

DEAN'S CORNER E-NEWSLETTER

Texas College of Osteopathic Medicine

August 19, 2005

First of all, I would like to welcome all new students to campus, and wish you all the best of luck as you begin your studies for your chosen career! The DO class of 2009 and the PA class of 2008 are the largest to date, and some of the brightest and most diverse students to date. This coupled with our leading-edge curricular changes will have great impact on our Health Science Center and the region.

We have completed the hiring of almost 100 new clinical faculty (DO, MD, PhD, PA, and CRNP) members to implement our new initiatives at John Peter Smith Hospital. UNTHSC and the Texas College of Osteopathic Medicine will take charge of the clinical programs of Obstetrics and Gynecology; Orthopedic Surgery; Psychiatry; and Community Medicine. This commitment to the citizens of Tarrant County will also facilitate growth on our campus with an enhanced depth and breath to our faculty, increased research opportunities, and a greater academic program for our students.

September 23rd is the date for our White Coat Ceremony and Convocation. This special ceremonial event welcomes freshman students at the Health Science Center into the healing arts with the donning of the traditional white coat. There will be a reception for students and their family immediately following the event. Time and location will be announced in the near future.

The TCOM will begin our year long celebration of our 35th birthday party with a charity gala on the 24th of September. Details are on our web site at <http://www.hsc.unt.edu/alumni/35thgala/> .

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

Welcome TCOM Medical Class of 2009.

On July 25, TCOM welcomed 139 new DO students. The class ranges in age from 20-42 with the average age being 25. They are evenly split about 50/50 with regards to gender. The academic credentials of the class include an average GPA of 3.5 and an average MCAT score of 28. TCOM also welcomed 30 new Physician Assistant students.

Student Lounge Renovations Complete.

Come and enjoy the newly renovated Student Lounge (EAD 110). The new look was the vision of Rynn Sloan, Bobbie Ann Adair, and Prudence Zavala. The room has taken on a western theme and could be the perfect venue for your next department/office social event.

Student Affairs Focus Groups.

All students are invited to participate in the student affairs focus groups. There will be six focus group sessions scheduled for the Fall semester. The groups meet during the lunch hour (Noon-1 PM) and a free lunch is provided. If you would like more information or are ready to sign up for a date, please contact Cathy at x2505.

Professional and Continuing Education

Andrew Crim

Executive Director

The Office of Professional & Continuing Education (PACE) has partnered with the largest repository of online continuing education. All UNTHSC-affiliated faculty and clinical staff can now access a library of more than 9,000 CME and CE courses on a wide variety of topics at no charge.

The internet address is <http://www.CEmedicus.com/UNT>.

UNTHSC's CE Medicus portal is your personal center for online continuing medical education and professional development, offering thousands of hours of free CME credit.

CE Medicus benefits include:

- Access to the World's largest library of high-quality CME/CE programming
- Over 9,000 hours of FREE CME/CE covering hundreds of topics!
- Online Statements of Credit - generated automatically upon the successful completion of a CME/CE activity
- Tools to allow you to easily create and manage your own personalized curriculum and CME/CE learning plan
- Tracking tools and centralized transcripts - print duplicate
- Statements of Credit, track offline CME/CE, and more!

Clinical Affairs / Faculty Practice:

Robert Adams, D.O.

Senior Associate Dean for Clinical Affairs/Chief Medical Officer

The current fiscal year has provided unforeseen obstacles and opportunities. Many departments have experienced financial difficulties subsequent to lost revenues, the result of many factors. The past few months suggests that this is improving as many of our doctors have become settled in new hospital environments. The clinical practice and its financial achievements are important to support the true missions of the institution and we are constantly looking for ways to improve the financial successful. This year has been a challenge, but there are signs that the future will be better.

