

# DEAN'S CORNER E-NEWSLETTER

*Texas College of Osteopathic Medicine*

*February 14, 2005*

Well, to say that February has been a busy month for us at TCOM would be an understatement. Earlier this month we merged our physicians group with the medical group from John Peter Smith Hospital, the North Texas Affiliated Medical Group; and the UNTHSC purchased the property that was once the Osteopathic Medical Center of Texas. Effectively more than doubling our clinical faculty, as well as our campus' "footprint"!!!

## **From our press releases:**

### **Merger creates new physician group:**

The University of North Texas Physicians Group will merge with the North Texas Affiliated Medical Group to form a new not-for-profit organization. The merger will result in the largest physicians group in Tarrant County.

The UNT Physicians Group is a 110-member physicians group provides more than 200,000 Fort Worth-area patient visits yearly. Its physicians are faculty members at the Texas College of Osteopathic Medicine, part of the Fort Worth-based health science center.

"We believe that this merger will improve both the quality of and access to patient-centered care for all Tarrant County residents," said Marc B. Hahn, DO, dean of the Texas College of Osteopathic Medicine and chairman of the UNT Physicians Group. "In addition, the enhanced clinical faculty will offer benefits to our medical school and physician assistant programs on the health science center campus."

The North Texas Affiliated Medical Group is a 174-member physicians group that provides service to nearly 500,000 Tarrant County patient visits yearly. The group has provided the majority of the medical staff at John Peter Smith Hospital and its neighborhood health centers for almost 10 years. Currently, these doctors also provide most of the training for residency programs at JPS.

"Around the country, large multi-specialty groups and medical schools are at the forefront in innovation and quality improvements in medical care," said Charles Webber, MD, chairman of the North Texas Affiliated Medical Group. "The size of the combined groups as well as the affiliation with our local medical school, will put us in a position to be that sort of catalyst in Fort Worth."

Some of the doctors in the new group will continue to work out of the clinics on health science

center campus. Others will maintain offices at satellite locations around Tarrant County. The new group will span all specialties of medical practice and most subspecialties. For patients, that means improved access to quality healthcare.

The new group will also provide the health science center with more clinical faculty members and researchers, promoting the health science center's goal to achieve excellence in education and research. For students at the medical school, that means an opportunity to learn from a wider variety of specialists.

**OMCT purchase:**

The University of North Texas Health Science Center signed an agreement to purchase the campus of the former Osteopathic Medical Center of Texas property on February 7th.

The property was purchased by Robert Patton at a foreclosure auction. Ronald Blanck, DO, president of the health science center, began negotiations with Patton shortly after the purchase.

The health science center could not purchase the property at auction because the foreclosure process does not meet various state requirements for property purchase. The state requires that a property purchased by a state entity include a title policy, survey and other similar items as a safeguard to protect taxpayer money. At a foreclosure sale, properties are purchased as is.

“We’re very happy to work with Mr. Patton, whose appreciation of the health science center allowed us to purchase the former OMCT property for less than other offers that he had received,” Dr. Blanck said.

Dr. Blanck was given authorization to negotiate for the purchase of the former OMCT property by the UNT System Board of Regents Jan. 21 during a telephone meeting.

The Texas Higher Education Coordinating Board then authorized Dr. Blanck to enter into negotiations for the property at its regularly scheduled meeting Jan. 27.

Before any plans for the property can be made, the health science center will commission a master plan.

Other properties purchased by the health science center in the agreement include a clinic on University Drive, which currently houses the health science center's pediatrics clinic, and two properties near the main OMCT campus.

The logistics of both the merger and the purchase will be finalized over the next 2 months.

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

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**Student Affairs:**

Thomas Moorman, Ed.D.

*Associate Vice President for Student Affairs*

Congratulations! Prateek Chaudhary (DO/MPH, 2007) will be one of the recipients of the 2005 AMA Foundation Leadership Award. The award will be presented at a meeting in Washington, D.C. next month.

The UNT Health Science Center has established a new partnership with eCampus.com to provide a full service on-line bookstore. A link has been placed on the UNTHSC Homepage as well as the Student portal page. This link provides quick and easy access to a variety of services. The bookstore offers a 5% discount off the list price of all textbooks purchased through this link. Most book orders will be received within 1-3 days. Additionally, e.Campus offers an online book buy back with free shipping.

