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null
To me, osteopathy offers an additional perspective on patient care. Osteopathic Manipulative Medicine (OMM) not only supplements the traditional medicine coursework, but allows its students to utilize their hands and the inherent qualities of the body to promote healing and the restoration of normal function. TCOM stood out to me because of its multidisciplinary community at UNTHSC.

Research where I studied the mouse model of Sjogren’s Syndrome. However, I later transferred to the National Institute of Neurological Disorders and Stroke for a more clinical experience with pediatric neurologists. Here my research aided in understanding the pathology behind Congenital Myopathies from patient biopsies. My experiences at the NIH also helped me learn about avenues for medical care in the global arena, the impact of medical research and novel practices in this setting.

Do you have any medical professionals in your family?
My elder sister, a 3rd year MD/PhD student at Texas A&M, has provided a great deal of motivation, inspiration and reassurance in my medical pursuits thus far. Additionally, there are Oncologists, Endocrinologists, Pediatricians, and many other specialists in my extended family who have been a great source of information and guidance throughout my medical career.

How/why did you decide to go into medicine and osteopathic medicine in particular?
To me, osteopathy offers an additional perspective on patient care. My education in osteopathic medicine has trained me to provide not only basic medical care but also to utilize non-invasive, non-pharmacological treatment modalities. With my interest in global medicine, I have realized that preventative care is critical in improving the quality of life of those in underserved areas. Osteopathic Manipulative Medicine (OMM) not only supplements the traditional medicine coursework, but allows its students to utilize their hands and the inherent qualities of the body to promote healing and the restoration of normal function. TCOM stood out to me because of its multidisciplinary community at UNTHSC. Here, I have been able to integrate my medical training with research opportunities and expand my knowledge through clinical collaborations.

What is your impression of the field of medicine so far?
Everything I have seen, I love. There is so much to learn and although it is often a struggle to manage the rigorous coursework, I thoroughly enjoy the challenge. In the summer of 2012, I was chosen to explore medicine through a unique opportunity as an intern with the Department of Mental Health and
Substance Abuse at the World Health Organization where I wrote a manual on supervision of the mental health Gap Action Programme (mhGAP). Programs such as mhGAP are initiatives by the United Nations for improving the diagnostic, management, and treatment options available to low income countries burdened by prevalent mental disorders. Exploring the field of medicine outside of the traditional clinical and classroom setting has been a tremendous source of inspiration and guidance for my personal goals.

**What are your personal goals in medicine?**

Medicine is a tool through which I plan on serving my community. Although I have enjoyed every subspecialty I have encountered thus far, I am particularly inclined to Surgery, Obstetrics & Gynecology and Neurology. Regardless of which specialty I ultimately choose, I would like to practice in a global setting, improving the quality of care of those in underserved areas. I feel lucky to have had the privilege, resources, and experiences in a unique medical setting to guide me in choosing a residency program.

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

Choosing a career in medicine is like picking a dish at a restaurant. There are always a variety of options but you are likely to enjoy something you have tried before: so if you’re unsure of a career in medicine, get some clinical experience and meet some physicians or medical students. Know all the ingredients in your dish. Be familiar with the academic, financial and personal challenges you are likely to face. Most of all, however, don’t be afraid to try something new! The arena of medicine is vast and if you are willing to learn, the possibilities are endless. Lastly, success in medicine takes a lot of optimism, innovation, and resilience.

Exploring the field of medicine outside of the traditional clinical and classroom setting has been a tremendous source of inspiration and guidance for my personal goals.
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George Smith, D.O., the West, TX osteopathic physician who continues to draw national attention for his heroic actions on April 17, 2013 after the town’s fertilizer plant exploded, was presented with the Alumnus of the Year Award from the Kansas City University of Medicine and Biosciences (KCUMB) on September 20. Dr. Smith is a member of the university’s College of Osteopathic Medicine Class of 1974, known at that time as the Kansas City College of Osteopathic Medicine.

“Smith’s quick response to the fire and explosion can be credited for saving dozens of lives, particularly those in a nearby nursing home for which Dr. Smith is the medical director,” said KCUMB spokeswoman Lisa Cambridge.

The Kansas City Medicine and Biosciences University’s Alumnus of the Year Award recognizes graduates who have attained exemplary career achievements. “Dr. Smith has distinguished himself by his selfless acts,” she said, “not only at the time of the plant explosion in West, Texas, but also in the months that have followed as he has helped the community rebuild itself,” said Cambridge.

Dr. Smith was honored with the TOMA Community Service Award for 2013 in recognition of outstanding service to his community through the promotion of and dedication to Osteopathic Medicine. He was also named as the recipient of the T. Robert Sharp, D.O. Meritorious Service Award by the Texas Society of the American College of Osteopathic Family Physicians (TxACOFP). Both awards were presented at the TOMA/TxACOFP 2013 Joint Annual Convention in June. Dr. Smith was also honored at the American Osteopathic Association (AOA) Annual Meeting of the House of Delegates in Chicago in July for “enhancing the image of osteopathic medicine by living each day as an example of what an osteopathic physician should be.”

Dr. Smith speaks to medical students about his experience and emphasizes that they need to practice disaster drills. “Be prepared to think on your feet because things never happen as they are stated on paper. Understand there will likely be no communication in a real disaster – no cell phone, no radios, no way to communicate with anybody. Also, you should get to know the key people in disaster management and what their roles are during a disaster.”

Dr. Smith’s home and his clinic sustained extensive damage from the explosion. Since about four weeks after the explosion, his medical practice, limited in space and supplies, has been out of an old bridal shop. He is hopeful he will be able to get his clinic into working order where he can resume his medical practice by the end of October. “I appreciate all the support of my osteopathic family. That’s meant a lot to me. I lost my clinic, my home, and everything in both places. The TOMA Foundation’s George Smith Relief Fund has helped a lot. I’m very proud to be an osteopathic physician and I try to emphasize to the media that I am George Smith, D.O. rather than Dr. Smith.”