One of the unexpected opportunities this year is the addition of many new doctors and other providers to our practice. With the dissolution of NTAMG and the award of four new service line contracts with the Tarrant County Hospital District, we will increase our faculty by greater than 70 physicians and numerous nurse practitioners. This has been a tremendous undertaking and will change the face of our clinical practice. We should all be encouraged by the potential impact of these events on the UNTHSC.

Although involvement in delivering clinical service at JPS has been a goal since the origins of the school, I have heard a few faculty comments expressing concern that we've spent too much time concentrating on this opportunity and lost track of our existing practice. I can assure you that nothing is further from the truth and want to mention how the opportunities we're exploring are meant to support our current practice and provide potential for our practice in the future. (1) With the closure of OMCT, our practice became extremely vulnerable. Severe financial strains occurred due to lost revenues from practice and contracted administrative positions. UNTHSC has provided salary savings in excess of \$500,000 this fiscal year to offset these losses so that existing programs and faculty would not be impacted. The reality is that our practice did not have enough patient revenues to support the current budget and this was extremely important support in a time of need. (2) The support provided this year cannot be expected to continue, but it has given us a window of time to explore and capitalize on other opportunities. The contracts for service lines at JPS in Cardiology, Community Medicine, OBGYN, Orthopedics, and Psychiatry will provide established practices and double our faculty size. The additional

revenues will help to offset overhead costs to existing department by nearly \$1 million, so that each of the departments can realize additional monies to utilize in managing their clinical budgets. In addition, there will be opportunities to increase clinical work through expanded patient access. This will provide additional support to the finances of the practice and additional opportunities for our students' education. (3) In the future, the expansion of our clinical faculty will hopefully provide a critical mass that will make recruitment easier, provide more educators to broaden the students' clinical exposure, and increase the research activities associated with the UNTHSC. At the appropriate time, this will also provide the opportunity to increase class size at TCOM and achieve greater successes in the accomplishment of our missions.

There is no doubt that the world of our clinical practice changed this past year. If the expectation is that the world as we knew it can be rebuilt, then we will likely be disappointed. The reality is that yesterday is gone and tomorrow is before us. The reality is also that we have a great opportunity before us to address the needs of our institution for years to come. This past year has been difficult for many of us. With the proper perspective, the coming year should be anticipated with cautious enthusiasm. There has probably never been a time when so many doors of opportunity were ahead of us to open.

Educational Programs:

Don Peska, D.O.

Associate Dean for Educational Programs

The Texas OPTI is ready for inspection by the American Osteopathic Association.

Kathleen Harris, Executive Assistant to the OPTI Academic Officer has worked diligently over the past several months preparing the responses and exhibits for the inspection which occurred August 11 and 12 at the university. The Directors of Medical Education from around the state have submitted their supporting documents and will be coming to the campus to participate in this important process. The OPTI will be judged under a new evaluation point system that will determine the length of the reaccreditation. Five years is the goal and very attainable. On another note, the number of participating training sites continues to grow with Brazos Valley awaiting final approval this summer from the AOA and UTMB-Galveston and Conroe Family Medicine starting the application process. All-in-all the Texas OPTI is positioned to reach its largest size in number of sites, programs and residents since inception over the next year.

Academic Affairs:

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

Associate Dean for Academic Affairs

Medical Education

Congratulations are in order to our medical students who performed at an exceptional level on the recent NBOME COMLEX I National Board Examinations.

The most recent TCOM pass rate on the COMLEX I exam this past June was 99.2%. Here are some interesting statistics on the class performance:

- A) 23 students in the class were in the 90th percentile or above - that amounts to 19% of the class.
- B) 20 students were between the 80th and 89th percentile - i.e., 17% of the class.
- C) 11 students were between the 70th and 79th percentile - i.e., 9% of the class.
- D) 45% of the class in total were in the top 30% of the country in terms of this COMLEX I administration (i.e. - 70th percentile or higher).
- E) 75 students or 63% of the class scored within the 50th percentile or higher.
- F) The highest grade at TCOM on this COMLEX I administration was the 99th percentile – there were two students in the 99th percentile group.