The Tsunami Relief Campaign was a great success. Prudence Zavala, Student Development Coordinator, help students spearhead the effort. The main event, sponsored by the International Student Association, Medical Student Government Association, and Division of Student Affairs, was a pizza sale on Thursday, February 3. Star Vending donated 20 cases of soft drinks and Domino's Pizza provided pizzas at a special discounted price. Thanks to the generosity of these companies and the hard work of our student groups, the pizza sale raised \$1160.50 for Tsunami relief efforts. Marvin Moul, MS 2007 class president and MSGA member was quoted as saying "Thanks again to everyone who has supported the 'open your hearts and help rebuild lives' campaign here at UNTHSC. It's efforts like these that makes me proud to say I am a student here at UNTHSC." Great job to everyone involved!

Student Development, Academic Support and the School of Public Health are collaborating on free professional/career development workshops which will be open to all HSC students.

Friday, February 11th - Curriculum Vitae and Resume Writing - Bobbie Ann Adair and Jenny Cureton.

Friday, February 18th - Cover Letters and Personal Statement - Eryn Loney and Bobbie Ann Adair.

Friday, February 25th - Interviewing Skills - Bobbie Ann Adair and Eryn Loney.

All workshops will be held in EAD-406 from 12-1 p.m. Students may bring a brown bag lunch with them. This is a fantastic opportunity to learn and ask questions.

To RSVP, please contact either Bobbie Ann Adair at: [badair@hsc.unt.edu](mailto:badair@hsc.unt.edu) or Eryn Loney at: [eloney@hsc.unt.edu](mailto:eloney@hsc.unt.edu). Seating is limited!

### **Clinical Affairs / Faculty Practice:**

Robert Adams, D.O.

*Senior Associate Dean for Clinical Affairs/Chief Medical Officer*

The future of our faculty practice plan changed dramatically last week with the agreement between UNTHSC and NTAMG. As the result of the merger of the two groups, the practice, which has always been a part of the school will become part of a new organization being created. Although, it's anticipated that the process may take several months, there's no doubt that changes will be evident by the time the new fiscal year begins in September.

Our clinical practice has had its fair share of change this year. With the closure of OMCT in October and the announcement of this merger January 31st, everyone must feel like they're on a roller coaster. While change can create a sense of imbalance, it also creates tremendous opportunity. Forming a larger group is no small undertaking, but the opportunity to refocus our direction and create a new entity will provide tremendous benefits for the practice, the University and the people of Tarrant County. The University's missions of medical education and research will not change and the new practice will be integral to their accomplishment. Both missions should be enhanced as a result.

The vision is to create a multi-specialty group that will be recognized for the services offered and for its accomplishments. The group should be a resource for the community in the same way it will serve as a resource for UNTHSC. Ideally, the group will develop in the model of other great clinics, such as Scott and White in Temple, and Oschner in New Orleans. A larger group better positions us to strategically plan a direction to accomplish this vision.

Going forward, it's important for our clinical operations and NTAMG's clinical operations to become acquainted. We will soon be functioning as part of the same group, and we need to begin to think how we can be synergistic in our activities. When recruiting new faculty, we should involve the appropriate NTAMG leaders to be involved in the process. When planning a program direction, we should have discussions to see how the direction might look different with more doctors or specialties. Please become acquainted with our new colleagues and afford them the courtesy to be involved in our activities. I'm sure they will do the same.

Hopefully, in a few years we'll be able to look back at a successful merger and all the fruits that it bore. If the change creates moments of sadness or discomfort, please try to keep in mind the

doors to the future that you're opening for all who come after to follow through. Nothing great is attained without significant effort.

### **Educational Programs:**

Don Peska, D.O.

*Associate Dean for Educational Programs*

Rallying support for graduate medical education. The state's eight medical schools are of one voice as they lobby the legislature to renew support for graduate medical education. During the past biennium, budget cuts have forced a severe reduction in funds allocated to hospitals and universities for postdoctoral training. The last twenty-four months have seen a special task force of the Texas Higher Education Coordinating Board come together to assess the impact of those cuts and develop recommendations for reinstatement as well as new financing. Representatives of medical schools and training programs around the state have provided testimony at legislative hearings. Dr. Kenneth Shine, Vice-Chancellor of the University of Texas Health System penned the key measures needed to "right the ship" and the plan is ready for debate in Austin. We will know in a few months if we will have the resources to grow these much needed programs and secure the future health care providers for the State of Texas.

### **Academic Affairs:**

Bruce Dubin, D.O., J.D.

*Associate Dean for Academic Affairs*

*Medical Education*

(No article this month)

### **Clinical Research:**

Michael Clearfield, D.O.