**Announcing the 2013 – 2014 Texas Physician Practice Quality Improvement Award**

Texas physician practices continue to make great strides in providing reliable preventive services by utilizing health information technology and effective care management methods. We think these practices should be recognized for their hard work. Texas Medical Association, Texas Osteopathic Medical Association and TMF® Health Quality Institute have partnered again to provide the Texas Physician Practice Quality Improvement Award program.

**Prepare to apply. You deserve it.**

The application process is simple. Complete an online application between April 1, 2014 and June 13, 2014. A nomination of practices is not required. Award-winning practices will receive commemorative items to display and will be recognized through a statewide media release. Announcements will also be made at meetings and in journals by the Texas Medical Association and the Texas Osteopathic Medical Association. Learn more and view the list of 2012 award recipients.
Each of these 2012 award recipients showed dedication to improving care for their patients through the effective utilization of health information technology as it applies to care management techniques, performance on clinical quality measures and data tracking and reporting, among other areas. We would like to take this opportunity to congratulate these exceptional physicians and practices.

- Anne C. Epstein, MD, Lubbock
- Anuradha Mundiluru, MD, Mesquite
- Baylor Community Care at Fort Worth, Fort Worth
- Baylor Family Health Center at Cityview, Fort Worth
- Baylor Family Health Center at Mesquite, Mesquite
- Baylor Family Health Center at Richardson, Richardson
- Baylor Family Medical Center at Grapevine, Grapevine
- Baylor Family Medical Center at Midlothian, Midlothian
- Baylor Family Medical Center at Red Oak, Red Oak
- Baylor Family Medical Center at Riverside, Grand Prairie
- Baylor Family Medical Center at Waxahachie, Waxahachie
- Baylor Family Medicine at Cedar Hill, Cedar Hill
- Baylor Family Medicine at Coppell, Coppell
- Baylor Family Medicine at Flower Mound, Flower Mound
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- Baylor Family Medicine at Frisco, Frisco
- Baylor Family Medicine at Garland, Garland
- Baylor Family Medicine at Keller, Keller
- Baylor Family Medicine at Lake Ridge, Lake Ridge
- Baylor Family Medicine at McKinney, McKinney
- Baylor Family Medicine at Plano, Plano
- Baylor Family Medicine at Prosper, Prosper
- Baylor Family Medicine at Rockwall, Rockwall
- Baylor Family Medicine at Uptown, Uptown
- Baylor Family Medicine at Weatherford, Weatherford
- Baylor Family Medicine at Wylie, Wylie
- Baylor Family Medicine SouthWest, Fort Worth
- Baylor Health Center at Park Cities, Dallas
- Baylor Internal Medicine Associates at Mckinney, Mckinney
- Baylor Occupational & Family Health Center at Texas Instruments, Dallas
- Bellaire Doctors, Houston
- Bexar Diagnostic Medicine Associates, San Antonio
- Bone & Joint Clinic of Houston, PA, Houston
- Brehm Medical Center, Dallas
- Capstone Family Practice, Houston
- CitySquare Community Health Services, Dallas
- CM Schade, MD, PhD, Mesquite
- Colleyville Family Medicine, Colleyville
- Dallas Diagnostic Association – Garland, Garland
- Dallas Diagnostic Association – Plano, Plano
- Dallas Diagnostic Association at McKinney, Mckinney
- Diabetes Health & Wellness Institute, Dallas
- Diagnostic Clinic of Longview, Longview
- Family Medical Center at Baylor, Dallas
- Family Medical Center at Terrell, Terrell
- Family Medical Center of Garland, Garland
- Family Medical Center of North Garland, Garland
- Ferris Clinic, Ferris
- Franklin M Douglas, MD, PA, Conroe
- George N. Smith, DO, FACOP, West
- Greenville Healthcare Associates, Greenville
- Gulf Coast Gastroenterology, PA, Lake Jackson
- Gulfside Medical Clinic of Texas, PA, Rockport
- Heart Center of North Texas, Fort Worth
- Ike Eni, MD, PA, The Woodlands
- Impact Urgent Care, San Antonio
- Internal Medicine Associates of Irving, Irving
- Internal Medicine Associates of Southwest Fort Worth, Fort Worth
- Irving Coppell Internal Medicine, Irving
- Irving Interfaith Clinic, Irving
- L. Ehrlich and Associates Medical Clinic, PLLC, Houston
- Lillette Daumas, MD, PA, Houston
- Medical Clinic of North Texas, North Richland Hills
- Medical Colleagues of Texas, Katy
- MedProvider, Dallas
- Midland Women's Clinic, Midland
- North Texas Health Care Associates - Family Medicine, Irving
- North Texas Health Care Associates - Internal Medicine at Irving/Coppell, Irving/Coppell
- North Texas Health Care Associates Endocrinology, Irving
- Rio Grande Medicine, Harlingen
- Sari Nabulsi, MD, LTD, LLP, Midland
- Sievers Medical Clinic, Gonzales
- Signature Medicine, Dallas
- Southeast Texas Medical Associates, LLP, Beaumont
- Southlake Family Medicine, Southlake
- Supportive and Palliative Care at Plano, Plano
- Supportive and Palliative Care Clinic at BUMC, Dallas
- Texas Health Physicians Group, Euless
- Tracie Updike, MD, Port Arthur
- Unini Internal Medicine Associates, PA, Fort Worth

The 2013 program will be launched in late summer of 2013. For more information, please visit http://award.tmf.org.
The AOA is working with the Centers for Medicare and Medicaid Services (CMS) to ensure that physicians are paid for claims submitted for services on behalf of consumers when they enter a 90-day grace period as required by the ACA.

A final regulatory provision (45 CFR Section 156.270, d) related to qualified health plans in health insurance marketplaces calls for issuers to grant consumers a 90-day grace period to allow them to catch up on premium payments. The AOA, however, is concerned that the provision may leave physicians open to undue financial burden.