In terms of subject analysis for the examination:

Anatomy for TCOM group mean = 561.17	National anatomy mean = 514.61
Physiology for TCOM group mean = 568.42	National physiology mean = 524.58
Biochem for TCOM group mean = 563.12	National biochem mean = 519.76
Pharm for TCOM group mean = 538.98	National pharm mean = 520.45
Pathology for TCOM group mean = 593.57	National Path mean = 517.15
Microbiology for TCOM group mean = 575.15	National micro mean = 533.68
Behavioral Science TCOM group mean = 533.51	National BH mean = 527.55
OPP TCOM group mean = 543.51	National OPP mean = 531.22

Congratulations go out to all the faculty and students at TCOM for a job well done.

Clinical Research:

Michael Clearfield, D.O.

Associate Dean for Clinical Research

The funds have been allocated for intramural research grants, however, the deadline for submission has been delayed until Oct 17. The request for proposal should be out within the next week. Please contact the research website for further details and information.

Also please check out the June issue of the DO which highlights the OCCTIC conference which occurred here in April.

This month Dr. Coleridge received a HRSA grant for Predoctoral training in primary care, Dr. Spellman received \$793,600 for a second year of funding for DREAMS and Dr. Stoll was notified a continued 4 years of funding for the ORC by the AOA (\$250,000), AOF (\$400,000) and the AACOM (\$250,000).

Dr Weis received notification from the Public Health Prevention Service (PHPS) on a successful match in the highly competitive fellowship program from the CDC.

Please join me in congratulating Dr. Kendi Pim who was awarded the prestigious Wyeth Emerging Leader Award from by the AOF and Dr. John Licciardone who has been selected to chair the 2006 AOA research conference. As you can we are continuing to extend our success in research and by all indications this should continue into the next academic year.

Congratulations to all those who have contributed to our research efforts this past year.

PA Studies:

Hank Lemke, P.A.

PA Program Admits Class of 2008.

After interviewing over 100 candidates selected more than 530 applications this year, 30 students were matriculated into the MPAS Class of 2008. The average age of the class is 27. Eighty-six percent of the class is female and 21 percent reported being from under-represented minority groups. The average GPA for the entering class is 3.42. The average science GPA is 3.28. All but one of the class members are residents of Texas. Twenty nine students in the class have bachelor's degrees with the most popular field of undergraduate study being Biology. For third year in a row, Texas A&M University was the top feeder school for the program.

New Faculty Member Starts in PA Program.

We are pleased to announce a new faculty member joining the PA Program faculty. Christopher K. Cooper, MPAS, PA-C joined the faculty of the PA program on August 1st. Mr. Cooper received his degree as a Physician Assistant from the University of Texas Southwestern Medical Center in 1989. He then went on to obtain his Master of PA Studies from the University of Nebraska Medical Center at Omaha in 2000. For the past 10 years, Mr. Cooper has been working as the primary care provider in the rural town of Menard, TX, where he has also precepted several PA students from TCOM. He now looks forward to working more closely with students throughout their education. Mr. Cooper will also be working as a PA in the Department of Pediatrics.

PA Legislative News.

During the last Texas State Legislature, several statutes were adopted that directly affect PA practice in Texas. Some of those are highlighted here for your information:

HB1577 expands PAs immunity when providing medical services **during a declared disaster**. The bill takes effect immediately and includes provisions for: 1) allowing a supervising physician to bypass medical board approval to supervise a PA during a disaster; 2) allowing a PA to provide medical services if a supervising physician is not present at the disaster; and 3) authorizing governmental PAs and PAs licensed in other states to provide medical care without medical board approval in the event of a disaster. In essence HB1577 offers PAs the same limitations of liability as are provided to physicians and other health care professionals when providing care under these circumstances.