*Associate Dean for Clinical Research*

Research Appreciation Day is rapidly approaching on April 8. It is time to start submitting your abstracts as the deadline is March 11. I know everyone is busy but this venue allows us to show the community what we are doing and allows our institution to be viewed in a very positive manner. I would expect every clinical department to have a presence at RAD.

Prior to RAD our institution will be hosting the American Osteopathic Association's Annual Osteopathic Collaborative Clinical Trials Initiative Conference (OCCTIC) on April 7 and 8 all are invited to attend. This conference will update and inform you on all the osteopathic related research within the profession. All schools are usually represented and the presentations are informative and very interesting. Hope to see you at both the OCCTIC conference and RAD.

The clinical trials have been approved at Medical Plaza and the potential for growing this area is great. With the newly signed merger agreement with JPS we will be able to discuss future research projects that will utilize that tremendous patient population.

Intramural grants will be forthcoming this year, funding priorities will include collaborative efforts, new faculty funding, and projects focused on OMM, diabetes/metabolic syndrome/obesity and aging issues. More to come on the specifics.

### **PA Studies:**

Hank Lemke, P.A.

Three PA students from the Class of 2005 are invited to present posters on their master's projects at the Texas Academy of Physician Assistants annual CME conference scheduled this month in Dallas TX. These students are:

- PA Student Holly Coker for her project: Attitudes of Physician Assistants Toward Nutrition Education and Nutrition Issues Encountered in Clinical Practice
- PA Student Jeanine DeSocio for her project: What Factors Influence Physician Assistance to Practice in Pediatric Specialties?
- PA Student Ryan Williams for his project: Teen Pregnancy: The PA's Perception of Their Role in Preventive Counseling

Congratulations to PA Patti Pagels who was recently named recipient of a 2004 Innovations in Health Care Award (a \$5,000 grant) for the Positive Attitude Toward Changing Habits (PATCH) program first established by Pagels over four years ago as a way to help individuals to stop smoking by emphasizing exercise and behavior modification, provision of nicotine patches, and individual attention and encouragement over a 3-month period. The award will continue to fund the program and is given jointly by the national Physician Assistant Foundation, the American Academy of Physician Assistants and Pfizer Pharmaceuticals for innovative health care programs. The award will be presented to PA Pagels at the national American Academy of Physician Assistants conference scheduled this May in Florida.

Also, congratulations to PA Laurie Hill, who was recently named along with several other Health Science Center employees as one of the Fort Worth Business Press Healthcare Heroes for 2005.

### **Professional and Continuing Education:**

Pam McFadden, Associate Vice President

January was a busy and productive month for the UNTHSC Office of Professional and Continuing Education (PACE). Thousands of letters describing *Changing Course: Diagnosing*

*and Treating Type 2 Diabetes* were mailed to primary care offices across the United States, offering them a free copy of the three-DVD continuing education and resource kit.

The kit features the expertise of diabetes specialists from around the US, such as UNTHSC's own Dr. Craig Spellman and Dr. James Hall. It includes a four-module self-paced course, patient profiles and medical case studies. It also provides "pearls of wisdom" containing concise answers to questions primary care clinicians may encounter when treating patients with Type 2 Diabetes.

*Changing Course* is supported and enhanced by a new web site created by PACE, [www.type2diabetes.org](http://www.type2diabetes.org), which includes video clips, the latest updates and algorithms from the Texas Diabetes Council and the American Diabetes Association and links to more information.

The project was funded by the largest educational grant ever given by the metabolic division of Sanofi-Aventis.

### **Science and Health News:**

#### **Bush Says He Will Veto Any Legislation Reducing Medicare Prescription Drug Benefits**

[February 14, 2005]

President Bush on Friday warned Congress not to "reopen" the new Medicare law by introducing legislation that would change it, warning that he will veto any bill that seeks to reduce the new prescription drug benefit, the Washington Post reports. Bush's comments, made at the swearing-in ceremony for new HHS Secretary Mike Leavitt, come in response to criticism from some Democrats and Republicans about new cost projections for the drug benefit (Baker/Allen, Washington Post, 2/12). CMS on Tuesday said that the new Medicare prescription drug benefit would cost more than \$720 billion over its first 10 years, with expenses reaching \$100 billion annually by 2015. During negotiations over the Medicare legislation, estimates placed the law's 10-year cost at about \$400 billion. Shortly after Bush signed the measure into law in December 2003, the administration projected the cost to be \$534 billion. Administration officials said that new and previous estimates were not comparable because the older projections covered the years 2004 to 2013, while the new estimate covers the period between 2006 -- when the new prescription drug benefit takes effect - and 2015 (Kaiser Daily Health Policy Report, 2/10). According to the New York Times, the new estimates "touched off a furor in Congress." Liberal and centrist Democrats are saying they want to change the law to allow the government to negotiate prices with pharmaceutical companies and to permit the reimportation of prescription drugs from abroad, while fiscally conservative Republicans said they are seeking benefit reductions and cost controls (Pear, New York Times, 2/12).