The initial rule proposed by CMS had required issuers to pay all claims during the 90-day grace period, directly acknowledging the burden that would be imposed on physicians otherwise. Due to pressure by outside groups, CMS changed course in the final rule. Specifically, the policy put forth in the final rule requires plans to pay claims for the first 30 days of the 90-day grace period, but gives issuers the option of holding claims for the final 60 days. Issuers also are allowed to retroactively deny the pending claims should the enrollee fail to pay his/her premium.

In a recent letter to CMS on the matter, the AOA requested the following:

- Claims should be paid in the first 30 days of the grace period, and there should be no attempts at recoupment based on any change of the patient’s enrollment status.
- Issuers must notify physicians of a patient’s grace period status as part of the insurance eligibility verification process.
- Issuers will notify providers within 15 days of the start of the consumer’s 90-day grace period.

The AOA remains committed to working with CMS to ensure the burden on the physician community is minimized as health insurance marketplaces prepare to begin enrollment on Oct. 1.

Information provided by the American Osteopathic Association, www.osteopathic.org

Mark A. Sanders, DO, JD, MPH, LLM, FACOFP is stepping down as the Chairman of the Department of Family Medicine at the Chicago College of Osteopathic Medicine. He has spent most of his career in education and is starting a new chapter in life as he begins private medical and legal practices.

Dr. Sanders is Board Certified in Family Medicine and Osteopathic Manipulative Medicine, Geriatric Medicine, Palliative Medicine, Legal Medicine, and Public Health. He is the Medical Director for IntegreCare in the Dallas, Fort Worth, and Denton regions. He will oversee a house call program which will care for home health and hospice patients. Dr. Sanders is available to review medical legal cases nationally.

Dr. Sanders is also an attorney licensed in Texas and has his Masters of Law in Elder Law. His legal team handles a wide array of issues including physician recruiting and placement, contract negotiations, benefit management, and medical practice consulting. He assists clients with: serious bodily injuries, wrongful death, estate planning, Medicaid planning, probate, physician grievance defense, physician fraud defense and criminal defense. His principle offices are in Dallas and Fort Worth.

Should you or anyone you know have any questions related to these areas, feel free to contact Dr. Sanders at his new contact information below.

Dr. Sanders, his wife, Anada, daughter, Sofia and son, Liam are excited about these future endeavors and appreciate your support.

Dr. Sanders contact information is:

Fort Worth                                      Dallas
3437 West 7th Street                     5224 West Jefferson
Boulevard                             Suite 150
Fort Worth, TX  76107                Dallas, TX 75211
817-688-1588                                 817-423-7361 (fax)
docmarklaw@gmail.com                817-423-7361(fax)
www.DrMedLaw.com (main website)
**FIVE QUESTIONS ON HIPAA COMPLIANCE WITH THE AOA DEPARTMENT OF PRACTICE MANAGEMENT AND DELIVERY INNOVATIONS**

*Today is the deadline for physicians and other entities covered by the Health Insurance Portability and Accountability Act (HIPAA) to comply with the new privacy and security requirements announced in the Jan. 25 Federal Register. The new rules enhance patients’ privacy rights and safeguard patients’ health information as the health care industry transitions to a digital world. The new rules also give the Office for Civil Rights increased authority to monitor and fine those who do not comply.*

1. **What must physician practices do to remain HIPAA-compliant under the new rules?**

   The primary things physician practices must do are to update their business associate agreements; update and post their notices of privacy practices; revise policies and procedures; and educate all staff and patients on the new rules.

2. **What can happen if I don’t make the changes?**

   If you do not make the necessary changes, you will be subject to civil penalties of between $100 (per violation) and $25,000 for identical violations during a calendar year. Privacy breaches are subject to penalties of up to $1.5 million.

3. **What constitutes a privacy breach?**

   Any breach or disclosure of a patient’s protected health information (PHI) is now reportable unless, after completing a risk analysis, you are able to establish there is minimal risk to the patient due to the breach. The risk analysis must consider four factors: who received the unauthorized PHI and if that person will protect its confidentiality; the type and extent of the PHI released (e.g., the level of sensitivity, either financial or clinical, and the likelihood that the patient can be identified by the information released); whether the PHI was actually viewed or accessed; and whether the recipient took appropriate mitigating action.

4. **Are there changes to patients’ rights that my practice needs to know about?**

   Yes. Patients now can instruct physicians not to disclose services the patient pays out of pocket to their insurers. Practices will need to determine how they will then flag this out-of-pocket service to prevent an insurer from finding out. Aside from Notice of Privacy Practices (NPP), the recent changes to HIPAA also expand a patient’s right to obtain a digital copy, as opposed to a paper copy, of his or her electronic health record.

5. **Where can I find additional details from trusted public and private websites?**

   Visit the HIPAA section on Osteopathic.org to access a business associate agreement template, NPP documents, and an explanatory webinar on the changes to HIPAA. You may also visit the U.S. Department of Health and Human Services website.

   If you have questions about how to make sure your practice is HIPAA-compliant, contact the AOA at (800) 621-1773, ext. 8187.

The above information was compiled from the Federal Register, the HHS.gov January 2013 news release and the Osteopathic.org HIPAA section.
CONGRATULATIONS JOSEPH DEL PRINCIPE, D.O. - NEW CHIEF OF STAFF

Arlington physician Joseph Del Principe, D.O., was recently chosen as the new Chief of Staff at Texas Health Arlington Memorial. He will begin his service next year. Dr. Del Principe is board certified in emergency medicine by the American Osteopathic Board of Emergency Medicine. He is a 1983 Texas College of Osteopathic Medicine (TCOM) graduate and is a member of the Texas Osteopathic Medical Association.

