s Student Doctor of the Year Award

Sue Bailey, MD, Fort Worth, President of the Texas Medical Association; Elizabeth Palmarozzi, D.O., new President of Texas Osteopathic Medical Association, and Karen Nichols, D.O., incoming President of the American Osteopathic Association

Mark A. Baker, D.O., Member of the AOA Board of Trustees

Elizabeth Palmarozzi, D.O., new TOMA President, honored by the TCOM Alumni Association, by Robert DeLuca, D.O., and John Wright, D.O.
The Well-Organized Office: Practical Strategies to Manage the Flow of Information, Patients and Financials through Your Office

By Kris Beavers, Texas ACOFP Executive Director

It is a known fact that getting organized and staying organized has many benefits. It saves you time and money and it reduces stress and increases productivity. Getting organized is also empowering and has benefits for everyone involved in your practice.

Most offices tend to fall in one of two categories; well organized and not well organized. Here are some characteristics of both.

Well Organized
- Office appearance is neat and clean with minimal clutter. This includes the patient waiting room, the front desk area, nurse’s station and exam rooms.
- Patient communications are handled promptly, efficiently and courteously.
- Flow of finances is well managed.
- Atmosphere of the office is relatively calm and subdued.

Not Well Organized
- Office is in disarray with clutter that is distracting.
- Patients complain about poor communications and rude treatment.
- Poor financial management.
- Atmosphere of the office is frenzied, waiting room is loud and employees can be overheard having inappropriate conversations.

Routine is the Key
Having a routine is the key to being organized and saving time. Does any of this sound familiar to you? It’s Monday morning, you’re running late, the computer won’t boot up, the phone is already ringing, the nurse called in sick and there are several walk-in patients without appointments…

We all have these “days” but there is a difference in having a “day” that is out of control and an unorganized office that habitually operates out of control. Having a routine is critical to saving time and keeps stress to a manageable level.

A Place for Every Person
A well-organized office has only the employees they truly need. Each employee understands and performs the job they were hired to do because there is a written job description, clearly defined expectations and an annual review that manages expectations.

A well-organized office cross-trains employees to minimize stress when short staffed and to provide greater efficiency and sense of team work within the office. They hold regular staff meetings to ensure everyone operates on the same page.

A well-organized office has both a routine for the office itself as well as employees that keep to a personal work routine while at work.

The View Tells the Story
Excessive clutter in an office sends the unspoken message that your office is very likely unorganized. This may come across to prospective patients as a negative environment where they will not receive proper care.

Clutter in the office points to the lack of a systematic way to handle the flow of information that comes through the office, perhaps a shortage in staff, or both.

A Place for Everything
Typically people will leave things lying around because they are not ready to decide what to do with them yet. So the process of organizing really comes down to having a system for automating decisions about where everything goes.
Disorganized people have few or no systems, so they must make every decision on a case-by-case basis. Eventually this becomes overwhelming, and clutter begins to pile up.

Organized people will make far fewer decisions in the long run. It takes far more time to be disorganized than it does to be organized because disorganized people lose so much time to inefficiency.

**Payoff for Getting Organized**
The greatest benefit of getting organized is a greater ability to concentrate when working and a greater ability to relax when not working. Working in a self-maintaining, uncluttered environment can increase productivity by making the process of work flow more smoothly.

If you feel that excess clutter is overwhelming your ability to relax and enjoy your work environment, take the time to make your organizing decisions in advance about where everything should go and why. Then you can focus on getting your real work done, since you’ll be able to quickly recognize where each object goes and conveniently put it away.

**Analyze the Situation**
Assess your office. Perhaps only one area really needs attention, such as the front office or billing office. Consider how the time in this space is spent and the various tasks performed in it.

Determine what physical equipment and office supplies will be needed to work most efficiently in this area. Perhaps a nearby filing cabinet with hanging file folders or a copier/scanner/fax would help to limit the need to leave your work space as often. Consider the placement of furniture and work surfaces. Would a change allow for better flow of traffic and work space?

**De-Clutter**
The next step in organizing your office is to sort the piles of clutter. Using boxes can be very helpful for this task. Throw away what is outdated and irrelevant. If possible, use a scanner to make electronic files for information that is updated often. Use three-ring binders with tabs if necessary to organize information you reference often if you are most comfortable with this method than with computerized information.

Having a proper place for information will allow others to find the information they need instead of asking someone else and pulling them away from their tasks.

**Create a Filing System**
Depending on what information is to be filed away, there are several options. For accounting purposes, it may be helpful to create a file folder for each month of the year for both payables and receivables. Be sure to keep only what you need to avoid bulk.

For billing purposes EOB’s can be received on line; however, those that still come by way of paper can be filed away in the same manner, month by month.

Have a designated place to put “to do” items such as bills to be paid, reports to be read and later filed in charts. De-clutter as you go. When going through the daily mail, get in the habit of automatically placing the bills and financial statements into the designated spot for them, the junk mail into the trash, the magazines into the magazine rack, and items that require other processing into your inbox.

**Routines Provide a Framework**
Having a well established daily routine will go a long way to helping maintain a clutter-free, well-organized office.

Know and make a list of all the tasks you are responsible for and have each employee in your office do the same. Review your list and consider your personal strengths and weaknesses, and figure out when you are at your personal best.

Try doing the hardest task and/or the one you like the least first. That gets it out of the way. Consider getting the bulk of your work done early in the morning at the start of the day when you are the most fresh. If you are not a morning person try doing the opposite.

**Flow of Patient Traffic**
Analyze and consider what types of patients your office sees most frequently. Schedule patient traffic accordingly; fasting patients, physical exams, young children and people going to work should all be considerations for early morning appointments.

Keeping “well services” scheduled together and apart from “sick visits” as much as possible will also help your patients stay well when they visit your office. Try to reserve time in the late afternoon for school children and working people coming home, if at all possible.