#### **Bush Comments**

On Friday, Bush, who did not issue a single veto in his first term as president, said, "I signed Medicare reform proudly, and any attempt to limit the choices of our seniors and to take away their prescription drug coverage under Medicare will meet my veto" (Congress Daily, 2/11). Bush said, "This law is a landmark achievement in American health care, and millions of older Americans are already benefiting from its reforms" (Washington Post, 2/12). He added, "Under the old system, Medicare would pay \$28,000 for ulcer surgery, but not the \$500 a year needed for the prescription drugs that eliminated the cause of most ulcers. That system didn't make sense for our seniors. It made no sense for American taxpayers" (Baltimore Sun, 2/12). Bush also said, "Seniors will be able to choose a health plan that meets their needs. And health plans will compete for their business, which will lower costs throughout the program" (AP/Richmond Times-Dispatch, 2/12). According to the Washington Times, Bush suggested that Leavitt would be able to deter legislative attempts to change the new Medicare law. He said that Leavitt "has a proven ability to move beyond the partisan debate, to work with leaders at all levels of government and to improve the lives of the people he serves" (Sammon, Washington Times, 2/12).

### **More Comments**

White House Press Secretary Scott McClellan said that Bush's remarks were not aimed at a specific proposal but rather are a "general statement" -- albeit a "very strong statement" -- that Congress should not change the new Medicare law (New York Times, 2/12). McClellan added, "You heard from members of the Democratic Party earlier this week who really were trying to move forward on an attempt to undermine the reforms that we put in place. We're not going to let that happen" (Washington Post, 2/12). McClellan said that negotiating with drug companies would not produce "significant savings." He added that Bush continues to be concerned about the safety of reimported prescription drugs (Washington Times, 2/12).

### **Republican Leaders' Support**

According to the Post, several Republican leaders "rallied behind the president while repeating their concerns about the spiraling costs" of the new Medicare drug benefit (Washington Post, 2/12). Senate Majority Leader Bill Frist (R-Tenn.) said on "Fox News Sunday" that there is no need to change "a very strong bill" before the prescription drug benefit takes effect (McDonough, AP/Manchester Union-Leader, 2/14). He added, "I think we ought to let the program be implemented. It hasn't started. It's going to start in 2006. And then after a year, come back and see if we should make modifications" (Reuters/Philadelphia Inquirer, 2/14). House Majority Whip Roy Blunt (R-Mo.) said that Republican leaders are giving "no consideration" to proposals that would reduce the prescription drug benefit, adding that the new cost estimates do not take into account savings that likely will occur. House Rules Committee Chair David Dreier (R-Calif.) said that he is "not happy with the projection of a spending level beyond what [was] anticipated," but he added, "I support the president on this. We should not reverse what we worked so hard to put in place" (Washington Post, 2/12).



## **Potential Action**

Some members of Congress on Friday said that they "intended to re-examine the law and would try to revise it, despite Mr. Bush's veto threat," the New York Times reports (New York Times, 2/12). Senate Minority Leader Harry Reid (D-Nev.) said, "Make no mistake, the president's blanket veto threat is designed to protect only special interests -- the big drug companies and HMOs his flawed bill gave billions to in the new law." He added, "This is an attempt by the president to stop the bipartisan groundswell for drug reimportation and price negotiation, and just the latest example of the Republican Party putting special interests ahead of the American people" (Washington Post, 2/12). Sen. Ron Wyden (D-Ore.) said, "The prescription drug benefit is heading into a danger zone. ... The combination of rising cost estimates and confusion over the drug discount card is really ominous. In a belt-tightening environment, some members of Congress will want to throw this out and start all over again" (New York Times, 2/12). He added, "By refusing any improvements, the White House is writing a prescription for a program that cannot survive. I hope the president will reconsider" (AP/Richmond Times-Dispatch, 2/12). Rep. Rahm Emanuel (D-Ill.) said Bush's comments suggest that "he's nervous," adding, "The president's base, the conservative base of the Republican Party, is upset with a bill that has thrown fiscal restraint out the window" (New York Times, 2/12). Sen. Russ Feingold (D-Wis.) said, "We need to act now to lower the increasing cost of this new program. We should pass legislation allowing the government to negotiate the prices of prescription drugs offered through the new Medicare benefit."