SCOTT T. STOLL, D.O., PH.D., CELEBRATES OPENING NEW LOCATION

Scott Stoll, D.O., Ph.D., recently celebrated the beautiful new location of his practice, Stoll Neurodiagnostics, with an Open House complete with food, drinks, and drawings for many terrific prizes. His new office building is located at 5717 Edwards Ranch Road in Fort Worth, telephone 817-294-3195. His website is stollneurodiagnostics.com.

Dr. Stoll graduated in 1990 from Texas College of Osteopathic Medicine (TCOM) in Fort Worth. He received his Ph.D. degree in 1992 from the University of North Texas in Denton. Dr. Stoll is board certified in Physical Medicine and Rehabilitation (PM&R) Neuro-Musculoskeletal Medicine.

BRUCE DUBIN, DO, APPOINTED EXECUTIVE VICE-PRESIDENT, PROVOST, DEAN, AT KCUMB

The KCUMB Board of Trustees has appointed Bruce Dubin, D.O., J.D., FCLM, FACOI, as executive vice president for academic affairs, provost and dean of the College of Osteopathic Medicine effective mid-November.

Dr. Dubin is one of the great thought leaders in osteopathic medical education today. In particular, his dedication to teaching and his understanding of the classroom dynamic has made him an extraordinary administrator.

Dr. Dubin comes to KCUMB from Rocky Vista University College of Osteopathic Medicine in Parker, Colo., where he served as the dean and chief academic officer since 2009. He also served as interim president from 2011-2013.

He received the Meritorious Medical Educator Recognition from the State of Texas Legislature in 2010, the Texas Osteopathic Association Meritorious Service Award in 2009, and was named Educator of the Year from American Osteopathic Foundation in 2007. He is a member of the State Bar of Michigan and the Federal Bar.

Dr. Dubin earned a bachelor of arts in chemistry and biology from Eastern Michigan University and a juris doctor from the University of Detroit Mercy. He earned a doctor of osteopathic medicine from A.T. Still University's Kirksville College of Osteopathic Medicine in Kirksville, Mo. He is board certified in internal medicine (AOBIM).
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The Advocates for the American Osteopathic Association (AAOA) formally installed Deidre (DeDe) Froelich, Ph.D., of Bonham, Texas, as its new national President at its annual meeting. Her installation was held at the AAOA meeting held in conjunction with the Annual Convention of the American Osteopathic Association held in Las Vegas, Nevada, on October 1, 2013.

Her installation was performed by Rita Baker, of Fort Worth, Texas, a past national president of the AAOA.

She will serve as the AAOA National President through July of 2014.

Mrs. Froelich has a long history of service to the osteopathic profession and to the AAOA in particular. She has served as a Member of the Board of Trustees, Advocates for the American Osteopathic Association, and as a Past President of the Advocates for the Texas Osteopathic Medical Association.

The Advocates for the American Osteopathic Association is a charitable organization whose mission is to promote and support osteopathic medicine by:
1. Educating the community about public health and educational programs surrounding osteopathic medicine.
2. Encouraging young physicians by providing grants, scholarships, and project collaboration, and
3. Assisting Student Advocate Organizations and Intern Resident Advocate Associations at schools and residency programs across the country.

DeDe, as she is known to many, is the spouse of James E. Froelich, III, DO, a family physician. They reside in Bonham, TX.

TEXANS SERVE AS NATIONAL LEADERS OF AAOA

Wendy McDonald, RN, of Hallsville, Texas, has been elected to the Board of Trustees of the Advocates for the American Osteopathic Association (AAOA) at its annual meeting in Las Vegas, Nevada. She becomes the newest member of the AAOA Board.

Linda Kazen Garza of Laredo, Texas, continues her term as an AAOA board member.

They will also serve as AAOA Convention Chairs for the 2014 House of Delegates and Advocates Convention during AOA in Seattle, Washington.

Texas and the AAOA will be well served with the caliber of leadership Ms, McDonald and Ms. Kazen Garza bring to their roles.
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The University of the Incarnate Word (UIW) is interested in developing an accredited school of osteopathic medicine. After about a year of study, their Board of Trustees authorized the school to begin the process of hiring a dean and preparing a formal Feasibility Study.

The school’s President, Dr. Louis J. Agnese, Jr., notes that, located in San Antonio, UIW is the largest private Hispanic Serving Institution in Texas with approximately 10,000 students. The school is sponsored by the Sisters of Charity of the Incarnate Word, a Catholic order that founded UIW in 1881. Their main campus is in the heart of San Antonio and serves their traditional undergraduate and graduate populations. They also serve a large population of adult students in both accelerated and on-line formats; the accelerated programs are offered in many locations throughout the city. They have a campus in Mexico City, a Study Center in Heidelberg, Germany, and agreements for reciprocal education with more than 120 sister schools around the world.

UIW has a long history of educating healthcare professionals. For example, their nursing program is over 80 years old. In addition to undergraduate nursing, they offer doctoral programs in nursing, pharmacy, optometry and physical therapy. Other health-related programs include Health Care Administration, Dietetics, Music Therapy, Nuclear Medicine, and Athletic Training. The school currently has a HRSA grant to develop an inter-professional practice model that brings faculty and students from other doctoral programs together on one practice team.

Texas has a great need for more physicians in primary care. The leadership of the school believes that they have the experience to develop a new medical school and that the osteopathic approach to medicine is consistent with their beliefs about the education of healthcare professionals. The Texas Osteopathic Medical Association and local medical leaders have voiced support for their initiative.