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New OMM Chair for TCOM

David C. Mason, D.O., FACFP (UMDNJ/SOM ’96), was recently named chairman of the Department of Osteopathic Manipulative Medicine at the UNT Health Science Center / TCOM in Fort Worth. Dr. Mason will serve as an associate professor and clinician for the OMM department and see patients in the Patient Care Center on campus. He was previously a faculty member in the OMM and Family Medicine departments at the University of Medicine & Dentistry of New Jersey/School of Osteopathic Medicine in Stratford, where he received his D.O. degree and completed his internship and residency. He is certified in Family Medicine and Neuromusculoskeletal Medicine/Manipulative Medicine.

Dr. Albert Yurvati Re-elected AOBS Chair

Albert H. Yurvati, D.O., FACOS (TCOM ’86), was recently re-elected chairman of the American Osteopathic Board of Surgery. The board, based in Huber Heights, Ohio, examines D.O.s for certification in general surgery and surgical subspecialties. Dr. Yurvati serves as professor and chairman of the Department of Surgery at the UNT Health Science Center in Fort Worth.

Two D.O.s Score in “Readers Choice” Category

Two Fort Worth osteopathic physicians were chosen by Fort Worth Star-Telegram readers for expertise in their respective specialties. Readers in Tarrant County and surrounding areas were asked to vote in a variety of categories, from best businesses/organizations to best spas to best schools.

Peter J. Malouf, D.O. (TCOM ‘95), was voted best choice for “Best Place/Doctor for Cosmetic Procedures.” He is the founder of The Center for Skin and Cosmetic Dermatology in Fort Worth.

Brian D. Ranelle, D.O. (KCUMB-COM ’72), was voted runner-up for “Best Local Lasik/Laser Eye Surgeon.” Dr. Ranelle practices at Texas Eye and Laser Center, with offices located in Fort Worth and Hurst.

TOMA Members Noted in AOAO Journal; Drs. Kenneth Bayles and George Cole Pictured in Orthoped

Kenneth S. Bayles, D.O., FAAO (DMU-COM ’75), and George M. Cole, D.O. (KCUMB-COM ’75), were pictured in the publication’s “Members in the News” section for being honored this past May for their years of service in the TOMA House of Delegates. Dr. Bayles was recognized for 25 years of service, and Dr. Cole was honored for 20 years of service. Both physicians practice in Dallas and are TOMA past presidents. The Orthoped is a publication of the American Osteopathic Academy of Orthopedics.

Dr. William Aaron Tucker and his Creative Artwork Featured

The summer Orthoped also ran a feature story on William Aaron Tucker, D.O. (KCOM ’88), who has an orthopedic surgery practice in Rockport, and his innovative artistic creations that are fashioned from surgical items. According to the article, he began making art pieces toward the end of his orthopedic surgery residency at Dallas/Fort Worth Medical Center in Grand Prairie, opened his practice – Atlas Orthopedics – and returned to his hobby at a later date. To view some photos of his fascinating work, log on to www.auao.org and click on the Summer 2010 journal.

TCOM Graduate Named to Position on Cook Children’s Health Care System

The July 12 Fort Worth Business Press reported that new members were named by the Cook Children’s board of directors for the companies that make up the Cook Children’s Health Care System. Kevin D. Wylie, D.O. (TCOM ’90), was named secretary and a trustee for the Physician Network. Dr. Wylie practices pediatrics at Cook Children’s Medical Center in Fort Worth. He is certified in Pediatrics.

Dr. Janice Knebl Receives Award from Local Gerontological Society

Janice Knebl, D.O., FACOI, FACP (PCOM ’82), has been awarded the Mildred O. Hockstein Award for her work in gerontological education. This year’s service award winners were announced by the Tarrant Area Gerontological Society and reported in the July 12 Fort Worth Business Press. Dr. Knebl is a tenured professor of Medicine at UNTHSC/TCOM and has served as chief of its Division of Geriatric Medicine since 1988. She holds the Dallas Southwest Osteopathic Physicians Endowed Chair in Clinical Geriatrics, the first within the osteopathic profession. She was installed as vice chair of the National Board of Osteopathic Medical Examiners in December 2009.

Dr. Ron Cook Pictured in TTUHSC Publication

Ron L. Cook, D.O., MS (TCOM ’93), was pictured in the July 2 Texas Tech University Health Science Center publication, Stateline, extolling the virtues of smartphones as an aid to patient care. The article noted that 72 percent of physicians use smartphones (such as the iPhone or Blackberry), and Manhattan Research has predicted that percentage to increase to 81 percent by 2012. Dr. Cook contrasted the various medical pocket books physicians used to carry with the smartphones, which offer access to books, databases and the Internet, and make staying connected so much easier. “Our lab coat pockets were bulging out and the coat itself weighed several pounds. Now we all carry smartphones and it only takes up one small pocket,” he said. Dr. Cook is an associate professor, Family and Community Medicine, at TTUHSC in Lubbock. He is certified in Family Practice and Geriatrics.

Two Members Noted in ACOP Publication

The Summer 2010 issue of Pulse, a publication of the American College of Osteopathic Pediatricians (ACOP), noted in “Member News” that Laura S. Stiles, D.O., FACOP (KCOM ’75), was honored during TOMA’s May meeting of the House of Delegates for her 13 years of service. Certified in Pediatrics and Adolescent Medicine, Dr. Stiles has offices in Mesquite and Rockwall.

The publication also featured a photo of Neil S. Levy, D.O., FA-
COP, FAAP (DMU-COM ’71), “taking in some history” with other physicians during the organization’s spring conference in Williamsburg, Virginia. Dr. Levy serves as ACOP Director of CME Programs. Certified in Pediatrics, he maintains a private practice at Levy Pediatrics in Bedford.

Both physicians are TOMA life members.

Administrator of the Year Award Presented to Tom Suehs
Tom Suehs, executive commissioner of the Texas Health & Human Services Commission, was honored by the Texas Public Employees Association (TPEA) with its 2010 Administrator of the Year award in late June. The TPEA is a professional association for state employees and retirees. The award is presented to a state government leader who evidences commitment to public service and recognizes the vital role of state employees in enhancing the quality of life for Texans.

