

# DEAN'S CORNER E-NEWSLETTER

*Texas College of Osteopathic Medicine  
October 27, 2003*

October, as usual, is a busy month. The month began with the American Osteopathic Association's annual meeting in New Orleans, LA. We had great representation at the meeting with faculty and students both attending and presenting in the various scientific forums. Of highlight, the following faculty received awards of note:

Michael Clearfield, DO, Associate Dean for Clinical Research and the AOA's Chair of the Bureau of Research, was awarded a \$10,000 grant from Astra-Zeneca Pharmaceuticals for work in lipid metabolism.

Russell Gamber, DO, Department of OMM, and Chair of the TCOM (DO) Admission Committee, received the award for scientific writing in osteopathic manipulative medicine, from the AOA.

Frank Papa, DO, PhD, Assistant Dean for Curricular Design and Educational Technologies, received the prestigious Robert A. Kistner Award in Medical Education from the American Association of Colleges of Osteopathic Medicine.

Once again the national Osteopathic Research Center which is housed on our campus received many accolades for the impact they are having on producing quality scientific studies in the field of osteopathic principles and practices. Kudos must go to Drs. Stoll, Michael Smith, Cruser, et al (both on this campus and throughout the profession) for their hard work in assuring that quality research is having an impact on our profession.

This past weekend, the TCOM (DO) student body was host (along with UT-Southwestern) to the American Medical Association's Medical Student Section's annual conference for Region III on our campus. The theme of this year's conference was *The Art of Medicine*, and medical students throughout the region (which includes Missouri, Arkansas, Oklahoma, Louisiana, and Texas) attended the 2 day event. Speakers included: J. James Rohack, MD, Chair-elect of the AMA's Board of Trustees, Stephen Brotherton, MD, President of the TCMS, Robert Haley, MD of the Dallas County Medical Society, Roy Martin, D. Min., of our Ethics Department, Michael Burgess, MD, US Congressman (R-Denton), and yours truly to name but a few.

I appreciate the hard work and efforts of all our students that were involved in the planning, but especially, Clay Cessna and Brad Lancaster who headed up TCOM's planning efforts. In addition, Clay was voted chair of the AMA MSS region III council. Great job!

Please supply any pertinent information to my office (deantcom@hsc.unt.edu) by the third Thursday of the month, for inclusion in this Newsletter.

**Student Affairs: (Dr. Mitch Forman)**

The Office of Student Affairs has been unusually busy in a variety of areas. The most ambitious project is implementing the recommendations of the Student Affairs Task Force. This is a HSC initiative aimed at improving the quality and efficiency of the Student Affairs services provided to all schools and programs. It centralizes many functions and coordinates communication between all of the schools and offices involved in providing service to our students. The backbone of the project is the cross functional team.

Everyone should have been informed of the planned closing of Majors Bookstore on Oct. 31st. While this came as a surprise to most of us, the Office of Student Affairs has proactively formed a committee representing all schools and programs to find short term and long term resolution to this matter. Preliminary options and recommendations are being presented to the Council of Deans for their input. We are soliciting input from all interested parties, but particularly the student body. While the closing of the bookstore has been an inconvenience, it has allowed us to focus on the particular needs of our changing and growing diverse student body.

**Clinical Affairs / Faculty Practice: (Dr. Robert Adams)**  
*Associate Dean for Clinical Affairs/Chief Medical Officer*

No report submitted.

**Academic Affairs/Graduate Medical Education: (Dr. Don Peska)**  
*Associate Dean for Academic Affairs*

No report submitted.

**Medical Education: (Dr. Bruce Dubin)**  
*Associate Dean for Medical Education*

Medical school curriculum is a dynamic process and the TCOM Department of Medical Education has been working hard to keep up with the “ever changing” demands faced by medical educators and students alike. During this past month the TCOM curriculum committee met and was challenged to create a curriculum of excellence here at the UNTHSC. The phase directors group has revisited many of the systems courses and begun to incorporate ongoing revisions that will enhance the quality of educational materials delivered throughout all four years of medical school. Topic areas will be enhanced throughout the curriculum. Immediate changes will be noted in medical immunology, microbiology and infections disease during the upcoming respiratory block. Year II students will also notice increased “case based” presentations that will enhance critical thinking skills. The areas of medical genetics and medical informatics will be emphasized in new curriculum enhancements that will assist today’s medical students in becoming tomorrows physicians.

The Departments Assistant Dean for Curricular Enhancements and Technologies, Dr. Frank Papa, was honored at the recent American Osteopathic Association meeting in New Orleans. Dr.