The University has established some timeline considerations for a new College of Osteopathic Medicine in San Antonio:

- **Summer-Fall 2013**
  - Hire a dean
  - Apply for Applicant Status with COCA

- **Spring-Summer 2014**
  - Feasibility Study submitted to COCA
  - Pre-accreditation site visit

- **Fall 2014 – Summer 2015**
  - COCA decision on pre-accreditation
  - Faculty Hiring
  - Provisional accreditation site visit

- **Fall 2015**
  - Provisional accreditation approved
  - Faculty hiring
  - Begin recruiting students

- **August 2016**
  - Begin instruction
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- Recognizing, Reporting, and Preventing Child Abuse
- Motivational Interviewing
- Introduction to Screening, Brief Intervention, and Referral to Treatment (SBIRT): Tutorial

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May your Christmas season bring you the gifts of the season: peace, joy and hope, as well as sparkle with moments of love, laughter and goodwill. May the year ahead be full of good health, contentment and success!

Have a Merry Christmas.

From all of us at the Texas Osteopathic Medical Association

Hosts Dr. Mark and Rita Baker welcomed the largest turnout ever for the annual swim party at their home in Fort Worth. More than 200 people, comprised of 1st and 2nd year medical students, Texas osteopathic doctors, Texas College of Osteopathic Medicine (TCOM) faculty, Texas Osteopathic Medical Association (TOMA) District 2 Officers, TOMA members, American Osteopathic Association (AOA) members, and many family members, participated in the fun event on September 7.
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Concierge practice is a phenomenon surrounding primary care practices for two reasons. First, the income of primary care physicians has been declining in real terms since the mid-1990s. Second, specialty and subspecialty practices are largely referral-driven, and have fluctuating patient loads. A general surgeon, for example, would not consider concierge practice. While no law prohibits this type of arrangement, before Dr. Smith decides whether concierge practice makes sense, the legal and practical aspects of moving to a different practice model should be considered in depth.

**Terminate Existing Contracts.**
Since a main characteristic of concierge practice is non-acceptance of insurance, Dr. Smith needs to terminate all existing contracts. He should review them all and answer these questions:

1. What notice requirements apply to terminating this particular contract?
2. Are there special notice requirements for patients under this contract?

Here the old risk management adage “if it’s not in writing it didn’t happen” applies. Each contract will have different requirements for the termination notice that need to be strictly observed. In the termination letters, it is critical to reference (1) the specific contract(s) being terminated, including the name of the company, original execution date, type of service (HMO/PPO etc) and any specific plan designation or number, and (2) the actual termination clause(s) in the contract (sometimes there are several), and (3) the termination date. It must be sent to the proper person or department, with evidence of receipt. Otherwise the insurer may claim it never received proper notice of the contract in question - and they might be right. In other words, a “to whom it may concern” letter stating “I terminate this HMO contract,” without more, is insufficient.

Contract termination letters need to be kept indefinitely. It is not unheard of for a payor to claim physician has violated a contractual payment provision (typically commitment to a discount) years after a termination letter was believed sent. The insurer may also claim that it bought out another insurer’s business, somehow “reviving” old contractual obligations. If Dr. Smith can’t prove he properly terminated all those agreements, such claims will be harder to defend.

Thus, Dr. Smith should (1) consolidate all insurer contracts into one place, (2) highlight and tab all termination-related clauses in them, (3) keep a log of all termination-related communications and (4) keep copies of termination letters in a binder for future reference.

**Medicare Opt-Out.** Once commercial contracts are terminated, Dr. Smith needs to decide whether to stay in Medicare. If not, he has to follow specific “opt-out” provisions under which he will (1) enter into a private contract with each Medicare patient that meets certain requirements, and (2) submit an affidavit to each Medicare carrier with which he would file claims. In the affidavit, Dr. Smith will state that, during the opt-out period, he will provide services to Medicare patients only through private contracts, will not submit claims to Medicare for any service furnished to a Medicare patient, and understands that he will receive no direct or indirect Medicare payment for services. The opt-out period is for 2 years, and a new affidavit must be submitted before the period ends.

If Dr. Smith is a non-participating Medicare provider, he may opt-out at any time by filing the affidavit within

- Nationally ranked by *U.S. News & World Report* for Rural Medicine, Geriatrics, Family Medicine and Primary Care
- Highest percentage of medical students entering primary care of all Texas medical schools – and second highest percentage nationally
- Ranked 12th by *Hispanic Business Press* for Hispanic medical education
- Consistently in top 3 nationally for National Board of Osteopathic Medical Examiners’ pass rates and scores
- College of Pharmacy opened August 2013
30 days after signing the first private contract. If Dr. Smith is a participating Medicare provider he may opt-out only by submitting the affidavit at least 30 days before the next calendar quarter. Either way, Dr. Smith needs a procedure to ensure that his office does not file Medicare claims, and a reminder to submit a new affidavit every 2 years.

**Issues in Patient Contracts.** Dr. Smith should have a written contract with each patient that clearly spells out (1) what services are, and are not covered by the new arrangement, (2) the amount of the fee and how and when it is to be paid, and (3) that Dr. Smith will not bill insurance for any services under the contract. Any special patient financial responsibilities must also be clear. This is not a situation where patients are merely handed a form and told to sign it. The contract should be individually discussed with each patient, with ample opportunity to have all relevant questions answered. If Dr. Smith doesn’t understand the contract himself, he shouldn’t do this.

Dr. Smith must be careful not to “over-promise” what he can deliver, whether the promises are oral or written. While deceptive trade practice laws don’t normally apply to professional services, they do apply to (1) intentional misrepresentations of fact, (2) unconscionable actions, (3) breach of express warranty, or (4) any type of “fraud in the inducement.” For example, suppose Dr. Smith tells patients that they will have “same day appointments” on request and puts this in his contract; then suppose he fails to do so. He could incur deceptive trade practice liability for this. Thus being more consumer-friendly can expose one to consumer legal remedies.

Dr. Smith may not submit insurance claims, but he can’t really prohibit patients from doing so if they have coverage. This part is tricky: he has an obligation to release “billing records” on request (just like medical records), but if there are no “bills” to speak of, what is his obligation? Is there an implied duty to provide sufficient information to allow patients to construct their own claims? Only hospitals have an explicit legal responsibility to furnish an “itemized statement of billed services” at this time but that might not stop a complaint from being investigated by TMB.