The name of the Texas State Board of Physician Assistant Examiners was officially changed to the "**Texas Physician Assistant Board** ." That board continues to operate as free standing regulatory board.

The General Appropriations Bill included a rider that requires the Texas Health and Human Services Commission to issue **PA Medicaid Provider Numbers**. The anticipated reimbursement rate for Medicaid services provided by a PA is 92% of the traditional physician reimbursement. The exact rules for the transition will likely take months to develop. Billing for Medicaid services provided by a PA in the meanwhile should continue as they currently are until the new rules are in place. The actual rider takes effect on 1 September 2005. HB 677, which also takes effect on September 1, 2005 adds "physician assistant" as one of the providers recognized to provide medical care to victims of sexual assault.

[Science and Health News:](#)

New Immunization Requirements Take Effect September 1.

Texas Department of State Health Services

News Release

[July 20, 2005]

A new law effective September 1 requires that children attending child-care centers and enrolled in early childhood programs be vaccinated against invasive pneumococcal and hepatitis A diseases, according to the Texas Department of State Health Services (DSHS).

Pneumococcal disease is caused by a bacteria that often leads to middle ear infections, pneumonia, blood stream infections, sinus infections and meningitis. The vaccine is required for all children age 2 months through 59 months attending child-care facilities and pre-kindergarten programs.

Hepatitis A is a liver disease that is spread from person to person, often by putting objects in the

mouth that have been contaminated with the stool of a person with hepatitis A. Children in child-care centers and pre-kindergarten programs who are 2 years old or older will need two doses of hepatitis A vaccine given six to 18 months apart.

To attend child-care facilities and pre-kindergarten programs, a child also must be immunized against diphtheria, tetanus, pertussis (whooping cough), polio, measles, mumps, rubella, hepatitis B, varicella (chicken pox) and Haemophilus influenzae type b (Hib) at the appropriate age. If children do not have at least the first dose of the required vaccines by September 1, they may be excluded from child-care facilities and pre-kindergarten programs.

New this year for school children are expanded requirements for hepatitis B and varicella immunizations. Students in kindergarten through 11th grade must have received hepatitis B vaccine. Those in kindergarten through fifth and seventh through 11th grades must have received the varicella vaccine before the start of school.

“Parents should be sure their children are in compliance with all school-enrollment vaccination requirements prior to the start of school,” said Monica Gamez of the DSHS Immunization Branch. State rules require that school students be vaccinated against nine illnesses: diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B and varicella.

In addition, hepatitis A vaccine is required for students in kindergarten through third grade who attend school in a county with a high incidence rate.

These counties are Bexar, Brewster, Brooks, Cameron, Crockett, Culberson, Dimmit, Duval, Edwards, El Paso, Frio, Gonzales, Grayson, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Kenedy, Kinney, La Salle, Maverick, McMullen, Moore, Nueces, Pecos, Potter, Presidio, Randall, Real, Reeves, Starr, Sutton, Terrell, Terry, Uvalde, Val Verde, Webb, Willacy, Zapata and Zavala.

Routine vaccination recommendations call for most of the vaccine doses required for school attendance to be given by age 2 with boosters between ages 4 and 6. Catch-up schedules are available for students who did not receive the vaccines when younger.

Military dependents, homeless students and certain students transferring from other Texas schools will be granted temporary enrollment regardless of vaccination status. Some students are exempt from vaccination requirements for medical reasons or for reasons of conscience.

Specific vaccination requirements for school attendance are available from schools, physicians' offices and local public health departments. The information also is available online at www.ImmunizeTexas.com or by calling DSHS toll free at 1-800-252-9152.

Vaccination requirements apply to students in all public and private primary and secondary schools, those in registered child-care facilities and students enrolled in pre-kindergarten programs in Texas.

Health Policy News:

Leavitt Names Medicaid Commission.