Papa was recognized as one of our professions leaders and visionaries in the field of medical education. Dr. Papa has lectured worldwide and has published in some of medical educations most prestigious journals. The Department of Medical Education takes great pride in having Dr. Papa as one of our members.

### **Clinical Research: (Dr. Michael Clearfield)**

*Associate Dean for Clinical Research*

The results are in and last fiscal year (2002-2003) was a banner year for research at TCOM. Total research funding increased by 260% to \$4,332,753. Clinical trials increased by 47% to \$785,487, the Osteopathic Research Center (ORC) has already generated a >500% return on the original grant and the first multi-center clinical trial on "OMT in the elderly with pneumonia" has been funded and will start recruiting patients this fall. At the annual AOA meeting this past week in New Orleans, Dr. Gamber was awarded the Northrup Medical Writing award for the article "OMT in conjunction with Medication relieves pain associated with Fibromyalgia" The other authors on this article were Jay Shores, David Russo, Cynthia Jimenez and Bernard Rubin. Congratulations to all of these authors for this award.

I additionally want to thank all the clinical departments for their efforts in the area of research and look forward to an even more productive year in 2003-2004.

### **PA Studies: (PA Hank Lemke)**

#### **PA Admissions Gearing Up for Next Year**

The PA program and admissions office coordinated two "open house" information sessions this past summer and another late in September. These sessions provided potential applicants with information on PA studies at UNTHSC and were attended by approximately 90 people each - two of which took place on Saturday. Many attendees were working adults and people from out of town. Already the PA program has received over 175 applications, compared with 82 at this time last year. The total application received last year was over 400. The application deadline this year is November 15, 2003. Interviews have already begun and will likely continue into December or January. The first acceptance offers are expected to be made in late November and will continue until the class is full.

#### **ARC-PA Confirms PA Program Accreditation**

Last July, we responded to concerns raised by the Accreditation Review Commission for Education of the Physician Assistant (ARC-PA) following the site visit and application for continued accreditation submitted earlier in 2002. This was the last step in finalizing the PA program's continued accreditation through 2007. The ARC-PA has accepted our report and no further information has been requested by the commission. This was particularly good news, given that notification of the PA curriculum changes implemented this Fall were included in the report.

#### **PA Students Help Make PA Day a Resounding Success!**

Thanks and appreciation goes to all of those who participated in supporting the PA Day activities that took place on October 6<sup>th</sup> and throughout that week; especially to those PA students who planned the special events and put forth so much effort into educating the community about physician assistants. Besides providing lunch for fellow students and a poster display in the Atrium, the PA students also took the message out into the Fort Worth community

by setting B/P check stations at two different Kroger stores in town. All of that and hearing the PA Day message on the Health Science Center phone system simply made this the best PA Day ever. Thanks!

### Science and Health News:

NEW YORK TIMES

October 23, 2003

Congress Strikes a Tentative Deal on Drug Benefits

By ROBERT PEAR

ASHINGTON, Oct. 22 - House and Senate negotiators said on Wednesday that they had agreed on the structure of prescription drug benefits to be offered to 40 million elderly and disabled people in the biggest expansion of Medicare to date.

The tentative agreement signaled new momentum for the Medicare bill, with Republicans voicing optimism that they would soon complete work on the measure, their highest domestic legislative priority.

The accord would offer relief for 10 million people who have no drug coverage and could ease prescription costs for millions of others.

The approach the negotiators are taking to the proposed drug benefit is closer to the version passed by the more conservative House, and subsidies for lower-income Medicare recipients would be less than those envisioned by the Senate.

Several sticking points remain that could derail the bill or provoke a Democratic filibuster in the Senate.

Some Democrats, including several who voted for the Senate version of the legislation in June, expressed deep concerns about one feature of the measure taking shape in a conference committee controlled by Republicans - a provision that requires the government-run Medicare program to compete directly with private health plans.

Senator Tom Daschle of South Dakota, the minority leader, and other Democratic senators have scheduled a news conference for Thursday in which they will release a letter to President Bush laying out issues that must be resolved before they will support the legislation.

The new drug benefit would be a major addition to what Medicare provides, though less than what is generally available to workers under 65 with private health insurance, according to documents prepared by conference committee members.

Under the new structure of benefits, Medicare recipients would have to pay premiums averaging \$35 a month and a \$275 deductible for drug coverage.

The beneficiary would pay 25 percent of drug costs from \$275 to \$2,200 a year. Medicare would pay the other 75 percent. The program would then pay nothing until the beneficiary had spent a total of \$3,600 out of pocket.

That gap in coverage, sometimes called a doughnut hole, exists mainly because Congress decided that it did not have enough money to finance a more complete benefit.