**The Fee.** Some arrangements charge an “annual fee” payable on execution of the contract, while others use a monthly payment. Whatever it is, it must be clear. In addition, the amount of the fee needs to be carefully considered.

If Dr. Smith currently grosses $300,000 per year, he would need a minimum of 300 patients willing to pay that $1,000 (or some other combination) to maintain current gross income. Costs might go down if he no longer needs a billing staff, but might go up if he buys new equipment or has an “enhanced” package of services that cost him more. Office costs will rise due to inflation in any event. This is an area where sound business planning is required.

**Characterizing the Fee.** It is important to understand what the annual fee is - and isn’t. First, there is risk: Dr. Smith essentially bets that his patients will not need more services than his cost of providing them. A patient who is often sick will consume a greater volume of services than the fee pays for, in which case he loses money. This is essentially the same idea as “capitation” - the per-patient per-month fee regardless of the volume of service required, except here the patient pays it, not the insurer.

Certainly Dr. Smith takes “business risk” by doing so, but does he take “insurance risk” as well? While Dr. Smith has no insurance license, and doesn’t purport to be in the business of insurance, this issue was so contentious 10 years ago the Texas Department of Insurance opined informally (that is, never put it into rule) that:

1. A physician (or group) may have a direct contracting arrangement with an employer or individual and receive a fixed prospective fee, but only for “the practice of medicine.”
2. Services covered by a fixed fee must be limited to “medical care,” and may include primary care plus in-office laboratory and x-ray services.
3. The range of permissible services do not include referral services to be rendered outside the office (such as outside lab and x-ray).

In other words, should Dr., Smith charge a flat fee to cover services of another provider (such as outside lab or x-ray) he may be construed as underwriting risk, which is the business of insurance.

**Patient Financial Issues.** Dr. Smith must know that not all patients will follow him. Current patients that are well insured may see no advantage in foregoing their policy benefits and paying an additional fee, and so may not see value in his new plan. Patients need to be informed they may still need medical insurance to safeguard against hospitalization costs, specialist care and prescription costs, and that there may be other out of pocket costs. Dr. Smith should be aware of these so he can advise patients when they need to access coverage, or otherwise be responsible for an additional cost, lest he hear the “but you never told me I’d have to pay for that” complaint. It may be advisable to track patient’s insurance coverage - like he does now - as a precaution.

**Other Regulations Won’t Go Away.** Getting away from an insurance-based practice will not free Dr. Smith from other regulatory concerns. Drug laws remain. Texas rules still apply to his x-rays. The HIPAA Privacy and Security Rules may still be a factor. OSHA Bloodborne Pathogen
Rules, CLIA laboratory certification rules, the Americans with Disabilities Act, to name a few, will still be there. Even the Medicare opt-out has to be renewed every two years. Thus, having a plan to deal with regulations doesn’t vanish in a concierge practice.

Is this a Good Idea?: the Intangibles. Dr. Smith needs to seriously consider some intangible factors before deciding this is his future. If he has been seeing a patient every 15 minutes and leaving at 6 pm, can he make the transition to seeing less patients during working hours while being available by cell phone - his cell phone- on nights and weekends? If Dr. Smith’s office is currently open only 4 days per week, closed at lunch, and the phone accepts no messages, does he think this will be attractive to concierge patients? What about his clerical and clinical staff - can they make the transition? (unfriendly staff will not get more friendly with more patient contact) Who will cover the practice when Dr. Smith goes on vacation if they can’t bill? And termination of payor contracts will likely disqualify him from hospital privileges - is this acceptable?

Conclusion. The legal aspects of transition to a concierge practice are significant but doable. Numerous other financial and personal issues must be considered. However, whether concierge practice is viable in the long run may become a political issue. When the PPACA coverage mandates all become effective, most patients will likely have some form of insurance (or pay the tax penalty) and may be unwilling to an annual fee (which is not an insurance premium) on top of their mandated coverage costs.

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 29 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.

IN MEMORIAM

Geurt Levi Tilma, Jr. 1939 – August 29, 2013

Geurt Levi Tilma, Jr., D.O., of Bedford, TX, passed away August 29, 2013. He was 74 years old. Interment was held September 9 in Dallas-Fort Worth National Cemetery.

Dr. Tilma graduated from Texas College of Osteopathic Medicine (TCOM) in 1976 and completed his radiology residency at Fort Worth Osteopathic Hospital in 1980. He served in the Air Force and did military contract radiology in a variety of locations.

Dr. Tilma is survived by his wife, Janice; his son, Mark; daughter-in-law, Megan; brother, Tony; and many beloved friends.

Howard H. Galarneau, Jr., D.O. January 20, 1948 – August 16, 2013

Howard H. Galarneau, Jr., D.O., passed away at age 65 on August 16, 2013 in San Antonio, TX. Interment was held in Norman, Oklahoma.

Dr. Galarneau was accepted to Michigan State University College of Osteopathic Medicine and graduated in 1980. He served his internship in Tulsa, Oklahoma and practiced in rural Oklahoma following internships in Ardmore and Healdton. Dr. Galarneau began his family practice in San Antonio in 1983 and he also worked in various emergency rooms in Texas, especially in the McAllen area. He served as President of District 17 and as a delegate for Texas Osteopathic Medical Association (TOMA) during the late 80's and 90's. He also served as State President of American College of Osteopathic Family Physicians (ACOFP) in 1992.