Secretary of Health and Human Services Secretary Mike Leavitt on July 8 announced 13 voting members and 15 non-voting members of an advisory commission charged with identifying reforms necessary to stabilize and strengthen Medicaid. Two additional voting positions are being reserved for current governors and will be filled after Sept. 1, 2005. Members of the commission include Republican and Democratic health policy leaders, state health department officials, public policy organizations, and individuals with disabilities and others with special expertise. Hospital and physician interests are primarily represented by the non-voting members. Former Tennessee Governor Don Sundquist will chair the commission and former Maine Governor Angus King will serve as vice-chair.

Finance Committee Hearing Focuses on Medicaid Fraud, Waste, Abuse.

The Senate Finance Committee held a two-day hearing June 28 and 29 to continue to seek-out potential Medicaid savings focused on program fraud, waste, and abuse. In his opening statement, Committee Chairman Charles Grassley (R-Iowa) argued that "even a small amount of fraud, waste, and abuse is a big deal," given the magnitude of the Medicaid program. However, according to Sen. Grassley, it was "virtually impossible to put a number on exactly how much fraud, waste, and abuse occur in Medicaid as a whole." Ranking Minority Member Max Baucus (D-Mont.) agreed that Congress must ensure "that Medicaid's dollars are spent appropriately," but he also reminded his colleagues that there were also "many legitimate reasons" for the growth in Medicaid.

Senators Introduce Legislation Linking Medicare Payments to Quality.

Senate Finance Committee Chair Chuck Grassley (R-Iowa) and Ranking Minority Member Max Baucus (D-Mont.) June 30 introduced S.1356, the "Medicare Value Purchasing Act of 2005," requiring the Secretary of Health and Human Services to develop and implement "value-based purchasing programs" under Medicare. The purpose of the bill is to link a percentage of Medicare payments for physicians, hospitals, health plans, skilled nursing facilities, home health, and end stage renal disease facilities to quality measures.

Senate Hearings, Legislation Focus on Health IT.

The Senate Commerce, Science, and Transportation Subcommittee on Technology, Innovation, and Competitiveness held a June 30 hearing to examine strategies to expedite the implementation of health information technology (HIT). The hearing coincided with the introduction of S. 1355, the "Better Healthcare Through Information Technology Act," which promotes the electronic exchange of health information through development and implementation of interoperability and

certification standards.

Waxman, Markey Reintroduce Clinical Trials Information Bill.

Reps. Henry Waxman (D-Calif.) and Edward Markey (D-Mass.) June 30 reintroduced legislation to provide greater public access to basic information on clinical trials involving drugs, biologics, and medical devices. The "Fair Access to Clinical Trails (FACT) Act" (H.R. 3196) is similar to the bill Reps. Waxman and Markey introduced in the 108th Congress. The bill would expand on the National Library of Medicine's clinicaltrials.gov database. Sponsors would be required to register all privately and publicly funded studies of drugs, biologics, or medical devices with safety or effectiveness endpoints. The registry will not include drug or biologic studies designed solely to detect major toxicity (phase 1 studies) and pharmacokinetic studies other than those in special populations. Studies must be registered as a condition of obtaining Institutional Review Board (IRB) approval.

Survey Indicates Public Support for Medicaid Program, Opposition to Cuts.

In a new public opinion survey conducted by the Kaiser Family Foundation, nearly three-quarters of respondents identified Medicaid as a "very important" government program. Released on June 29, the national telephone survey also found that 44 percent of respondents thought the federal government should maintain current Medicaid funding levels; over one-third (36 percent) thought the federal government should increase funding levels.

Agwunobi Nominated to be ASH.

President Bush June 30 announced the nomination of John Agwunobi, M.D., to be the next Assistant Secretary for Health (ASH) at the Department of Health and Human Services (HHS). Dr. Agwunobi currently serves as Secretary and State Health Officer at the Florida Department of Health, and previously served as Vice President of Medical Affairs and Patient Services at the Hospital for Sick Children in Washington, DC. As a pediatrician, Dr. Agwunobi has practiced medicine in rural, inner city and suburban communities. He received his medical degree from the University of Jos, Nigeria; his first master's degree from Georgetown University; and his second master's degree from Johns Hopkins University. Cristina Beato, M.D., FAAFP, has served as Acting Assistant Secretary for Health since July 2003.