New Medical Advisor for Workers’ Comp Division
Donald Patrick, M.D., JD, was named medical advisor for the Texas Department of Insurance, Division of Workers’ Compensation, effective July 12, 2010. He served as executive director of the Texas Medical Board until August 2008, and practiced neurosurgery in Austin from 1969 to 2001. Dr. Patrick is a Diplomate of the American Board of Neurological Surgery and a past president of the Texas Association of Neurological Surgeons.

UNT Health Science Center Gives Thumb’s Up to Faculty, Alumni Honored by TOMA
The July 22 UNT Health Science Center’s online Connections featured its faculty members and alumni who had received awards and been elected to various positions during TOMA’s recent convention in Fort Worth. The following were noted:

New officers
Elizabeth Palmarozzi, D.O. (TCOM ’84) – new TOMA president
Patrick Hanford, D.O. (TCOM ’83) – new president-elect
A. Duane Selman, D.O. (TCOM ’87) – new vice president
Ray Morrison, D.O. (TCOM ’86) – new speaker of the TOMA House of Delegates
Thomas Shima, D.O. (KCUMB-COM ’98) – new vice speaker of the TOMA House of Delegates

Re-elected board members
Steven Bander, D.O. (TCOM ’82)
David Garza, D.O. (TCOM ’89)
Tony Hedges, D.O. (TCOM ’91)
Brent Sanderlin, D.O. (TCOM ’96)
Damon Schranz, D.O. (TCOM ’98)
John Wright, Jr., D.O. (TCOM ’84)

TOMA award recipients
Giti Azmabalani, D.O. (TCOM ’03) – New Physician of the Year Award
Al Faigin, D.O. (KCUMB-COM ’72) – Community Service Award
Jessica Toler Huerta, D.O. (TCOM ’10) – Student Doctor of the Year Award
Rodney Wiseman, D.O. (TCOM ’78) – Distinguished Service Award

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Create a Routine for the Front Office
Creating a closing and opening front office routine is essential in cutting down on stress; your routine should include a time of preparation for the next day.

Pull patient charts for known appointments the next day and perform insurance verifications. Give the healthcare providers a copy of the schedule at closing for the next day to help them mentally prepare.

Consider hiring/training a medical assistant who can work half-time in the front office and half in the back. This person can handle blood draws, vaccinations and other services that the provider doesn’t have to handle to free up time in the morning and be available in the afternoons for administrative tasks.

If at all possible, have at least one person arrive 10 – 15 minutes before the office opens to turn on lights and necessary equipment. This allows both patients and staff to begin the day in a calm manner.

Typically the first 1 – 2 hours are the busiest time of the day. Work in your strength; if you are great on the phone arrange with co-workers to answer the majority of phone calls during this time. If you are great with people, arrange to be the person who greets and checks in patients.

As the morning stabilizes each person can return to a wider range of tasks. Keeping traffic moving in the morning keeps everything running smoother throughout the day.

Flow of Financials
Evaluate your office income for a one-year period to determine your average monthly income as well as the natural peaks and declines your office experiences in a year’s time.

Make it part of your billing routine to send claims and patient statements regularly. Post payments as soon as they come into the office to keep AR current and accurate. Establish a filing system to keep current information handy and accessible; then transition outdated information to in-office storage, and after 18 months to 2 years to off-site storage.

Run the necessary daily, weekly, monthly and quarterly reports. Review these on a regular basis with the practice owner/management.

Deal with uncollected accounts in a timely manner. Three months – get it off the books one way or another. This allows reports to be more accurate and consumes less time working through them.

If your practice uses an accountant for tax and payroll purposes, provide them the information from your practice quarterly so that end-of-the-year tax time is less stressful.

In Closing
Each person has an inherent personality which includes strengths and weaknesses. Some people are naturally neat and organized, some are not. Some people are calm while others are not. Try as much as possible to place the proper personality type in each office position. Clearly communicate and manage expectations through job descriptions, flow charts and annual reviews.

Above all, create routines and systems that remain established and are updated to keep pace with the needs of your practice.

When a patient suffers an unanticipated adverse outcome, he or she will experience three traumas: 1) physical; 2) emotional; and 3) financial. Each of these must be addressed one way or another. While a physician’s expertise is medical, a patient will look to the physician to cope. Acknowledge and discuss his/her needs. Though one may not have all the answers, maintain the rapport established with the patient before the adverse event and keep the lines of communication open. Responding to an unanticipated adverse outcome is a process. Be truthful, show empathy, apologize (when appropriate) and manage the situation as it evolves. Be willing to repeat yourself; patients remember only a small portion of what they are told. Be aware of your own emotional state and seek support. Contact your malpractice carrier to help you navigate the aftermath of medically induced trauma.
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.

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A Message from ATOMA President
Karen Bander

My year as ATOMA President is off to a fast start!

I had the opportunity to speak at the ACOFP dinner for the new TCOM students and I also attended the SAA breakfast for new students and their parents, inviting parents to join ATOMA. We presented two scholarships for $250 each. Heidi Cook, Rosanne Medlin and their wonderful SAA members did a great job with the breakfast at the school. They had a panel of students answering questions from new students and parents, after which they gave the parents a tour of the school.

Dr. Mark & Rita Baker once again hosted the students for a barbecue and pool party. This is always a fun time to get to meet some of the students and make them feel like a part of the Osteopathic family. Over 50 student physicians and their family members attended. ATOMA presented four scholarships for $250 each.

Mark your calendars now for the cook-out at McDodi Farm (Dr. Jim & Dodi Speece), scheduled for November 20th.

The AAOA House of Delegates meeting is in San Francisco, October 25-26. Our very own Deidre Froelich is coordinating delegates nationally for this. Texas is always well represented on the national board. We do need a few more Delegates, however. If you are able to attend, please contact me at karenbander@yahoo.com.

For Your Information

ATOMA now has a new website. Visit www.txatoma.org and check it out!

Annual Baker Pool Party

The pool party held at Dr. Mark and Rita Baker’s home was a fun event! Over 50 students signed in. TOMA and ATOMA were well represented in the crowd. In addition, ATOMA presented four $250 scholarships.

