Failure is simply the opportunity to begin again, this time more intelligently.  —Henry Ford

Personality can open doors, but only character can keep them open. —Elmer G. Letterman

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VOICES ON THE WEB: MD OPTION AT UNTHSC
http://forums.studentdoctor.net/showthread.php?t=775126

Article: "A second medical school in FW is a misplaced priority"
Here is the link: http://www.eyedrd.org/2010/11/second-medical-school-in-fort-worth-is.html

ADVOCACY EFFORTS FOR TEXAS OSTEOPATHIC PHYSICIANS, FOR YOU! BE PART OF THE EFFORT!
The TOMA PAC is working hard to advocate for key and critical issues for DOs and the Osteopathic Profession in Texas.
► To Protect the Future of TCOM at the UNTHSC and the threat of a new MD program
► Defend and Protect the gains made from tort reform
► Protect patient safety through services delivered by only those trained and qualified to do so
► A strong and fair Texas Medical Board
And others.

But the PAC can always use more help – your help.
Contribute today, contribute regularly! It takes money to do a class act of advocacy!
Participate - Tell your legislator what you think about these issues. It is your future.....
Make a TOMA PAC contribution on-line at https://m360.txosteo.org/admin/forms/ViewForm.aspx?id=16702

TCOM Advocacy contributions can be made on-line very easily at:
https://m360.txosteo.org/admin/forms/ViewForm.aspx?id=17983

"eTOMA" IS HERE!!

ON THE SCHEDULE AND DISTRICT MEETINGS:
District 10  Tuesday, Nov. 30th
Lubbock, TX

District 13  Tuesday, Nov. 30th
Silver Fox Restaurant
3650 Shire Blvd.
Richardson, TX 75082

District 1  Thursday, Dec. 2nd, 6:45 p.m.
Sakura Japanese Steakhouse
4000 South Soncy Road
Amarillo 79119
(806) 358-8148

District 15  Tuesday, Dec. 7th, 6:30 p.m.
829 Lamar Boulevard
East Arlington, Texas 76011
817-265-9174
Thursday, Dec. 16th,

District 2
Thursday, January 20, 2011
Fort Worth Club – Top of the Town Room
Fort Worth, TX
TOMA / ATOMA Presidential / Executive Director visit

February 23, 2011
D.O.M.E. Day, at the Texas Capitol
Mark Your Calendar Today!
Participate, Make A Difference, Contribute, Make Your Voice Heard!

State Legislature Convenes
Jan. 11, 2011
Newly elected legislators will be sworn in at that time
Election for the Speaker of the House on that date

Texas Legislature Online: http://www.legis.state.tx.us/

WHO REPRESENTS ME IN WASHINGTON, D.C., AND IN AUSTIN?
Who is my U.S. Congressman/woman?
Who is my State Senator; Who is my State Representative?
http://www.fyi.legis.state.tx.us/

“CAPWIZ” – THE FIVE MINUTE SOLUTION TO CONTACTING YOUR STATE LEGISLATOR
FIVE MINUTES! FIVE SHORT MINUTES!
Here is how to get to the CapWiz program and how to use it.
Go to the TOMA Webpage: www.txosteo.org
On the bar across the top of page under the pictures, click on: Legislative
A drop-down box will pop out – move your cursor down to and click on: Legislative Action Center
The “Legislative Action Center” page opens – choose your message.
Start by sending a message to your Senator and State Representative about the proposed MD program at UNTHSC.
Letters for you to use are already posted there. YOU HAVE TO MAIL THE LETTER TO COMPLETE THE PROCESS.

Call at TOMA with any questions or problems.

HOUSE APPROVES SENATE’S 1-MONTH MEDICARE DOC FIX
Robert Lowes

November 29, 2010 — The Medicare guillotine will not drop on Wednesday.
In a bipartisan voice vote this afternoon, the House approved legislation already enacted by the Senate that postpones a 23% reduction in Medicare reimbursement for physicians from December 1 to January 1. The bill awaits the signature of President Barack Obama.