After spending \$3,600, the beneficiary would pay 5 percent of the cost of each prescription - or a nominal co-payment, perhaps \$5 or \$10 for each prescription.

Although the Medicare bill addresses a wide range of other issues, the drug benefit is the guts of the legislation, the part about which beneficiaries care most.

On the same day, June 27, a Republican Medicare bill was passed in the House by one vote, 216 to 215, and a bipartisan bill cleared the Senate, 76 to 21, with support from three-fourths of the Democrats and four-fifths of the Republicans.

The prospects for a quick deal evaporated by mid-July, as lawmakers realized how hard it would be to find a compromise. The negotiations got back on track under pressure from Republican leaders and the conference chairman, Representative Bill Thomas, Republican of California.

It is unclear whether the final product will attract bipartisan support. In interviews on Wednesday, four Democratic senators who voted for the Senate bill in June - Jeff Bingaman of New Mexico, Kent Conrad of North Dakota, Ben Nelson of Nebraska and Bill Nelson of Florida - voiced reservations about the work of the conference committee.

"It's important that the focus remain on providing generous prescription drug coverage to low-income seniors," Mr. Bingaman said. "I am concerned that that's not going to emerge from the conference committee."

House Republicans insist on keeping the provision of their bill that calls for price competition between private plans and traditional Medicare in 2010. Such competition, called "premium support," would save money in the long run, they say, and it is essential to winning the votes of conservatives.

But Senator Conrad said: "Premium support, in the form being pushed by the House, would kill this legislation in the Senate. The competition model just doesn't work in my part of the country."

Bill Nelson said the competition sought by the House was "a deal breaker" because it would drive people into private plans by increasing premiums in the traditional fee-for-service Medicare program. "Seniors in Florida will be up in arms," he said.

Ben Nelson, a former director of the Nebraska Insurance Department, said he worried that "healthier seniors would be the first to enroll in private plans, leaving the sickest of the sick in fee-for-service Medicare."

Senator Olympia J. Snowe, Republican of Maine, a principal architect of the bipartisan Senate bill, described premium support as "an untested, uncharted approach."

"I don't think we can afford to go off on an ideological venture," Ms. Snowe said. "I don't want to play trial and error with senior citizens' health care."

One of the most hotly debated issues in the Medicare bill is how to help low-income beneficiaries with their drug costs. Documents from the conference committee show that the House and Senate negotiators have decided to provide a limited amount of extra assistance to about six million people.

The government would eliminate the premium and the deductible for an individual below 135 percent of the poverty level - income less than \$12,123 a year. The beneficiary would have to pay a \$2 co-payment for each generic drug and \$5 for each brand-name drug until the overall cost of the person's prescriptions reached \$5,000. Medicare would cover all costs beyond that.

In addition, Medicare would provide more modest subsidies to people with incomes from 135 percent to 150 percent of the poverty level (\$12,124 to \$13,470). They would have to pay a \$50 deductible; reduced premiums, depending on their income; and 15 percent of the cost of each prescription until they had spent \$3,600 out of pocket.

But a strict assets test could disqualify people with assets over \$10,000. They would not receive "low-income subsidies," even if they had very low incomes.

House and Senate negotiators said these issues were still unresolved:

¶How to ensure that the cost of drug benefits does not exceed \$400 billion over 10 years.

¶Whether to allow consumers and pharmacies to import drugs from Canada and Europe.

¶Whether to offer new tax breaks to encourage people to save for medical expenses.

The negotiators are also searching for ways to deter employers from dumping their obligations for retiree health benefits onto Medicare.

San Francisco Chronicle reports in its lead story, "A woman in Pakistan doing cut-rate clerical work for UCSF Medical Center threatened to post patients' confidential files on the Internet unless she was paid more money. To show she was serious, the woman sent UCSF an e-mail earlier this month with actual patients' records attached. The violation of medical privacy - apparently the first of its kind - highlights the danger of 'offshoring' work that involves sensitive materials, an increasing trend among budget-conscious U.S. companies and institutions." The article is available at <http://www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2003/10/22/MNGCO2FN8G1.DTL>.

Contrary to beliefs that uninsured Americans are a major cause of increased emergency department crowding, insured Americans accounted for most of the 16 percent rise in hospital emergency room visits between 1996-97 and 2000-01, according to a study released Thursday by the Center for Studying Health System Change (HSC). The study is available at <http://www.hschange.com/CONTENT/613/613.pdf>.