Upcoming Events

• October 24-28 – A0A/AAOA Convention in San Francisco

• November 20 (Saturday before Thanksgiving) – Cook Out at Dr. Jim and Dodi Speece’s McDodi Farm
Correctional Managed Care

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Medical-Business Law 101:  
Balance Billing Patients  
by Hugh M. Barton, JD

John Smith, DO renders a service to patient Jones, bills her insurance company $100 and is paid $1. When can he send Jones a “balance bill” for $99?

Before answering, this question assumes the following: (1) the service rendered to Jones is covered by her insurance plan, (2) Dr. Smith has every reason to believe it was medically necessary, (3) he submitted a “clean claim,” (4) all procedures for re-submission and/or appeal have been followed, (5) Dr. Smith knows that a charge of $100 for the service is not unusual for that service in his community, and (6) Dr. Smith routinely receives payment far in excess of $1 for that service from other insurers. So with that in mind, can he balance bill patient Jones for $99?

What Is A Patient’s Responsibility? Why should patient Jones not be financially responsible when her insurance doesn’t pay? Aren’t patients ethically obligated to - as the AMA Council on Ethical and Judicial Affairs puts it - “meet their financial responsibility with regard to medical care”? Aside from the fact that no patients voted on the AMA’s statement, consider the other view: patients pay regular - and increasingly expensive - premiums for health insurance, which is a contract that generally relieves them of the responsibility of paying for covered services except for co-pays, deductibles and the like. Should patients not be entitled to rely on that contract? And if the insurance company refuses to pay claims, isn’t that a problem for the insurance company and physician to work out? Public policy increasingly favors the patient’s point of view, as these examples demonstrate.

Medicaid. Medicaid program rules are the most restrictive in this regard. Merely by submitting a Medicaid claim, Dr. Smith is deemed to have certified that “no charges beyond reimbursement paid under the Texas Medical Assistance Program for covered services have been, or will be, billed to the eligible recipient.” Specific instance in which Jones cannot be billed include:

- Failure to obtain prior authorization for services that require prior authorization.
- Failure to submit a claim, including claims not received by TMHP;
- Failure to submit a claim within the 95-day filing deadline;
- Filing an incorrect claim;
- Failure to resubmit a corrected claim within the 120-day resubmittal period;
- Failure to appeal a claim within the 120-day appeal period; and
- Failure to obtain prior authorization for services that require prior authorization.

In any of these instances Dr. Smith may not bill Jones “or take other recourse against” her (such as turning the matter over to a collection agency). This is a “program violation” that can lead to administrative “actions” or “sanctions.” On the other hand, he can bill Jones for services not covered by Medicaid, such as biofeedback therapy, dermabrasion, dressings and supplies billed in a physician’s office, refractive keratoplasty, obesity treatment and others. See the current TMHP Medicaid Provider Procedures Manual for coverage limitations.

MEDICARE. If Medicaid is the most restrictive, Medicare is the most complicated. First, if Dr. Smith accepts “assignment,” that is, agreed to accept the Medicare Approved Amount as payment in full for Part B covered services, then he cannot balance bill at all.

If he does not accept assignment (e.g., is not a “participating physician”), then he is paid 95% of the Medicare fee schedule and has the right to balance bill - but subject to a “limiting charge” of 115% of the Medicare Approved Amount. So, if Dr. Smith’s usual charge is $100, and Medicare approves a payment of $80, it will pay 80% of that or $64. Applying the limiting charge, $73.60 is the maximum amount, and he can balance bill Jones only $9.60 ($73.60 - $64).

When Dr. Smith believes payment for an otherwise covered service may be denied as uncovered or not reasonable and necessary, such as in case of routine physicals; most screening tests; routine eye and foot care, he must notify patient Jones before the service and before billing her. If notice is not given, Dr. Smith may not shift financial liability should the claim be denied.

This is done by a notice called an “Advance Beneficiary Notice of Noncoverage” (“ABN,” CMS Form CMS-R-131, formerly known as the “Advance Beneficiary Notice.”). An ABN is a written notice Dr. Smith gives to a Medicare beneficiary before services are furnished when he believes that Medicare will not pay for some or all the services. The ABN is designed to allow the beneficiary to make an informed decision whether or not to receive the services for which he may have to pay out of pocket. Dr. Smith must issue the ABN each time he believes Medicare probably will make payment. This is an involved process:

- Dr. Smith must give a reason for predicting payment denial. “Medical necessity” is acceptable, but “medically unnecessary” is not acceptable.
- The ABN must give patient Jones a reasonable idea of why he is predicting a Medicare denial so she can make an informed decision.
- It is not an acceptable practice for Dr. Smith to routinely gives ABNs for all Medicare services. ABNs which do no more than state that Medicare denial of payment is possible, or that Dr. Smith never knows whether Medicare will deny payment are not acceptable. Nor are “blanket ABNs” for all claims or items or services an acceptable practice. Finally, an ABN, must be completed before delivery to the patient, so Dr. Smith should not obtaining patient signatures on blank ABNs and complete them later.  
- However, ABNs may be given for services always denied for medical necessity, experimental items and services, and when Medicare has a frequency limitation on coverage.

Thus, when patient Jones has been given a proper written ABN before service is furnished, giving notice that Medicare probably will not pay for the service and the reason therefore, and who, that she agreed to pay Dr. Smith, then Dr. Smith is free to bill and collect the related charges from her in the event of non-payment by Medicare. There are some other rules as well; for more detailed information see Chapter 50 of the Medicare Claims Processing Manual.

HMOs Regulated by Texas Department of Insurance. Under Texas law, HMO patients are protected from balance billing for covered services. All HMO contracts with physicians have “hold harmless clauses” that obligate physicians to look only to the HMO and not its enrollees for payment for covered services, except as described in the evidence of coverage issued to the patient/enrollee. The following TDI approved language is now found in most HMO contracts:
Physician hereby agrees that in no event, including, but not limited to non-payment by the HMO, HMO insolvency, or breach of this agreement, shall physician bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from, or have any recourse against subscriber, enrollee, or persons other than HMO acting on their behalf for services provided pursuant to this agreement. This provision shall not prohibit collection of supplemental charges or copayments made in accordance with the terms of (the applicable agreement) between HMO and subscriber/enrollee.