Now a lame-duck Congress needs to hustle to pass additional legislation in the coming weeks to avert what will be a 25% cut on New Year's Day. Sen. Max Baucus (D-MT), chair of the Senate Finance Committee, and Sen. Chuck Grassley (R-IA), the committee's ranking Republican, have proposed a 12-month postponement. In the House, Rep. John Dingell (D-MI) and 4 other Democrats have introduced a bill that also would reschedule the Medicare guillotine for January 1, 2012.

Delaying the pay cut just until January 1, 2011 will cost $1 billion over 10 years, according to the Congressional Budget Office (CBO). The legislation passed by the House today offsets that cost with savings from reduced Medicare reimbursement rates for multiple outpatient therapies, such as physical therapy and speech therapy, that are performed on the same day.
The American Medical Association estimates that extending the effective date of the Medicare rate reduction from December 1, 2010 to January 1, 2012 will cost the US treasury roughly $15 billion. Finding that kind of money in spending cuts or revenue hikes elsewhere in the federal budget will challenge a Congress that has taken a hard turn away from deficit spending.

Buying Time for the Permanent Fix

Postponing the cut until 2012 is designed to buy Congress time to craft a permanent "doc fix" for the Medicare reimbursement crisis. A permanent fix would entail scrapping or revising the sustainable growth rate (SGR) formula that Congress created in 1997 to help control Medicare spending. This formula establishes an annual target for Medicare outlays for physician services based in part on changes in the gross domestic product. If actual spending exceeds the target in a given year, Medicare must reduce physician reimbursement the following year to recover the difference.

Physicians have faced SGR-triggered pay cuts every year going back to 2003, but Congress has delayed each one. However, the difference between targeted and actual expenditures on physician services builds up over time, so each year's cut is bigger than the last.

Organized medicine calls the formula flawed, saying that physician practice costs grow at a faster pace than the gross domestic product. It has campaigned for pegging physician pay to the Medicare Economic Index (MEI), which gauges inflation in practice costs. The CBO has estimated that bumping up Medicare pay by roughly 1% to 2% through 2020, based on an MEI-oriented formula, will cost $330 billion.


NEVADA DO BEATS DEMOCRAT INCUMBENT FOR SEAT IN U.S. HOUSE

By Carolyn Schierhorn / Senior Editorial Project Manager


http://www.do-online.org/TheDO/?p=31291

From: Michael Fitzgerald, Director of Publications, AMERICAN OSTEOPATHIC ASSOCIATION

PITTS: DEEP CUTS COMING (TEXAS STATE BUDGET NEWS)

State budget writers will propose eliminating agencies, cutting others to a quarter of their current size and laying off state employees to balance the budget without raising taxes or using the state’s Rainy Day Fund.

House Appropriations Chairman Rep. Jim Pitts, R-Waxahachie, told an Ellis County group that the shortfall is also the reason lawmakers have talked about leaving the federal Medicaid program.

"We're making huge cuts," Pitts told the group. "There are agencies that are in existence today that we are eliminating when we introduce the bill. We are making some large cuts to some agencies that are not going away — up to 75 or 80 percent of their budget. That's where we are today, is doing those cuts. And yes, sir, I'm nearly there. But we may need to do some more. And what we may do is we may get furloughs, we are having hiring freezes, we have told the [Health and Human Services Commission] to do a freeze on our waiting list. There are numerous things we can come up with, but we are getting very close to being able to come up with that money without using the Rainy Day Fund."

Pitts was recorded on video by Brannon Bridge, who was shooting for the Ellis County Observer. That got posted on YouTube after the November 20 meeting.
Pitts was asked what might happen to state employee pension funds. He said the budgeteers are looking there, too. But he said the pension funds for state employees and state teachers are feeling the strains of the economy just like the state is. "None of the pension funds are actuarially sound," Pitts said.

State leaders have admitted they’re considering withdrawing from the federal Medicaid program — a $45 billion part of the state’s two-year budget. Pitts acknowledged that during his local appearance and says there is more to come.