The New England Journal of Medicine on Thursday contains a report that

concludes, "The marked decline in VA hospital use from 1994 through 1998 did not curtail access to needed services and was not associated with serious consequences for chronically ill VA beneficiaries." An abstract of the study is available at <http://content.nejm.org/cgi/content/short/349/17/1637>>. Access to the full study requires a subscription.

At last week's Clinical Research Roundtable meeting at the IOM, Dr. William Crowley of Mass. General reported that the number of clinical investigators who reapply for an NIH R01 grant after receiving their first R01 award is low. For awards made in FY 1996, only 47 percent of investigators reapplied for research support in FY 99-01 and only 17 percent were successful. For non-clinical research grant recipients over the same time periods, 68 percent reapplied for support and 48 percent were successful. Dr. Crowley's PowerPoint presentation is available from <http://www.iom.edu/subpage.asp?id=15806>>.

The Detroit News on Thursday is reporting that the implementation of the ACGME rules on resident work hours "may spike health care costs" because "financially strapped hospitals [are being] forced to hire more staff." The article is available at <http://www.detnews.com/2003/business/0310/23/a01-305485.htm>>.

The Cleveland Clinic and the Technion-Israel Institute of Technology have signed a multi-year agreement to jointly use stem cell technology. The Shalom Foundation will contribute \$1 million to help cover the cost of research. Technion has four stem cell lines listed on the NIH web site as eligible for use in federally funded research under President Bush's August 2001 policy. However, the NIH web site does not list any of the Technion lines as currently being available for shipping. A Cleveland Plain Dealer story on the agreement is available at <http://www.cleveland.com/printer/printer.ssf?/base/news/1066815286100220.xml>>.

The Association for the Accreditation of Human Research Protection Programs, Inc., (AAHRPP) announced on Wednesday that it has awarded Qualified AAHRPP Accreditation to Baylor Research Institute in Dallas, Texas. Baylor Research Institute (BRI) is the research arm of Baylor Health Care System, a network of ten hospitals. A press release on the accreditation announcement is available at [http://www.aahrpp.org/nr\\_10-13-03.htm](http://www.aahrpp.org/nr_10-13-03.htm)>. A full list of AAHRPP accredited institutions is available at [http://www.aahrpp.org/accredited\\_organizations.htm](http://www.aahrpp.org/accredited_organizations.htm)>.

The Chicago Tribune on Sunday ran an article about the growing demand for temporary doctors. According to a national locum tenens association official, "In the early 1990s, maybe 4 percent of the entire population of doctors had done [locum tenens work]...Today, closer to 15 percent of all physicians have worked in some type of temporary assignment." One organization's data indicates that in 2002, medical providers spent an

estimated \$2.08 billion for locum tenens services, compared with \$899 million in 1999. The article reports that, "Shortages of specialists in such areas as radiology, anesthesiology and psychiatry have contributed to the demand for temp doctors, but the No. 1 reason for locum tenens growth, industry observers agree, is the skyrocketing cost of malpractice insurance." The article is available at

<<http://www.chicagotribune.com/classified/jobs/chi-0310190264oct19,1,3154995,print.story?coll=chi-classifiedjobs-hed>>

(free registration may be required). Coincidentally, another article on the growth of locum tenens work appeared in Sunday's Philadelphia Inquirer at

<<http://www.philly.com/mld/inquirer/living/health/7045930.htm?template=contentModules/printstory.jsp>>.

### **Health Policy News:**

From the Kaiser Family Foundation

Monday, October 27, 2003

#### MEDICARE

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1. Medicare Negotiators Continue To Work on Reconciling House, Senate Bills

<http://cme.kff.org/Key=764.F2q.C.D.LnKKIJ>

#### PRESCRIPTION DRUGS

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2. Illinois Could Save More Than \$90M Per Year by Purchasing Lower-Cost Medications From Canada, Study Says

<http://cme.kff.org/Key=764.F2q.D.D.L9PBjv>

#### ELECTION 2004

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3. Democratic Presidential Candidates Address Issues Including Health Care in Detroit Debate

<http://cme.kff.org/Key=764.F2q.F.D.L8CnxH>

#### HEALTH CARE MARKETPLACE

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4. Federal Judge Gives Final Approval to Aetna Settlement With Physicians