Physician further agrees that:

(i) this provision shall survive the termination of this agreement regardless of the cause giving rise to termination and shall be construed to be for the benefit of the HMO subscriber/enrollee; and

(ii) this provision supersedes any oral or written contrary agreement now existing or hereafter entered into between physician and subscriber, enrollee, or persons acting on their behalf. Any modification, addition, or deletion to the provisions of this clause shall be effective on a date no earlier than 15 days after the commissioner has received written notice of such proposed changes.

Note the language “...services provided pursuant to this agreement” - meaning covered services. Can Dr. Smith have a “side agreement” with patient Jones to bill for “for services not covered under her HMO policy? In situations like these, Dr. Smith should read both his HMO contract and the communications he receives when payment is denied very carefully because he needs to know exactly what is and is not covered and in what situation. For example, if the HMO denial notice says a service is “not eligible for reimbursement” and also never pays for that service using the same reason, then the service in question may not be “provided pursuant to [the HMO] agreement” and patient may have a financial obligation. To avoid trouble, clarify the matter with the HMO, and perhaps consider something similar to the Medicare ABN.

PPOs Regulated by Texas Department of Insurance. If Dr. Smith is contracted to a preferred provider organization, that contract is likely to provide that he is compensated on a discounted fee basis. In that situation, Texas law states that the patient may be balance billed only on the basis of the discounted fee and not the full charge.

Out-of-Network Balance Billing. What if Dr. Smith is a facility-based physician and does not have a managed care contract with the health plans that contract with the facility where he practices? If patient Jones is admitted into the facility for a procedure or an emergency, she may well not be informed that Dr. Smith is “out-of-network” but is ultimately responsible for an unexpected bill. This has been a great source of friction and controversy. Enter the Texas Legislature.

In 2007 the Legislature enacted law that requires health plan that uses provider networks to give notice to patient/enrollees that: (1) facility-based physicians may not be included in the network, and (2) such physician may balance bill the patient/enrollee for amounts not paid by the health plan.

If Dr. Smith is in such a situation, his bill to patient Jones must explain that: (1) Dr. Smith is not in the provider network, and (2) the plan has paid a rate below Dr. Smith’s billed amount. If the bill is over $200, Dr. Smith cannot turn in a bad credit report if patient Jones makes payment arrangements within 45 days. These requirements can be enforced by the Texas Medical Board.

This did not satisfy all parties, so in 2009 the Legislature passed law that provides for a procedure for mediation of disputes over out-of-network balance billing. The law now gives patients the option to mediate when they are “balance-billed” for more than $1,000 for services provided by out-of-network facility-based preferred provider. The law also requires out-of-network facility-based preferred provider physicians to provide notice to patient/enrollees prior to service (except in emergencies) that (1) they do not have a contract with their health plan, (2) discloses specific amounts the patient may be responsible for, and (3) the circumstances under which the patient is responsible for such amounts.

Mediation can be compelled at the State Office of Administrative Hearings, but a physician who makes the above disclosure - and obtains the patient/enrollee’s written acknowledgment thereof - cannot be compelled to mediate a billed charge when the amount is less than or equal to the maximum amount set out in the disclosure.

Texas Workers Compensation. This area has also become highly regulated. As a general rule, physicians who treat injured employees agree to look only to the workers compensation carrier and not to injured employees for payment of providing health care. The main exception is when the injured employee’s injury is “finally adjudicated [as] not compensable....” The general rule is also true for physicians in workers compensation provider networks. However, if an injured employee obtains care from out of network providers without network approval, the workers compensation carrier may not be liable, and the injured employee may be liable to pay for that care. This is not much incentive for physicians to treat injured employees on an out of network basis, as injured employees are often unable to work and thus unable to pay for any out of network care deemed employees.

Insurance Verification Laws. Closely related to “balance billing,” Texas laws intended to expedite payment of HMO/ PPO “clean claims” require insurance carriers to have systems that verify that the plan will guarantee payment for services a physician proposes to perform. Of course, sometimes a health plan may decline to issue a verification. If Dr. Smith calls the insurance company, and it will not verify payment, can he bill patient Jones for that office visit?

In a “Prompt Pay FAQ,” the Texas Department of Insurance takes the position that declaration of verification does not necessarily mean that a patient’s coverage has terminated or that the proposed service is not covered. Thus, even without a verification, patient Jones is still entitled to the covered services under her insurance policy and TDI states the patient should contact the carrier when there are “additional questions.” This could result in a situation in which the insurer violates the law by not verifying payment, and the physician who demands for payment violates the law and the HMO contract, but the patient remains in the right and is still entitled to covered services (and basically has complaints against both parties.). Thus a policy that “payment is required at the time of service” meaning payment from the patient is required unless the insurer verifies coverage and payment could backfire. Attempts at verification should be not be haphazard.

Conclusion. Balance billing has become complicated, and the regulation of how and when it can occur reflects public policy favoring patients who pay increasingly high premiums for health insurance that seem to provide less and less benefit. Physicians should have a very clear understanding of when they can and cannot balance bill patients, and strongly consider not having patients sign forms agreeing to be fully responsible for all charges whether or not covered by insurance, as the Legislature may well have decided otherwise.

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 26 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.
The Medicaid/CHIP Quality-Based Payments Workgroup was established by the Texas Health & Human Services Commission (HHSC) to gather input on quality of care issues related to quality-based payment initiatives in an attempt to reduce costs while improving the quality of service. HHSC consults the Workgroup on such issues as quality of care standards, evidence-based protocols and measurable goals for the pilots.