## **Republican Comments**

Senate Budget Committee Chair Judd Gregg (R-N.H.) said, "I still am very suspect of this drug program and where it's going and the amount of money it's going to cost" (Douglas, Philadelphia Inquirer, 2/12). Gregg said the new drug benefit "was estimated to be a \$400 billion program over 10 years. That's what it should be" (AP/Manchester Union-Leader, 2/14). He added, "I do think we are going to have to go back and readdress" the new Medicare law (Washington Times, 2/12). Rep. Jeff Flake (R-Ariz.) said he will consider drafting new legislation limiting the Medicare drug benefit to low-income beneficiaries (Baltimore Sun, 2/12). Flake said, "I cannot imagine the president would veto a bill that would more closely resemble what he originally wanted, a means-tested benefit to help low-income seniors who cannot afford their medicines" (New York Times, 2/12). Rep. Gil Gutknecht (R-Minn.) said of the new cost projections, "I think every member [of Congress] looked at this price tag and said, 'Oh my God, what have we done?'" He added that Bush's veto threat will not stop lawmakers from working to reduce costs, saying, "In many respects, that kind of language is like waving a red flag in front of a bull. On issues like prescription drugs and the budget, the bulls are running" (Alonso-Zaldivar, Los Angeles Times, 2/12). Sen. Olympia Snowe (R-Maine) said she would continue to push for legislation requiring the federal government to negotiate lower prices with pharmaceutical companies, as well as a separate bill to legalize reimportation (New York Times, 2/12).

## **Other Reaction**

Ron Pollack, executive director of Families USA, said Bush "wants to nip in the bud the growing discontent that could lead to the uncontrollable situation where Democrats as well as Republicans reopen the Medicare drug benefit." He added, "I think the administration is very worried about a situation they cannot control" (CQ HealthBeat, 2/11). John Rother, director of health policy for AARP, said, "I think the president has a strong preference to see first how the (prescription drug) program plays out as designed, and then to make a judgment" over whether cost controls should be enacted. He added that a fight in Congress over Medicare would "torpedo any chances to [reform] Social Security." Marilyn Moon, a health economist at the American Institutes for Research, said of the announcement of the new cost estimate last week, "The way in which the information was presented was confusing to people. It looked like something had changed dramatically, and they had a credibility problem left over from the debate on the original legislation" (Los Angeles Times, 2/12).

### **Broadcast Coverage**

CBS' "Face the Nation" on Sunday discussed Medicare and included comments from Sens. Rick Santorum (R-Pa.) and Richard Durbin (D-Ill.) and Karen Tumulty of Time magazine (Schieffer, "Face the Nation," CBS, 2/13). The complete transcript is available online.

### **Health Policy News:**

#### **NIH Releases Final Public Access Policy**

National Institutes of Health (NIH) Director Elias Zerhouni, M.D., Feb. 3 announced the release of the agency's revised policy on public access. The policy, which will become effective on May 2, 2005, is similar to the proposed version published in the Federal Register on Sept. 17, 2004, although the final policy allows authors themselves to specify when their manuscripts should be made publicly available (up to 12 months) after publication. Under the original proposal, all author manuscripts were to be posted six months after publication. In brief, the policy requests - but does not require - NIH grantees to send to NIH research manuscripts that have been accepted for publication in peer reviewed journals.

#### **NIH Issues New Regulations on NIH Employee Outside Activities**

The National Institutes of Health (NIH) Feb. 1 announced an interim final regulation on the outside activities, financial holdings, and awards of NIH employees. The interim final regulation will go into effect when it is published in the Federal Register in the next week or so, and will remain in effect unless changed by subsequent regulations. Comments will be accepted for 60 days once the Federal Register notice is published. Under the new regulation, all NIH employees, whether compensated or uncompensated, are prohibited from consulting, advisory or other board service.

## **Senate Balks at Appropriations Reorganization**

The chairs of the House and Senate Appropriations Committees are trying to sort out how their panels will be structured for the 109th Congress after Senate Republicans rejected a House proposal to eliminate three of the 13 spending subcommittees. Republicans on the Senate Appropriations Committee dismissed the plan Feb. 2.