<http://cme.kff.org/Key=764.F2q.G.D.L3zsn5>

5. Anthem Agrees To Purchase WellPoint for \$12B

<http://cme.kff.org/Key=764.F2q.H.D.Lym2sv>

6. Kaiser Permanente Medicare+Choice Plan Will No Longer Cover Brand-Name Drugs

<http://cme.kff.org/Key=764.F2q.J.D.LrzzL8>

7. New York Times Examines Out-of-Pocket Health Care Costs

<http://cme.kff.org/Key=764.F2q.K.D.Ls9wpX>



8. Increase in Specialty Hospitals Influenced by Medicare Payment System

<http://cme.kff.org/Key=764.F2q.L.D.MCBX6F>

MEDICAID

9. Colorado To Pay Kaiser Permanente \$10M Settlement for Alleged Medicaid Underpayments

<http://cme.kff.org/Key=764.F2q.M.D.MFtRGL>

HEALTH ON THE HILL FROM KAISERNETWORK.ORG AND CQ

10. CQ's Carey Discusses Medicare Reform, 'Partial-Birth' Abortion and Mental Health Parity

<http://cme.kff.org/Key=764.F2q.N.D.MMBRcd>

OPINION

11. Congress, FDA Should Focus More on Counterfeit Prescription Drugs, Washington Post Editorial States

<http://cme.kff.org/Key=764.F2q.P.D.M9jpRK>

12. Editorials, Opinion Pieces React to Medicare Reform Negotiations

<http://cme.kff.org/Key=764.F2q.O.D.M8CVth>

Appropriations Continue to Lag

As the first month of the fiscal year draws to a close, Congress continues to struggle to complete its work on the FY 2004 spending bills. To date, only three bills have been signed into law, and most of the federal government is operating under a continuing resolution (CR) that runs through Oct. 31. Complicating matters is the fact that the Senate has not considered six of the remaining bills, including the VA-HUD-Independent Agencies bill. House Republican leaders have devised a strategy to pass these six bills as an omnibus package attached to a second CR (H.J.Res 73), set to expire on Nov. 7, that the House passed Oct. 21. Meanwhile, the FY 2004 Labor-HHS-Education bill (H.R. 2660) continues to languish in conference committee.

Legislation Introduced to Help Prevent Medication Errors

Bipartisan, bicameral legislation designed to improve patient safety at hospitals through investment in information technology (H.R. 3035 and S. 1729) was reintroduced on Sept. 9 and Oct. 14, respectively. The "Medication Errors Reduction Act of 2003," introduced by Sens. Bob Graham (D-Fla.) and Olympia Snowe (R-Maine) in the Senate, and Reps. Amo Houghton (R-N.Y.) and Earl Pomeroy (D-N.D.) in the House, would reduce medication errors by improving the computer systems of hospitals and health care providers who deliver inpatient and skilled nursing care.

Grant Program to Fund Information Technology Initiatives

A \$3.86 million grant program is now available to fund information technology initiatives that improve healthcare quality, safety, and efficiency. The "Connecting Communities" program will provide seed money to community demonstration projects and "other activities" that, for example, implement and study electronic health information exchange systems; collaborate with health informatics in the development/application of a national health information infrastructure; gather input from key "stakeholders" regarding a variety of issues related to healthcare information technology systems; and publicize a pool of "exchange-ready" communities to attract private/public investment.

From the Agency for Healthcare Research and Quality:

### **Independent Task Forces Release Recommendations on Community and Clinical Approaches to Preventing Skin Cancer**

Research results on skin cancer prevention published in today's issue of the CDC's *Morbidity and Mortality Weekly Report Recommendations and Reports* offer recommendations for educational and policy approaches in primary schools, as well as recreational and tourism settings, to encourage people to wear hats or other garments to limit sun exposure. This is the first combined publication from two leading independent panels: the U.S. Preventive Services Task Force, which is supported by AHRQ, and the Task Force on Community Preventive Services, which is supported by CDC. By coordinating the release of their recommendations, the task forces provide a comprehensive perspective of what works in doctors' offices, worksites, schools, and communities to promote health and prevent disease. Select to access the [press release](#) and the [USPSTF's recommendations](#).

### **Fourth AHRQ Web-Assisted Audioconference on Bioterrorism and Health System Preparedness Set for October 21**

AHRQ announces the fourth of five free Web-assisted audioconference calls on bioterrorism and health system preparedness. The fourth Web-assisted audioconference call is scheduled for Tuesday, October 21, from 2:00 to 3:30 p.m., EDT. It will focus on the role of information/communication technology and monitoring/surveillance systems in bioterrorism preparedness. These 90-minute audioconferences are designed to share the latest health services research findings, promising practices, and other important information with State and local health officials and key health systems decisionmakers. Select to access the [Web site](#) to register and to see the agenda.