The Workgroup held an open meeting in Austin on July 29. Proposals that may affect medical practice are as follows:

- Bundling of payments will increase.
- If a patient does not show for an expected office visit, the physician may be punished. One possibility is to withhold a percentage of the previous payment.
- A state-wide fee schedule may be implemented.
- Case management may increase for chronic disease patients.
- Foster children may have a web-based Electronic Health Record.
- Patients with Diabetic Retinopathy may be better screened through a project with Texas A&M.
- If a disease is hospital-acquired, it may not be paid.
- DRG's may be paid more in accord with nongovernment patients. Government insurance patients appear to cost more to treat.
- Vendors may be required to help clients with self-managing their health conditions.
- Multiple patient-centered health home models may be piloted that address medical, dental and behavioral needs of Medicaid children.
- Nursing facilities that demonstrate superior performance may be rewarded.
- A plastic Medicaid identification card with a magnetic strip that offers access to eligibility information, health information and pharmacy history, as well as immunization data and alerts for check-ups, is targeted for mid-2011. This will help eliminate paperwork.
- Hospitals and doctors’ offices may be eligible for E.H.R. records incentive payments.
- Medicaid Children with Disabilities may have service coordination. The goal is to reduce program expenditures, improve coordination of chronic care and support primary care. Examples of models that work were cited: Geisinger, Kaiser Permanente, Mayo Clinic, Cleveland Clinic, and individual physician practices that group together for contracting.
- Areas studied in Texas are Asthma Medication Compliance in Pediatrics and Quality Indicators for Diabetes and Asthma.
- The recommendation was made to punish physicians who do not follow recommended guidelines for such areas in Pediatrics: WCE, immunizations, Chlamydia screening, asthma diagnosis and appropriate guidelines and drugs, appropriate guidelines for children with pharyngitis, weight assessment, and URI appropriate treatment.

Dr. Stiles (KCOM ’75), is certified in Pediatrics and Adolescent Medicine and has offices in Mesquite and Rockwall. ✥
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<tr>
<th>Event</th>
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<td>Opioid-Induced Constipation in Palliative Care</td>
<td>SEPTEMBER 18</td>
<td>CME: 1.0 CME/CE Credit Expires December 31, 2010</td>
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<tr>
<td>THEM OLD BONES: Preventing Falls, Managing Fracture, and Maintaining Mobility in Older Patients</td>
<td>OCTOBER 28-30</td>
<td>Sponsored by the University of North Texas Health Science Center at Fort Worth</td>
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<tr>
<td>TOMA Board of Trustees Meeting</td>
<td>OCTOBER 23-27</td>
<td>Internists 70th Annual Convention and Scientific Session Sponsored by the American College of Osteopathic Internists Location: The Westin St. Francis, San Francisco, CA Contact: Susan Stacy, Director of Administration, 3 Bethesda Metro Center, Suite 508, Bethesda, MD 20814-5383; (301) 656-8877; FAX (301) 656-7133; <a href="mailto:susan@acoi.org">susan@acoi.org</a>; <a href="http://www.acoi.org">www.acoi.org</a></td>
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<td>ANESTHESIOLOGISTS</td>
<td>OCTOBER 24-27</td>
<td>ACOS Annual Convention Sponsored by the American College of Anesthesiologists Location: Marriott San Mateo, San Mateo, CA CME: 25.5 CME hours anticipated Contact: Glenna Vazzano, Executive Secretary, 6500 NW Tower Dr., Suite 103, Kansas City, MO 64151-1530; (800) 842-2622; FAX (816) 584-2620; <a href="mailto:osteoanest@aol.com">osteoanest@aol.com</a></td>
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<td>OCTOBER 24-28</td>
<td>Second Annual Unified Osteopathic Convention Sponsored by the American Osteopathic Association Location: San Francisco, CA CME: 25.5 Category 1-A CME hours anticipated Contact: Gregg Lapin, Director, Convention &amp; Meeting Services, 142 East Ontario St., Chicago, IL 60611; (800) 621-1773, Ext. 8019; <a href="mailto:glapin@osteopathic.org">glapin@osteopathic.org</a>; <a href="http://www.do-online.org">http://www.do-online.org</a></td>
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<td>JUNE 14-19</td>
<td>TOMA 2011 Annual Convention &amp; Scientific Seminar Sponsored by Texas Osteopathic Medical Association Location: Fairmont Hotel, Dallas, TX Contact: <a href="mailto:TOMA@txosteo.org">TOMA@txosteo.org</a> or (800) 444-8662 Out-of-State Meetings and CME Opportunities</td>
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<td>DECEMBER 10-12</td>
<td>“The Cranial Approach of Beryl Arbuckle, D.O.” Sponsored by the American Academy of Osteopathy Location: University of Medicine &amp; Dentistry of New Jersey School of Osteopathic Medicine, One Medical Center Drive, Stratford, NJ 08084 CME: 24 hours category 1A anticipated Contact: Register online at <a href="http://www.academyofosteopathy.org">www.academyofosteopathy.org</a></td>
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<td>MAY 4-8, 2011</td>
<td>“95th Annual Clinical Assembly” American Osteopathic Colleges of Ophthalmology &amp; Otolaryngology Head &amp; Neck Surgery Location: Tucson, AZ Contact: Debra Bailey, Ad. Dir., 4764 Fishburg Rd., Suite F, Huber Heights, OH 45424-5456; (800) 455-9404; FAX (937) 233-5673; <a href="mailto:aocohns@aol.com">aocohns@aol.com</a></td>
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In Memoriam

Reginald Platt, III, D.O.

Dr. Reginald Platt of Houston passed away June 9, 2010. Funeral services were held June 13 under the direction of Advantage Funeral Home in Houston.

Dr. Platt was born in 1928. He earned his D.O. degree in 1969 from Kirksville College of Osteopathic Medicine in Missouri and completed an internship at Davenport Osteopathic Hospital in Iowa in 1970.

He specialized in Osteopathic Manipulative Treatment and Family Practice, and maintained an office in Houston.

He was a TOMA member for 37 years, participating in its activities and functions. He served as a member of the House of Delegates from 1996 through 1998, and further supported the association as a long-time Sustaining Member. He was awarded TOMA life membership in 1999 for his contributions to the profession.