## **HEA Reauthorization Bill Introduced**

House Education and the Workforce Committee Chairman John Boehner (R-Ohio) and 21st Century Competitiveness Subcommittee Chairman Howard "Buck" McKeon (R-Calif.) Feb. 2 introduced H.R. 507, the "College Access and Opportunity Act," to reauthorize the Higher Education Act (HEA). This legislation was first introduced in the 108<sup>th</sup> Congress as H.R. 4283.

## **President's Proposed FY 2006 Budget**

Yesterday, February 7, President Bush sent his fiscal year 2006 budget to Congress, providing more details to both initiatives and cuts he outlined last week in his State of the Union address. Overall discretionary spending for non-homeland security and non-defense programs would be essentially frozen at FY2005 levels. Approximately 150 programs would be eliminated or drastically cut, including 27 Department of Health and Human Services programs and 48 education programs.

The FY2006 budget proposes a total of \$6.5 billion for the Health Resources and Services Administration, a decrease of \$846 million below the FY 2005 appropriations. Of this amount, \$2 billion is requested for the Community Health Center program (a favorite of the Administration), an increase of \$304 million over the current level. This and a few other program increases would be offset by cuts in:

Health Professions Education Training	\$252 million
Health Community Access	\$83 million
Children's Hospital Graduate Medical Education	\$101 million
Rural Health	\$115 million
Health Care Facilities	\$483 million

The National Institutes of Health would only receive a ½ of 1% increase over FY2005 levels for a total of \$28.8 billion. This is the lowest increase for NIH in over twenty years. Of the total \$1.8 billion is proposed for biodefense research, \$2.9 billion for HIV/AIDS research and \$333 million to support the NIH "roadmap" initiative. NIH's proposed budget would support 38,746 projects, 400 fewer than in the current year. Estimates are that the budget will fund 9,463 new and competing grants, 247 more than are currently being funded, at an average cost of \$347,000 per grant.

The Administration proposes \$319 million for the Agency for Healthcare Research and Quality, which is level funding from FY2005. Focus will be on health costs, quality outcomes, including \$84 million for patient safety and \$15 million for comparative effectiveness research.

The budget proposal for the Department of Education includes \$25.7 billion for student assistance programs, including \$17.9 billion for Pell Grants (which would increase the maximum Pell Grant by \$500 to \$4,550 over the next five years, but would be offset by eliminating the Perkins Loan Program) and \$6.5 billion for family education loans.

We are in the process of preparing a detailed chart which will reflect individual line items and we'll keep you posted.

### **Medicaid Managed Care in Texas**

TMA's year-long fight to stop the Health and Human Services Commission (HHSC) from imposing HMOs on all Medicaid patients in and around the state's urban areas erupted into the Texas Capitol. Two legislative committees had tough questions for HHSC Commissioner Albert Hawkins as word spread that he was about to let contracts to expand the STAR+PLUS HMO system and do away with the popular Primary Care Case Management (PCCM) model. Taxpayer-funded safety net hospitals in Dallas and San Antonio joined TMA in flooding legislators with requests to save PCCM and put the breaks on the HMO expansion. "Call, fax, or e-mail your lawmakers today," TMA President Bohn Allen, MD, wrote to all TMA members. "Tell them that the for-profit Medicaid HMOs are bad for patients, bad for physicians, and bad for the state treasury. All physicians - even those who don't take Medicaid or who live outside the affected area - need to make their voices heard. Medicaid is the single largest health care delivery program in Texas, and any changes in Medicaid ripple through the entire health care system." Thanks to the legislators who stood up for physicians and their patients - especially Sen. Kyle Janek, MD, (R-Houston) and Reps. Vicki Truitt (R-Keller) and Dawna Dukes (D-Austin).

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

NIH Guide for Grants and Contracts - Week Of February 4, 2005  
<http://grants.nih.gov/grants/guide/WeeklyIndex.cfm?WeekEnding=02-04-05>

### **Notices**

Policy on Enhancing Public Access to Archived Publications Resulting from NIH-Funded Research  
(NOT-OD-05-022)  
National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-022.html>

Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR)  
Grant Programs - Addendum to NOT-OD-05-027  
(NOT-OD-05-031)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-031.html>

Ruth L. Kirschstein National Research Service Award (NRSA) Stipend and Other Budgetary  
Levels Effective for Fiscal Year 2005  
(NOT-OD-05-032)

National Institutes of Health

Agency for Healthcare Research and Quality

Health Resources and Services Administration

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-032.html>

Policy Revisions of the National Institute of Diabetes and Digestive and Kidney Diseases  
(NIDDK) for Competing Program Project (P01) Grant Applications  
(NOT-DK-05-006)