"That's the purpose of our study of Medicaid, and Medicare, is to get out of it," he told the audience. "We are looking into getting out of Medicaid." He added that, in order to save money on that program, services would have to be cut.

"The Legislature is going to have to determine who would be eligible for certain things," Pitts said. "Fewer people would be on our Medicaid rolls if we got out and saved money in the state of Texas," he said. "All of that is going to come out when this study is done."


EDITORIAL: TEXAS NP’S BROADER ROLE DESERVES A FULL LEGISLATIVE HEARING

Reducing statutory restrictions that limit Texan nurse practitioners from exercising the full range of their training and expertise is worth a debate and deserves a full hearing in the state Legislature, according to this editorial in The Dallas Morning News. At least one bill is expected to be introduced during the upcoming session to address the imbalance in access to primary care. The Dallas Morning News (11/29)


From: SmartBrief, SmartBrief, Inc.®, www.smartbrief.com

MEDICAID EXPANSION – THE SOFT UNDERBELLY OF HEALTH CARE REFORM?

Benjamin D. Sommers, M.D., Ph.D., and Arnold M. Epstein, M.D.

Expanding health insurance to cover Americans who are currently uninsured, with the ultimate goal of improving access to care, is arguably the most critical objective of the recently enacted health care reform legislation. In large part, the success or failure of health care reform will hinge on the achievement of this goal.

The Patient Protection and Affordable Care Act (ACA) incorporates two strategies for expanding coverage. First is a mandate for all individuals to purchase insurance, coupled with the creation of state-based insurance “exchanges” and subsidies to help individuals whose incomes are below 400% of the federal poverty level to purchase coverage from private companies. Second is an expansion of Medicaid, underwritten by the federal government, to cover all adults whose family income is below 133% of the federal poverty level; children of families with incomes below this cutoff are already eligible for public coverage.

Estimates from the Congressional Budget Office (CBO) suggest that each of these approaches will add 16 million enrollees, for a total of 32 million newly insured Americans. However, there is obvious cause for uncertainty about the estimates of how many will obtain coverage through the insurance exchanges. Debate is already under way about the effectiveness of the mandate, what constitutes a sufficient subsidy, and how the exchanges will be implemented. http://healthpolicyandreform.nejm.org/?p=13252&query=TOC


MEDICAID: TEXAS GOP ACTIVISTS PUSH TO DROP THE PROGRAM

[Nov 24, 2010]
Dallas Morning News: "Tea party members and other conservative activists pushed state lawmakers Tuesday to vote to nullify the federal health care law and get out of Medicaid, though one GOP senator said the largely federally funded program pays for nursing home care for the elderly and disabled and is 'not all bad.' ... Former Republican gubernatorial candidate Debra Medina and dozens of others said the Legislature should declare the federal law void and also refuse to set up a state health insurance exchange. ... Leading Republican senators ... found themselves arguing against suggestions that the state forgo billions in federal Medicaid funds and cut off current recipients (Garrett, 11/23).


Dallas Morning News, in a separate story: A study required by a state bill last session, "of what Texas would do if the national Medicaid health program for the poor were abolished -- or federal matching money to states were slashed -- will examine how the state might improve its existing Medicaid or scrap it, Health and Human Services Commission chief Tom Suehs said today." The study will be ready "early next month" and Suehs "said a major theme will be that states such as Texas with a high proportion of poor, uninsured residents are mistreated by the current Medicaid formula for determining how much federal match money a state gets" (Garrett, 11/23).


SHODDY ANSWERING SERVICES CAN INCREASE DOCS’ MALPRACTICE RISK

November 23, 2010 — 7:06pm ET | By Debra Beaulieu

Even when you shut off the lights to your practice and go home at night, you could be at risk for committing malpractice if your answering service handles after-hours calls inappropriately, according to New York malpractice attorney Lee J. Johnson, Esq.

"The answering service is regarded as the agent of the doctor," Johnson stated in a video posted on Medscape Today. "Therefore, you are responsible for selection, training and monitoring the service." So, for example, if a patient calls with a headache and says it is not an emergency, but later is diagnosed with cerebral aneurysm, you are responsible for the answering service's decision not to call you, and may find yourself defending its actions (and your career) in court.