### **Health Legacy Partnership Conference Set for October 22**

The fourth annual Health Legacy Partnership conference will be held on October 22 at the Ronald Reagan Building in Washington, DC. The goal of the conference is to promote the importance of using evidence-based information in deciding on medical treatments and to discuss development of a national health outcomes database. In addition to AHRQ Director Carolyn Clancy, M.D., speakers at the conference will be Joseph H. Kanter, Chairman of the Joseph H. Kanter Family Foundation; former Senators Robert Dole and George Mitchell; Senator Ron Wyden (D-OR); Jack Wennberg, M.D., Dartmouth College; Richard Smith, M.D., Editor, the *British Medical Journal*; Paul Ellwood, M.D., President, Jackson Hole Group; David Kibbe, M.D., Director, Health Information Technology, American Academy of Family Physicians; and Janet Marchibroda, President, eHealth Initiative. Select to access the [Web site](#) for information and registration.

### **Call for Abstracts for 2004 Building Bridges Conference**

You are invited to submit abstracts for the 2004 Building Bridges Conference - "Insufficient Evidence? - Stimulating Health Research for the Real World" - to be held April 1-2, 2004, in Miami. The deadline for abstract submissions is Monday, October 27. Select to access [Web site](#) for details about the submission process as well as the conference.

### **Register Now for November 7 Patient Safety Research Summit**

On November 7, the Federal Quality Interagency Coordination (QuIC) Task Force led by AHRQ will sponsor the Second National Summit on Patient Safety Research at the Hyatt Regency in Crystal City, VA. This user-driven meeting will provide an opportunity for participants to review current patient safety research in light of the research agenda developed from the first summit held in September 2000. It will also provide participants the chance to discuss updating that agenda to reflect emerging research needs in patient safety. There is no fee to attend the summit, which is being supported by AHRQ and facilitated by RAND. Select to access the [Web site](#) for the agenda and to register.

### **AHRQ in the Professional Literature**

*We are providing the following hyperlinks to journal abstracts through PubMed. for your convenience. Unfortunately, some of you may not be able to access the abstracts because of firewalls or specific settings on your individual computer systems. If you are having problems, you should ask your technical support staff for possible remedies.*

Punglia RS, Kuntz KM, Lee JH, et al. Radiation therapy plus tamoxifen versus tamoxifen alone after breast-conserving surgery in postmenopausal women with stage 1 breast cancer: a decision analysis. *J Clin Oncol* 2003 Jun 15; 21(12):2260-2267. Select to access the [abstract](#) on PubMed®.

Baker DW, Einstadter D, Husak S, et al. Changes in the use of do-not-resuscitate orders after implementation of the Patient Self-Determination Act. *J Gen Intern Med* 2003 May; 18(5):343-349. Select to access the [abstract](#) on PubMed®.

Barzilai DA, Singer ME. Potential impact on melanoma mortality of reducing rates of suboptimal excision margins. *J Invest Dermatol* 2003 Jun; 120(6):1067-1072. Select to access the [abstract](#) on PubMed®.

Li T, Rhoads GG, Smulian J, et al. Physician cesarean delivery rates and risk-adjusted perinatal outcomes. *Obstet Gynecol* 2003 Jun; 101(6):1204-1212. Select to access the [abstract](#) on PubMed®.

Cohen-Mansfield J, Libin A, Lipson S. Differences in presenting advance directives in the chart, in the minimum data set, and through the staff's perceptions. *Gerontologist* 2003 Jun; 43(3): 302-308. Select to access the [abstract](#) on PubMed®.

Franks P, Fiscella K, Becket L, et al. Effects of patient and physician practice socioeconomic status on the health care of privately insured managed care patients. *Med Care* 2003 Jul; 41(7):842-852. Select to access the [abstract](#) on PubMed®.

### **Research and Funding Opportunities:**

NIH Guide for Grants and Contracts - Week Of October 24, 2003  
<http://grants.nih.gov/grants/guide/2003/03.10.24/index.html>

#### NOTICES

DECEMBER WORKSHOP ON BALANCING SCIENCE AND ANIMAL WELFARE IN TEXAS  
(NOT-OD-04-002)  
National Institutes of Health

INDEX: HEALTH <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-002.html>

CENTERS OF EXCELLENCE FOR RESEARCH ON COMPLEMENTARY AND ALTERNATIVE MEDICINE (CERC)

(NOT-AT-04-002)

National Center for Complementary and Alternative Medicine

INDEX: COMPLEMENTARY, ALTERNATIVE MEDICINE

<http://grants.nih.gov/grants/guide/notice-files/NOT-AT-04-002.html>

DEVELOPMENTAL CENTERS FOR RESEARCH ON COMPLEMENTARY AND ALTERNATIVE MEDICINE (DCRC)

(NOT-AT-04-003)