National Institute of Diabetes and Digestive and Kidney Diseases

<http://grants.nih.gov/grants/guide/notice-files/NOT-DK-05-006.html>

HHMI-NIBIB Partnership for Interdisciplinary Graduate Research Training  
(NOT-EB-05-002)

National Institute of Biomedical Imaging and Engineering Howard Hughes Medical Institute

<http://grants.nih.gov/grants/guide/notice-files/NOT-EB-05-002.html>

ELSI Small Grant Research Program (R03)

(NOT-HG-05-002)

National Human Genome Research Institute

<http://grants.nih.gov/grants/guide/notice-files/NOT-HG-05-002.html>

Request for Information (RFI): Programs in Systems Biology for HLBS Research  
(NOT-HL-05-106)

National Heart, Lung, and Blood Institute

<http://grants.nih.gov/grants/guide/notice-files/NOT-HL-05-106.html>

Notice of Limited Competition: NCMHD Endowment Program for Increasing Research and  
Training Capacity in Section 736 Health Professions Schools  
(NOT-MD-05-004)

National Center for Minority Health and Health Disparities

<http://grants.nih.gov/grants/guide/notice-files/NOT-MD-05-004.html>

Research Supplements to Promote Diversity in Health-Related Research  
(NOT-OH-05-001)

National Institute for Occupational Safety and Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OH-05-001.html>

Second Phase of the NIH Roadmap Exploratory Centers for Interdisciplinary Research  
(NOT-RR-05-003)

National Center for Research Resources

<http://grants.nih.gov/grants/guide/notice-files/NOT-RR-05-003.html>

### **Requests for Applications**

Consequences of Drug Abuse and Alcohol Exposure on Brain and Behavioral Development  
(RFA-DA-05-007)

National Institute on Drug Abuse

National Institute on Alcohol Abuse and Alcoholism

Application Receipt Date(s): April 18, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-05-007.html>

NICHD Maternal Fetal Medicine Units Network (RFA-HD-04-023)

National Institute of Child Health and Human Development Application Receipt

Date(s): July 22, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-04-023.html>

Technology Development for Biomedical Applications  
(RFA-RR-05-001)

National Center for Research Resources

Application Receipt Date(s): June 22, 2005 and October 19, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-RR-05-001.html>

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<http://grants.nih.gov/grants/guide/WeeklyIndex.cfm?WeekEnding=02-11-05>

### **Notices**

Registration Deadlines for 2005 Regional Seminars in Program Funding and Grants  
Administration

(NOT-OD-05-033)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-033.html>

Center for HIV/AIDS Vaccine Immunology (CHAVI) Addendum to RFA-AI-04-051  
(NOT-AI-05-024)

National Institute of Allergy and Infectious Diseases

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-05-024.html>

Limited Competition of Revised Applications for the Senator Paul D. Wellstone Muscular Dystrophy Cooperative Research Centers  
(NOT-AR-05-006)

National Institute of Arthritis and Musculoskeletal and Skin Diseases  
National Institute of Child Health and Human Development  
National Institute of Neurological Disorders and Stroke  
<http://grants.nih.gov/grants/guide/notice-files/NOT-AR-05-006.html>

Early Therapeutics Development with Phase II Emphasis  
(NOT-CA-05-014)  
National Cancer Institute  
<http://grants.nih.gov/grants/guide/notice-files/NOT-CA-05-014.html>

Addendum - Small Grants Program for Cancer Epidemiology (PAR-04-159)  
(NOT-CA-05-015)  
National Cancer Institute  
<http://grants.nih.gov/grants/guide/notice-files/NOT-CA-05-015.html>

Correction to RFA-DK-04-020: Clinical Nutrition Research Unit Core Centers  
(NOT-DK-05-007)  
National Institute of Diabetes and Digestive and Kidney Diseases  
<http://grants.nih.gov/grants/guide/notice-files/NOT-DK-05-007.html>

Notice of Limited Competition for Competing Applications: BAC Library Production  
(NOT-HG-05-003)  
National Human Genome Research Institute  
<http://grants.nih.gov/grants/guide/notice-files/NOT-HG-05-003.html>

Risk of Disease in Hispanic Populations: Request for Information  
(NOT-HL-05-105)  
National Heart, Lung, and Blood Institute  
<http://grants.nih.gov/grants/guide/notice-files/NOT-HL-05-105.html>

Notice of Suspended Grant Program  
(NOT-LM-05-001)  
National Library of Medicine  
<http://grants.nih.gov/grants/guide/notice-files/NOT-LM-05-001.html>