Research and Funding Opportunities:

NIH Guide for Grants and Contracts - Week Of July 22, 2005

<http://grants.nih.gov/grants/guide/WeeklyIndex.cfm?WeekEnding=07-22-05>

Notices

September SCAW Advanced IACUC Workshop in North Carolina
(NOT-OD-05-054)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-054.html>

RFP Announcement: Development of A Trivalent (ABE) Recombinant Botulinium
Vaccine - NIH-NIAID-DMID-06-22

(NOT-AI-05-051)

National Institute of Allergy and Infectious Diseases

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-05-051.html>

NIH Program on the Development of Medical Countermeasures to Chemical
Threats: Request for Information (RFI)

(NOT-NS-05-011)

National Institute of Neurological Disorders and Stroke

National Eye Institute

National Institute of Allergy and Infectious Diseases

National Institute of Arthritis and Musculoskeletal and Skin Diseases

National Institute of Environmental Health Sciences

National Institute of General Medical Sciences

<http://grants.nih.gov/grants/guide/notice-files/NOT-NS-05-011.html>

Requests for Applications

Male Reproductive Health Research Career Development Program
(RFA-HD-05-040)

National Institute of Child Health and Human Development

Application Receipt Date(s): November 21, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-05-040.html>

Human Pancreatic Islet Cell Resources (ICRs)

(RFA-RR-05-003)

National Center for Research Resources

National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Date(s): January 06, 2006

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

Program Announcements

Biobehavioral Methods to Improve Outcomes Research

(PA-05-142)

National Institute of Nursing Research

National Cancer Institute

National Institute on Deafness and Other Communication Disorders
National Institute of Diabetes and Digestive and Kidney Diseases
National Institute of General Medical Sciences
Office of Behavioral and Social Science Research Application Receipt
Date(s): Multiple dates, see announcement.
<http://grants.nih.gov/grants/guide/pa-files/PA-05-142.html>

Mentored Patient-Oriented Research Career Development Award (K23)
(PA-05-143)

National Institute on Aging
National Center for Complementary and Alternative Medicine
National Cancer Institute
National Center for Research Resources
National Eye Institute
National Heart, Lung, and Blood Institute
National Institute on Alcohol Abuse and Alcoholism
National Institute of Allergy and Infectious Diseases
National Institute of Arthritis and Musculoskeletal and Skin Diseases
National Institute of Biomedical Imaging and Engineering
National Institute of Child Health and Human Development
National Institute on Drug Abuse
National Institute on Deafness and Other Communication Disorders
National Institute of Dental and Craniofacial Research
National Institute of Diabetes and Digestive and Kidney Diseases
National Institute of Environmental Health Sciences
National Institute of General Medical Sciences
National Institute of Mental Health
National Institute of Neurological Disorders and Stroke
National Institute of Nursing Research
Office of Dietary Supplements
Application Receipt Date(s): Multiple dates, see announcement.
<http://grants.nih.gov/grants/guide/pa-files/PA-05-143.html>

Developing Centers for Innovation in Services and Intervention Research
(DCISIR)
(PAR-05-144)
National Institute of Mental Health
National Institute on Alcohol Abuse and Alcoholism
Application Receipt Date(s): November 1, 2005; June 1, 2006, 2007, 2008
<http://grants.nih.gov/grants/guide/pa-files/PAR-05-144.html>

Quotes:

Nature does nothing uselessly.

Aristotle

Look deep into nature, and then you will understand everything better.

Albert Einstein

In order to make an apple pie from scratch, you must first create the universe.

Carl Sagan

Marc

Marc B. Hahn, DO

Dean

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