Dr. Platt was also an active member of TOMA District 6.

Mary Ann Saulsbery

Mary Ann Saulsbery of Tyler passed away June 7, 2010, at Oakbrook Health Care in Whitehouse. She was 91. Graveside services with military honors were held at Rose Lawn Cemetery under the direction of Stewart Family Funeral Home in Tyler. Honorary pallbearers were her grandsons.

Mrs. Saulsbery was born in 1918 in Whippany, New Jersey, to the late John and Antonia Kalafut. She served our country in the U.S. Women’s Army Corps during World War II. She later settled in Texas and moved to Tyler in 1998 to be close to her family.

Mrs. Saulsbery was preceded in death by her parents, her husband of 53 years, John L. Saulsbery, two brothers and one sister.

Survivors include her daughter and son-in-law, Marie and Rodney Wiseman, D.O., of Tyler; daughter, Judy Whitfield of Baytown; son, John Saulsbery Jr. and wife, Carolyn, of Baytown; 10 grandchildren; and nine great-grandchildren.

Memorials in honor of Mary Ann Saulsbery may be made to the St. Mary Magdalene Catholic Church Building Fund, 18221 Farm-to-Market Road 2493, Flint, 75762.

Charles D. Ogilvie, D.O., FAOCR, FACOS

Dr. Charles D. Ogilvie passed away on July 3, 2010, in Fort Worth. He was 92. Memorial services were held July 10 at Hilliard Funeral Home in Van, with a second service held August 15 at the University of North Texas Health Science Center at Fort Worth.

Dr. Ogilvie earned his D.O. degree in 1942 from Kirksville College of Osteopathic Medicine. Following an internship, he practiced in Winnsboro, Troup and Mount Pleasant. He subsequently relocated to Dallas, where he was affiliated with Stevens Park Osteopathic Hospital for 21 years, serving as chief of the Department of Radiology from 1952 to 1973. He also served as a member of the hospital’s board of trustees from 1952 to 1972, and was chief of staff for two terms. After retiring from Stevens Park, he practiced in Canton at Canton Diagnostic Center, while living in nearby Ben Wheeler where he operated a ranch.

He joined TCOM in 1972 as a lecturer in the Department of Radiology and was named chairman in 1977. In 1978, he was appointed founding chairman of medical humanities and introduced humanities teaching into the medical curriculum. In addition, he chaired the Curriculum Committee and made valuable contributions to the college’s goals statement that provides overall direction for its academic program. In 1982, he was awarded...
TCOM’s highest honor, the Founder’s Medal. In 1990, he became the third faculty member to be awarded the rank of Professor Emeritus. In recommending Dr. Ogilvie for the honor, then TCOM President David M. Richards, D.O., stated: “Dr. Ogilvie is recognized for his significant contribution in developing clinical teaching models based on wellness and patient-centered care. A long-time medical historian, Dr. Ogilvie has presented numerous seminars on the history of medicine and has contributed to the writing of the history of TCOM and the profession.” Dr. Richards added that Dr. Ogilvie epitomized “those attributes that characterize a caring, thoughtful physician.”

Dr. Ogilvie later established a practice in Ben Wheeler where he modeled his care of patients on TCOM’s goals statement and promoted the Problem-Oriented Medical Record system. He focused on preventive care and viewed each patient as a unique individual, assisting them in achieving wellness through lifestyle and other changes.

Dr. Ogilvie was an integral part of the osteopathic profession and community, and contributed much to the profession on all levels. He served as president of the American Osteopathic College of Radiology and was elected a Fellow in 1965. He was also a Fellow of the American College of Osteopathic Surgeons. He was founder and president of the Texas Osteopathic Radiological Society, founder of the North Texas Roentgen Ray Society, and founder and first president of the American Osteopathic Medical History Society. He was a long-time member of TOMA and had been honored with life membership.

Dr. Ogilvie authored the entry on “Osteopathic Medicine” in the Handbook of Texas (found at http://www.tshaonline.org/handbook/online/articles/OO/sdo1.html).

He was preceded in death by his wife, Reva Elizabeth Ogilvie.

Survivors include two sons, Clint Ogilvie of Washington and Brian Ogilvie of Ben Wheeler; and two daughters, Marsha Dean Ogilvie of New Mexico and Carol Lynn Ogilvie of Alaska.

Donations may be made in Dr. Ogilvie’s honor to the Ben Wheeler Volunteer Fire Department, P.O. Box 396, Ben Wheeler, TX 75754.

[Editor’s note: TOMA extends appreciation to Craig S. Elam, MLS, AHIP, Senior Director for Collection Development at the Gibson D. Lewis Health Science Library, UNT Health Science Center, for assistance in locating further information on Dr. Ogilvie.]

Paul Arthur Stern, D.O.

Dr. Paul Arthur Stern of Dallas passed away July 11, 2010. Services were held at Sparkman/Hillcrest Funeral Home in Dallas.

He received his D.O. degree in 1945 from Kansas City College of Osteopathy and Surgery (now Kansas City University of Medicine and Biosciences College of Osteopathic Medicine) in Missouri. He completed an anesthesiology residency at Detroit Osteopathic Hospital.

Dr. Stern was a prominent member of the osteopathic community. He was a founding member of Dallas Osteopathic Hospital, serving as chair of the hospital’s Department of Anesthesiology from 1951 to 1977. In 1957, he and others founded the Society for the Prevention of Anesthetic and Surgical Misadventure.

His commitment to education and anesthesiology continued throughout his career. He served as director of medical education at Dallas Osteopathic Hospital from 1967 to 1973, and as professor and chairman of the University of North Texas Health Science Center’s Department of Anesthesiology from 1972 to 1997.

His involvement extended to many professional societies and organizations including the American Osteopathic Association, Texas Osteopathic Medical Association, American Society of Anesthesiologists, and the Texas Society of Anesthesiologists. He served as a consultant to the National Board of Examiners for Osteopathic Physicians and Surgeons from 1980 to 1986.