Read more: Shoddy answering services can increase docs' malpractice risk - FiercePracticeManagement


From: FiercePraticeManagement, www.fiercepracticemanagement.com

DEBORAH PEEL: THE TT INTERVIEW

by Emily Ramshaw

November 24, 2010

Austin-based national patient privacy advocate Deborah Peel thinks our medical histories are in grave danger. With the emphasis federal health care reform places on expanding electronic health records — and what she calls an institutional disregard for patient consent technology — Peel predicts a future in which people lose jobs or are denied college admission because of their health conditions.


“I THINK LAUGHTER MAY BE A FORM OF COURAGE.”
~ Linda Ellerbee

I once donated a pint of my finest red corpuscles to the great American Red Cross and the doctor opined my blood was very helpful. Contained so much alcohol they could use it to sterilize their instruments.

W.C. Fields

If you ask me anything I don't know, I'm not going to answer.        Yogi Berra

Why Men are Better:
- Phone conversations last 30 seconds
- Bathroom lines are 80% shorter
- When clicking thru the channels you don't have to stop on every shot of someone crying
- You can go to the bathroom alone
- You get extra credit for the slightest act of thoughtfulness
- You can be showered and ready in 10 minutes
- Three pair of shoes are more than enough

Football is a mistake. It combines the two worst elements of American life, violence and committee meetings.
George F. Will

Advocate, DO continually strives to bring added value to its customers through partnerships in the Platinum Partner Program. Advocate, DO Insureds inquire about a medical resource need, research is completed, discounts are negotiated and a Platinum Partnership is formed. This partnership provides Advocate, DO Insureds access to discounts and services from other vendors in the medical field.

If you have a need for a medical resource, please contact Advocate, DO (https://tools.advocatemd.com/about/contact_form.aspx?type=marketing) to learn about other partnerships or to inquire about the possibility of setting up a new partnership that may fulfill your need.

As a TOMA member, you are already eligible to receive excellent benefits at a significant discount through ETMG, LLC services. We do not have a package or program in place, but we do however promote and market their valuable services.

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It was our pleasure meeting so many of you at the TOMA/TXACOFF Joint Annual Convention in Fort Worth, Texas. We are very excited about the newly approved Health Insurance Program for TOMA Members and would like to make sure that you are aware of the new benefits available to you, your staff, and family.

Do you have a Unique Office Setup, Pre-Existing Conditions, or Special Concerns? Not to worry, our Nationwide Group Purchasing Platform allows us to customize plans to suit your specific needs. With a brief conversation we can complete a no cost health insurance benefit analysis to determine the best solution for you.

For more information please visit [www.SBUA.org/TOMA](http://www.SBUA.org/TOMA) or speak with one of our licensed Benefit Solution Specialists available from 7am to 7pm (CST) at 877-SBUA-INS [888-728-2467].

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SecuReach Systems has developed an innovative and cost effective solution for ensuring that patient tests are completed and that results are communicated properly. Designed by a physician for physicians, this system saves hours of valuable administrative time. Advocate, DO Insureds receive a 15% discount on the monthly licensing fees. For more information, visit [www.secureachsystems.com/AdvocateDO](http://www.secureachsystems.com/AdvocateDO).

EMR Advisory Group advises and assists in the selection and implementation of the best EMR package for your practice. Their experienced staff provides office work flow assessments, EMR product research and guidance, contract negotiation, vendor selection and presentations, EMR implementation facilitation, ongoing maintenance, and future integration. [www.emradvisorrygroup.com](http://www.emradvisorrygroup.com)

MediMobile™ focuses on point-of-care information capture solutions as well as patient management systems which reduce costs, streamline processes, and offer providers more time for patient care. You can access MediMobile from any computer or mobile device. Advocate, DO Insureds receive a 10% discount. Visit [http://www.medimobile.com](http://www.medimobile.com).

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