National Center for Complementary and Alternative Medicine

INDEX: COMPLEMENTARY, ALTERNATIVE MEDICINE

<http://grants.nih.gov/grants/guide/notice-files/NOT-AT-04-003.html>

NOVEL TECHNOLOGIES FOR NONINVASIVE DETECTION, DIAGNOSIS AND TREATMENT OF CANCER

(NOT-CA-03-039)

National Cancer Institute

INDEX: CANCER <http://grants.nih.gov/grants/guide/notice-files/NOT-CA-03-039.html>

EXTRAMURAL LOAN REPAYMENT PROGRAM FOR CONTRACEPTION AND INFERTILITY RESEARCHERS

(NOT-HD-04-001)

National Institute of Child Health and Human Development

INDEX: CHILD HEALTH, HUMAN DEVELOPMENT

<http://grants.nih.gov/grants/guide/notice-files/NOT-HD-04-001.html>

#### REQUESTS FOR APPLICATIONS

ANCILLARY STUDIES TO OBESITY-RELATED CLINICAL TRIALS

(RFA-DK-03-022)

National Institute of Diabetes and Digestive and Kidney Diseases

National Institute on Aging

National Center for Complementary and Alternative Medicine

INDEX: DIABETES, DIGESTIVE, KIDNEY DISEASES; AGING; COMPLEMENTARY, ALTERNATIVE

MEDICINE <http://grants.nih.gov/grants/guide/rfa-files/RFA-DK-03-022.html>

PROTEOMICS AND METABOLOMICS IN TYPE 1 DIABETES AND ITS COMPLICATIONS

(RFA-DK-03-024)

National Institute of Diabetes and Digestive and Kidney Diseases

National Institute of Allergy and Infectious Diseases

National Eye Institute

National Heart, Lung, and Blood Institute

National Institute of Neurological Disorders and Stroke

National Institute of Child Health and Human Development

INDEX: DIABETES, DIGESTIVE, KIDNEY DISEASES; ALLERGY, INFECTIOUS DISEASES; EYE;

HEART, LUNG, BLOOD; NEUROLOGICAL DISORDERS, STROKE; CHILD HEALTH, HUMAN

DEVELOPMENT <http://grants.nih.gov/grants/guide/rfa-files/RFA-DK-03-024.html>

SPECIALIZED COOPERATIVE CENTERS PROGRAM IN REPRODUCTION RESEARCH

(RFA-HD-04-003)

National Institute of Child Health and Human Development

INDEX: CHILD HEALTH, HUMAN DEVELOPMENT  
<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-04-003.html>

MULTIDISCIPLINARY CLINICAL RESEARCH CAREER DEVELOPMENT PROGRAMS  
(RFA-HD-04-006)  
National Institutes of Health  
INDEX: HEALTH <http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-04-006.html>

#### PROGRAM ANNOUNCEMENTS

CANCER SURVEILLANCE USING HEALTH CLAIMS-BASED DATA SYSTEM  
(PA-04-012)  
Agency for Health Research and Quality  
National Cancer Institute  
INDEX: HEALTH RESEARCH, QUALITY; CANCER  
<http://grants.nih.gov/grants/guide/pa-files/PA-04-012.html>

BEHAVIORAL SCIENCE TRACK AWARD FOR RAPID TRANSITION (B/START)  
(PAR-04-010)  
National Institute of Mental Health  
INDEX: MENTAL HEALTH <http://grants.nih.gov/grants/guide/pa-files/PAR-04-010.html>

COHORT STUDIES IN CANCER EPIDEMIOLOGY  
(PAR-04-011)  
National Cancer Institute  
INDEX: CANCER <http://grants.nih.gov/grants/guide/pa-files/PAR-04-011.html>

NLM INDIVIDUAL FELLOWSHIP FOR INFORMATIONIST TRAINING  
(PAR-04-013)  
National Library of Medicine  
INDEX: LIBRARY MEDICINE <http://grants.nih.gov/grants/guide/pa-files/PAR-04-013.html>

NLM SENIOR FELLOWSHIP FOR INFORMATIONIST TRAINING (F38)  
(PAR-04-014)  
National Library of Medicine  
INDEX: LIBRARY MEDICINE <http://grants.nih.gov/grants/guide/pa-files/PAR-04-014.html>

ADDENDUM - CLARIFICATION OF THE INTENT OF RFA DA-04-005, NOVEL APPROACHES TO

PHENOTYPING DRUG ABUSE  
(NOT-DA-04-001)  
National Institute on Drug Abuse  
INDEX: DRUG ABUSE  
<http://grants.nih.gov/grants/guide/notice-files/NOT-DA-04-001.html>