Notice of Limited Competition - Cooperative Agreement for the Biennial Institutional Development Award (IDeA) Program Symposia  
(NOT-RR-05-004)  
National Center for Research Resources  
<http://grants.nih.gov/grants/guide/notice-files/NOT-RR-05-004.html>

## **Requests for Applications**

Units for HIV/AIDS Clinical Trials Networks  
(RFA-AI-05-002)

National Institute of Allergy and Infectious Diseases  
John E. Fogarty International Center  
National Cancer Institute  
National Institute on Alcohol Abuse and Alcoholism  
National Institute on Drug Abuse  
National Institute of Dental and Craniofacial Research  
National Institute of Mental Health

Application Receipt Date(s): July 11, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AI-05-002.html>

Clinical Outcomes of Live Organ Donors  
(RFA-AI-05-015)

National Institute of Allergy and Infectious Diseases  
National Heart, Lung, and Blood Institute

Application Receipt Date(s): July 13, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AI-05-015.html>

Strategic Program for Innovative Research on Drug Addiction Pharmacotherapy  
(SPIRDAP)

(RFA-DA-05-009)

National Institute on Drug Abuse

Application Receipt Date(s): April 18, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-05-009.html>

NCMHD Community Participation in Health Disparities Intervention Research  
(RFA-MD-05-002)

National Center for Minority Health and Health Disparities Application

Receipt Date(s): April 14, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-05-002.html>

Request for Applications NCMHD Centers of Excellence In Partnerships for Community Outreach, Research on Health Disparities and Training (Project EXPORT - Establishing Exploratory Centers)

(RFA-MD-05-003)

National Center for Minority Health and Health Disparities

Application Receipt Date(s): April 14, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-05-003.html>

## **Program Announcements**



Research on Sleep and Sleep Disorders

(PA-05-046)

National Heart, Lung, and Blood Institute

National Center for Complementary and Alternative Medicine

National Cancer Institute

National Center on Sleep Disorders Research

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 Institute on Drug Abuse

National Institute of Mental Health

National Institute of Neurological Disorders and Stroke

National Institute of Nursing Research

Office of Research on Women's Health

Application Receipt Date(s): Multiple dates, see announcements.

<http://grants.nih.gov/grants/guide/pa-files/PA-05-046.html>

Protein Biomarkers of Infection-Associated Cancers

(PA-05-048)

National Cancer Institute

National Institute of Dental and Craniofacial Research

Application Receipt Date(s): Multiple dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PA-05-048.html>

Animal Models of NIDDK-Relevant Diseases

(PA-05-049)

National Institute of Diabetes and Digestive and Kidney Diseases National

Institute of Allergy and Infectious Diseases

Application Receipt Date(s): Multiple dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PA-05-049.html>

Mentored Clinical Investigator Career Development Awards in Muscle Disease Research

(PA-05-051)

National Institute of Arthritis and Musculoskeletal and Skin Diseases

National Institute of Child Health and Human Development

National Institute of Neurological Disorders and Stroke

Office of Dietary Supplements

Application Receipt Date(s): Multiple dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PA-05-051.html>

Ruth L. Kirschstein National Research Service Awards for Postdoctoral Fellowships in Muscle Disease Research

(PA-05-052)

National Institute of Arthritis and Musculoskeletal and Skin Diseases

National Institute of Child Health and Human Development  
National Institute of Neurological Disorders and Stroke  
Office of Dietary Supplements  
Application Receipt Date(s): Multiple dates, see announcement.  
<http://grants.nih.gov/grants/guide/pa-files/PA-05-052.html>

NHLBI Competitive Supplements For Human Embryonic Stem Cell Research  
(PAR-05-047)  
National Heart, Lung, and Blood Institute  
Application Receipt Date(s): May 12, 2005  
<http://grants.nih.gov/grants/guide/pa-files/PA-05-047.html>

Framework Programs for Global Health  
(PAR-05-050)  
John E. Fogarty International Center  
Application Receipt Date(s): April 18, 2005  
<http://grants.nih.gov/grants/guide/pa-files/PA-05-050.html>

### **Quotes:**

Most of the things worth doing in the world had been declared impossible before they were done.

**Louis D. Brandeis**

History is a relentless master. It has no present, only the past rushing into the future. To try to hold fast is to be swept aside.

**John F. Kennedy**

90 percent of my time is spent on 10 percent of the world.

**Colin Powell**

Marc

**Marc B. Hahn, DO**

Dean

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