Dr. Galarneau is survived by his wife, Barbara; two sons, Chris of San Antonio and Gregory of Killeen; four grandchildren, Wesley, Lilly, Ellie, and Gregory, Jr., and many beloved friends.
DECEMBER 7, 2013
TOMA Board Meeting
University of Incarnate Word
San Antonio, TX

JANUARY 16/JANUARY 23, 2014
District 2 Meeting
Fort Worth, TX

JANUARY 30 – FEBRUARY 2, 2014
TOMA 58th Mid-Winter Conference, 2014
Westin Park Central Hotel
Dallas, TX
Register Online at: www.txosteo.org

APRIL 11, 2014
TOMA Board Meeting
Austin, TX

APRIL 12, 2014
House of Delegates
Austin, TX

JUNE 4 – 8, 2014
TOMA/TxACOFP 7th Joint Annual Convention 2014
Westin La Cantera Resort
San Antonio, TX

Note: Schedule and dates subject to change. Visit our website at www.txosteo.org for the most up-to-date information.

NEW MEMBERS

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

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4544 Glenville Drive
Plano, TX 75093
ATSU/KCOM ’95

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Melissa L. Lancaster, D.O.
12746 Walnut Bend Ct.
Missouri City, TX 77489
OU-COM ’10; Emergency Medicine

DISTRICT 8 (Alice Corpus Christi Area)
Chioma A. Obailete, D.O.
7101 S. Padre Island Dr.
Corpus Christi, TX 78412
SOMA ’13

DISTRICT 15 (Arlington, Denton)
Tri P. Luong, D.O.
3415 Shea Ct.
Arlington, TX 76014
DMU-COM ’09; Family Practice

DISTRICT 17 (New Braunfels, San Antonio Area)
Amy L. DePue, D.O.
7727 Culebra Valley
San Antonio, TX 78254
OSU-COM ’02

DISTRICT 18 (Byron, College Station Area)
Ronald S. Jolda, D.O.
404 Panda Circle
Harker Heights, TX 76548
UNECON ‘82

APPLICANTS RECEIVED (pending approval)

DISTRICT 2 (BROWNWOOD, FORT WORTH, GRANBURY, STEVENVILLE AREA)
Jay Roop, D.O.
North Texas Musculoskeletal Medicine
2625 S Southlake Blvd, Suite 120
Southlake, TX 76092
OSU-COM ’09; Osteopathic Manipulative Medicine

John Paul Blakely, D.O.
8533 N Beach St #112
Fort Worth, TX 76244
DMU-COM ’07; General Practice

William T Crow, D.O.
UNTHSC
855 Montgomery Street, 6th floor
Fort Worth, TX 76107
TCOM ’07; Osteopathic Manipulative Medicine-Certified

Maliha Abbas, D.O.
1202 Pegasus Dr.
Arlington, TX 76013
TCOM ’13; Internal Medicine

Stephen Douglas Bell, D.O.
2709 E Fawn Dr.
Phoenix, AZ 85042
MU ’12; Family Practice

Payal Lei Gupta, D.O.
4115 Cumberland Pass St #721
Fort Worth, TX 76116
LMU-DCOM ’13; Internal Medicine

Chase Parker Moran, D.O.
401 W Covell Rd #514
Edmond, OK 73034
KCOM ’12; Internal Medicine

Angela Ifeoma Njoku, D.O.
200 Anderson #112
Fort Worth, TX 76102
KCOM-COM ’05; Internal Medicine

Ann Hyunjoo Park, D.O.
4340 Darian Ct
Cumming, GA 30041
WSOM ’13; Internal Medicine

Arthur Ryan Thompson, D.O.
900 Eighth Ave
Fort Worth, TX 76104
LMU-DCOM ’13; Internal Medicine

DISTRICT 4 (ABILENE, MIDLAND/ODESSA, SAN ANGELO, SWEETWATER AREA)
Randall L Sloan, D.O.
Frontera Healthcare Network
PO Box 205
Eden, TX 76837
KCOM ’91; Family Practice

DISTRICT 5 (DALLAS, GRAND PRAIRIE, PLANO AREA)
Christa M Tomc, D.O.
521 S Good Latimer Expy, #7316
Dallas, TX 75201
OUCOM ’13; Dermatology

John M Lavelle, D.O.
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- Michael John Caberto, D.O.
  - 4901 Saratoga Blvd #523
  - Corpus Christi, TX 78413
  - WesternU/COMP '10; Internal Medicine

- Steven Ryan, D.O.
  - 1641 Nile Dr #321
  - Corpus Christi, TX 78412
  - LMU-DCOM '13; Internal Medicine

- Lauren Dawn Hollingsworth, D.O.
  - 2517 Dogtooth Ct
  - Corpus Christi, TX 78414
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- Emily LeAnn Keesler, D.O.
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  - Corpus Christi, TX 78412
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- Cade Parke, D.O.
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  - Corpus Christi, TX 78413
  - AZCOM '13; Internal Medicine

- Randy R Pearce, D.O.
  - 5750 Curtis Clark #525
  - Corpus Christi, TX 78412
  - LECOM-B '10; Orthopedics & Orthopedic Surgery

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  - Corpus Christi, TX 78418
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www.correctioncare.com

EOE
TOMA 58th MidWinter Conference
January 31 - February 2, 2014

Registration Information

The Westin Park Central
Dallas, Texas

Register On-Line:
www.txosteo.org

13 American Osteopathic Association Category 1A CME Credits Anticipated

7 additional 1 A CME Credits possible for attending the "Practice Management and Revenue Enhancement Workshop". Must be registered for the conference to be able to attend the workshop for free and earn credits

1 Credit Approved for Medical Ethics-Professional Responsibility

Conference Sponsored by the TOMA Foundation, a 501(c) (3) non-profit organization
TOMA 58th Midwinter Conference

TENTATIVE SCHEDULE
FRIDAY, JANUARY 31
7:00 a.m. – 8:30 a.m.
Committee Member Breakfast
8:00 a.m. – 5:00 p.m.
Committee Meetings
Noon – 1:00 p.m.
Committee Member Lunch
3:00 p.m. – 8:30 p.m.
Conference Registration
4:30 p.m. – 6:30 p.m.
Exhibit Hall Grand Opening and Reception
7:00 p.m. – 9:00 p.m.
Hands On OMT Workshop
Dave Mason, D.O., FACOFP
9:00 p.m. – 11:00 p.m.
Meeting of the Friends
Everyone Welcome!