Dr. Stern was also very active in the American Osteopathic College of Anesthesiologists (AOCA), serving on its board of governors from 1964 through 1967, as chairman of the Osteopathic Colleges Committee, and as a member of the Editorial Committee. He received the Distinguished Service Award from the AOCA in 1985.

Well-respected in his field, he received many research grants and authored several research papers from 1953 to 1988.

Dr. Stern was preceded in death by his wife, Leah Winterman Stern.

Survivors include his sons, Jack R. Stern, J.D., Robert B. Stern, D.O., and Paul R. Stern, PhD.
FAMILY MEDICINE CHAIR
Texas College of Osteopathic Medicine • Fort Worth, TX

General Responsibilities: The Texas College of Osteopathic Medicine (TCOM) is seeking a Chair, Family Medicine Department. The chair is the immediate supervisor for departmental faculty and staff ensuring compliance with various institutional policies including those relating to personnel, budget, and faculty/staff performance. The chair is responsible for the development and administration of the department bylaws and execution of the Strategic Plan of his/her respective department and responsible for the implementation of administrative and academic policies and procedures of the UNT Health Science Center at Fort Worth (UNTHSC). The chair should exemplify the same interest, activity, and high-standards of teaching, scholarly activity, research, service and clinical practice which is expected of faculty. The chair is charged with the execution and completion of operational and organizational changes implemented by UNTHSC. The chair will work in collaboration with the Associate Deans of Academic Affairs and all other school Deans within the UNTHSC, Education Programs, President of UNT Health physician group, the college’s affiliates, as well as the Provost. The chair will work in collaboration with the Associate Dean for Clinical Research to expand the research efforts of the department, to include support of the Primary Care Research Institute, increasing faculty participation in clinical trials and growing research recognition.

Candidate Qualifications:
• Board Certification by AOA in Family Medicine
• Ability to obtain an unrestricted license for the practice of medicine in the State of Texas
• Recognized in teaching, clinical care, leadership, peer reviewed grant funding and publications
• Qualify as an Associate Professor or Professor in Family Medicine
• Qualify for medical-staff privileges at Fort Worth hospitals
• 5 years experience teaching at an academic institution

Family Medicine Department: Our focus and success at the UNT Health Science Center have always been primary health care. The Department of Family Medicine accepts the premise that family medicine is the pivotal component of primary care that provides leadership within the institution by providing didactic or clinical preceptor-ships to provide student education and role-modeling in a highly interactive, clinically diverse environment. The development of data collections, outcome measures and other scholarly pursuits emphasize the importance of our primary care physicians’ role in fostering wellness. Our department is diverse. The services include a hospital family medicine residency, outpatient clinics with student rotations, rural medicine, travel medicine, Executive Wellness program, the UNTHSC Student Health Clinic and multiple research efforts. The responsibility of a department chair is to guide the faculty into fulfilling our collectively-developed goals and objectives and supporting the individual faculty into realizing their professional aspirations in a supportive, collegial environment. Family Medicine was recently ranked 11th in the nation by U.S. News & World Report.

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.

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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 Shane Alexander

Age: 25
TCOM Class; Currently Class of 2013 (Class of 2014 for D.O./MPH program)
Hometown: Mesquite, Texas

What is your previous training/education?
I graduated from Texas Tech University in May 2007 with a Bachelors degree in Biology with Honors Studies.

What were your occupations or jobs prior to entering medical school?
After I graduated with my Bachelors degree, I worked briefly as a Pharmacy Technician in a local pharmacy until I obtained a Research Assistant position in a lab at UT Southwestern in Dallas, TX. While there, I took on my own project searching for potential therapeutic targets in renal cell carcinoma. I gained an understanding of molecular and cancer biology that I had not been able to appreciate before, as well as gaining valuable experience in conducting research in an academic setting. The demanding nature of my project and long, odd hours I worked added to my preparedness for medical school, I believe.

Do you have any medical professionals in your family?
My mother has been a Registered Nurse at Baylor University Medical Center in Dallas, TX for 30+ years and because of her encouragement to volunteer at the hospital during my summers in high school, my interest in medicine sparked and grew from there.

How/why did you decide to go into medicine, and osteopathic medicine in particular?
After spending time volunteering at Baylor, I began to realize how much I enjoyed the hospital setting. I began to shadow various physicians to ensure my interest in the field was genuine, and with increasing numbers of cases and surgeries I observed, I had so many questions that I wanted answers for.

I also went on medical mission trips with my church and a recent TCOM graduate, Manju Babu, D.O., introduced me to osteopathic medicine and its holistic approach during these trips. I also shadowed Andrew Burke, D.O., at his Family Practice in Dallas, TX and observed the efficacy of OMT and the relief it provided for sometimes severe pain and other issues.

What is your impression of the field of medicine so far?
Every moment I am able to practice some of the medical skills and knowledge I have acquired so far, I gain a greater appreciation for the profession and marvel at how far osteopathic medicine has come in treating the patient. The classroom does tend to become rather mundane at times, and though I realize the importance of building a solid foundation for practicing medicine, I am eagerly awaiting the clinical years of my education.

What are your personal goals in medicine?
I am mostly undecided in what area I want to practice medicine, but I do feel I am being called to primary care to help relieve the primary care deficit in Texas. Since I am currently pursuing a dual degree program for my DO/MPH degrees at UNTHSC, I would like to be more involved in public health in my career. I plan to focus on a biostatistics concentration for my MPH degree so that I can offer more analytical methods to research studies I may become involved with and hopefully improve public health outcomes for the community, region, or even nationally or globally.

Based on your experiences in medical school, do you have advice for anyone thinking about entering medical school, or advice for your newer classmates?
Since I have only endured one year of medical school, which has been almost exclusively spent in the classroom, I cannot offer as much advice as many of my counterparts at TCOM, but I would advise any person considering or those who are just starting medical school to really understand why they want to be an osteopathic physician and commit this reasoning to memory. There are many times that I believe almost every student questions their dedication to this field, and often it only takes a brief patient encounter to remind the student why the rigors of medical school are worth it.
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