REQUEST FOR INFORMATION ON THE PREVENTION AND TREATMENT OF STAPHYLOCOCCUS  
AUREUS  
INFECTIONS AFTER CARDIAC SURGERY  
(NOT-HL-03-018)  
National Heart, Lung and Blood Institute  
INDEX: HEART, LUNG, BLOOD  
<http://grants.nih.gov/grants/guide/notice-files/NOT-HL-03-018.html>

LOAN REPAYMENT PROGRAM FOR HEALTH DISPARITIES RESEARCH  
(NOT-MD-04-001)  
National Center on Minority Health and Health Disparities  
INDEX: MINORITY HEALTH, HEALTH DISPARITIES  
<http://grants.nih.gov/grants/guide/notice-files/NOT-MD-04-001.html>

EXTRAMURAL CLINICAL RESEARCH LOAN REPAYMENT PROGRAM FOR INDIVIDUALS FROM  
DISADVANTAGED BACKGROUNDS  
(NOT-MD-04-002)

National Center on Minority Health and Health Disparities

INDEX: MINORITY HEALTH, HEALTH DISPARITIES

<http://grants.nih.gov/grants/guide/notice-files/NOT-MD-04-002.html>

HIGH THROUGHPUT GENOTYPING CENTERS FOR HUMAN AND ANIMAL DNA  
PRE-APPLICATION MEETING

NOT-RR-04-002

National Center for Research Resources

National Cancer Institute

INDEX: RESEARCH RESOURCES; CANCER

<http://grants.nih.gov/grants/guide/notice-files/NOT-RR-04-002.html>

#### REQUESTS FOR APPLICATIONS

HIGH RISK RHEUMATIC AND MUSCULOSKELETAL AND SKIN DISEASES RESEARCH  
(RFA-AR-04-002)

National Institute of Arthritis and Musculoskeletal and Skin Diseases

INDEX: ARTHRITIS, MUSCULOSKELETAL, SKIN DISEASES

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AR-04-002.html>

INFRASTRUCTURE FOR DATA SHARING AND ARCHIVING  
(RFA-HD-03-032)

National Institute of Child Health and Human Development

INDEX: CHILD HEALTH, HUMAN DEVELOPMENT

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-03-032.html>

#### PROGRAM ANNOUNCEMENTS

DRUG ABUSE ASPECTS OF HIV/AIDS AND OTHER INFECTIONS  
(PA-04-007)

National Institute on Drug Abuse

INDEX: DRUG ABUSE

<http://grants.nih.gov/grants/guide/pa-files/PA-04-007.html>

NIH CLINICAL TRIAL PLANNING GRANT (R34) PROGRAM  
(PA-04-008)

National Institute on Aging

National Institute on Alcohol Abuse and Alcoholism

National Institute of Arthritis and Musculoskeletal and Skin Diseases

National Institute of Child Health and Human Development

National Center for Complementary and Alternative Medicine

National Institute on Deafness and Other Communication Disorders

National Institute on Drug Abuse

National Institute of Neurological Disorders and Stroke

INDEX: AGING; ALCOHOL ABUSE, ALCOHOLISM; ARTHRITIS, MUSCULOSKELETAL, SKIN

DISEASES; CHILD HEALTH, HUMAN DEVELOPMENT; COMPLEMENTARY, ALTERNATIVE

MEDICINE; DEAFNESS, OTHER COMMUNICATION DISORDERS; DRUG ABUSE; NEUROLOGICAL

DISORDERS, STROKE

<http://grants.nih.gov/grants/guide/pa-files/PA-04-008.html>

NATIONAL COOPERATIVE DRUG DISCOVERY GROUPS FOR THE TREATMENT OF MOOD  
DISORDERS OR NICOTINE ADDICTION (NCDDG-MD/NA)

(PAR-04-009)

National Institute of Mental Health

National Institute on Drug Abuse

National Institute on Alcohol Abuse and Alcoholism

National Cancer Institute

INDEX: MENTAL HEALTH; DRUG ABUSE; ALCOHOL ABUSE, ALCOHOLISM; CANCER

<http://grants.nih.gov/grants/guide/pa-files/PAR-04-009.html>

## Quotes

Don't confuse fame with success. Madonna is one; Helen Keller is the other.

Erma Bombeck

A successful man is one who can lay a firm foundation with the bricks others have thrown at him.

David Brinkley

In order to succeed, your desire for success should be greater than your fear of failure.

Bill Cosby

Marc

Marc B. Hahn, DO

Dean

Texas College of Osteopathic Medicine

University of North Texas-Health Science Center

3500 Camp Bowie Boulevard

Fort Worth, Texas 76107-2699

817-735-2416 or 2244

facsimile 817-735-2486