SATURDAY, FEBRUARY 1
7:00 a.m. – 6:00 p.m.
Registration
7:00 a.m. – 8:30 a.m.
Breakfast with Exhibitors
8:00 a.m. – Noon
Committee Meetings
8:00 a.m. – 9:00 a.m.
Neurologic and Brain Disease: Update on Alzheimer’s
Speaker TBD
9:00 a.m. – 10:00 a.m.
Osteopathic Continuous Certification Update
John R. Bowling, D.O., FACOFP
10:00 a.m. – 12:00 noon
ATOMA Board Meeting
10:00 a.m. – 10:30 a.m.
Break in the Exhibit Hall
10:30 a.m. – 11:30 a.m.
Natural Disaster Preparedness
George N. Smith, D.O., FACOFP
11:30 – Noon
Break in the Exhibit Hall
Noon – 1:30 p.m.
Legislative Update Luncheon
1:30 – 2:00 p.m.
Dessert in the Exhibit Hall
2:00 p.m. – 3:00 p.m.
Hepatocellular Carcinoma
Ritwick Panicker, MD, FACP, MRCP
3:00 p.m. – 4:00 p.m.
Strokes
Andres G. Morales, D.O.
4:00 p.m. – 5:00 p.m.
Cardiovascular Disease Update
Speaker TBD
5:00 p.m. – 6:00 p.m.
Diseases of the Hepatobiliary System, Shah Aziz, D.O.

RISK MANAGEMENT PROGRAM
SUNDAY, FEBRUARY 2
8:00 A.M. – 12:00 P.M.
Dealing with the Difficult and Non-Compliant Patient; And knowing the difference!
Disclosure: When an Unanticipated Event Occurs

PRACTICE MANAGEMENT AND REVENUE ENHANCEMENT WORKSHOP SCHEDULE
FRIDAY, JANUARY 31
9:00 a.m. – 5:00 p.m.
Physicians and Office Staff will learn from our experts on running an efficient office and getting paid for what you do.
Physicians must be registered for the entire conference to be able to attend the workshop for free and earn credits.
9:00 a.m. – 10:00 a.m.
Regional Extension Centers-Resources for Your Medical Practice; Focus on changing EMR Software
Speaker TBD
10:00 a.m. – 12:00 p.m.
Using your Tools for Coding Properly and Open Roundtable Discussion on Billing Questions
Kelly Skinner, CMM, CPC, CFPC
Noon – 1:00 p.m.
Lunch on your Own
1:00p.m. – 2:00 p.m.
Accountable Care Organizations: How they can work for you
Matt Atwood
2:00 p.m. – 3:00 p.m.
ICD-10 Diagnosis Codes: A Closer Look
Speaker TBD
3:00p. – 4:00 p.m.
The Well-Spoken Office; Communicating to Avoid Potential Lawsuits
Speaker TBD
4:00 p.m. – 5:00 p.m.
Navigating Recoupment Notices and Other Practice Compliance Issues
Speaker TBD

COMMITTEE SCHEDULE
FRIDAY, JANUARY 31
7:00 a.m. – 8:00 am
Committee Member Breakfast
8:00 a.m. – 10:00 am
Public Health Affairs Committee
8:00 a.m. – 9:00 am
Executive Director Evaluation
9:00 a.m. – 10:00 am
AOA Delegation
10:00 a.m. – Noon
Membership Affairs Committee
Noon – 1:00 pm
Committee Members Lunch
1:00 p.m. – 3:00 pm
Governmental Affairs Committee
3:00 p.m. – 4:30 pm
Constitution & Bylaws
3:00 p.m. – 4:00 pm
Military & Veteran Affairs
SATURDAY, FEBRUARY 1
7:00 a.m. – 8:30 am
Breakfast with the Exhibitors
8:00 a.m. – 10:00 am
Business Affairs Committee
9:00 a.m. – 10:00 am
TOMA Foundation Board
10:00 a.m. – Noon
Strategic Planning
10:00 a.m. – 11:00 am
Archives/History Committee
Noon – 1:30 pm
Legislative Luncheon
1:30 p.m. – 3:00 pm
District Presidents Meeting
1:30 p.m. – 3:00 pm
Texas ACOFP Board Meeting
3:00 p.m. – 4:00 pm
TCOM Task Force
4:00 p.m. – 5:00 pm
Past Presidents
4:00 p.m. – 6:00 pm
TCOM Alumni Board Meeting
SUNDAY, FEBRUARY 2
10:00 a.m. – 11:00 am
Midwinter Convention Program Committee
11:00 a.m. – Noon
Annual Convention Program Committee
Contract Reviews Created by Physicians
FOR PHYSICIANS
Offering More Than Legal Reviews

<table>
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<th>Customized Payment Options</th>
<th>Program Director Recommended</th>
<th>48 Hour Review Times</th>
</tr>
</thead>
</table>

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Name for Badge (if different from above): ____________________________

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Business Phone: (______) Home Phone: (______) FAX: (______) Email: ____________________________

D.O. College: ____________________________

Graduation Year: ____________ AOA#: ____________________________

Specialty: ____________________________ TOMA District: ____________________________

Spouse/Guest Name (if requesting badge): ____________________________

**REGISTRATION FEES FOR MIDWINTER CONFERENCE**

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(Additional 7 hours of AOA I-A CME)

REGISTRATION SUBTOTAL: $____________

**REGISTRATION FEES FOR PRACTICE MANAGEMENT & REVENUE ENHANCEMENT WORKSHOP**

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REGISTRATION SUBTOTAL: $____________

REGISTRATION TOTAL: $____________

**FORM OF PAYMENT**

- Check in the amount of $____________
- Credit Card in the amount of $____________

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Card Number: ____________________________ Expiration Date: ____________ Security Code: ____________________________

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