

DEAN'S CORNER E-NEWSLETTER

Texas College of Osteopathic Medicine

October 30, 2005

On October 1st, the Texas College of Osteopathic Medicine began a closer relationship with the Tarrant County Hospital District with the start of new contracts that result in our UNT Physician Group delivering approximately 50% of the services at the John Peter Smith Hospital. TCOM is now responsible for the delivery of obstetrics and gynecology, orthopedics, podiatry, psychiatry, cardiology, rheumatology, outpatient community medicine, and the graduate medical education programs offered in those specialties. With this important obligation to our community, we have hired approximately 100 new clinical faculty members in those related departments. This is an exciting time in the growth of TCOM and the UNTHSC.

I have just returned from the annual meeting of the American Osteopathic Association in Orlando, FL. At the meeting, TCOM sponsored a number of events that brought together our alumni from all over the country, and allowed us an opportunity to continue our 35th Birthday celebration! In addition, a number of our faculty presented lectures at the conference in the various disciplines, such as Internal Medicine, Family Medicine, OMM, Surgery, OB/GYN, and more. Many of our faculty and students presented their research during the conference. More importantly, some of the finest awards in our profession were presented to our faculty. Bernie Rubin, DO was presented the Women's Health Award sponsored by Proctor and Gamble, Kendi Pim, DO won the American Osteopathic Foundation's Young Leadership Award, Michael Clearfield, DO was given the prestigious Gutensohn/Denslow Award, and John Licciardone, DO delivered the annual Louisa Burns Lecture. No school had greater representation than ours, and we should all be proud of the "team" we have on this campus!

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

Free counseling available for students. The Student EAP Program offers convenient and confidential counseling to students and their dependents. If you ever feel lost, alone, depressed, or if you are having relationship issues, help is just a phone call away (817) 339-8936. The Helpline is accessible 24 hours a day 7 days a week. The most difficult step in conquering a problem is asking for help!

Policy News: Numerical grades are only recorded for the first two years of medical school. Therefore, a student's final GPA is determined using the GPA at the end of their second year. During the third year, numerical grades are given, but are recorded as pass or fail on the student's official academic record. However, the numerical grades for rotations completed and submitted by the end of the students third year are used to determine the students final class ranking. If you have any questions or concerns please contact Dr. Thomas Moorman, Associate VP for Student Affairs.

Harassment comes in many shapes and forms. We all know about social responsibility, but do we think before we speak? No one on our campus is totally free of all bias or error in judgment. However, we owe it to each other to keep ourselves in check. When a classmate, friend, or colleague makes a comment that is socially inappropriate, we should inform them of our disapproval. Any joke or statement that reflects poorly on a generalized class of individuals whether based on race, color, creed, national origin, sexual orientation, or other factor should not be tolerated. Please, be respectful of yourself and others. Thank you!

Clinical Affairs / Faculty Practice:

Robert Adams, D.O.

Senior Associate Dean for Clinical Affairs/Chief Medical Officer

[No article this month]

Educational Programs:

Don Peska, D.O.

Associate Dean for Educational Programs

The Texas OPTI has enjoyed significant growth despite the loss of its largest affiliate last October. The directors of medical education met in Corpus Christi in September to engage in strategic planning designed to accommodate the addition of two new training sites in the past year and the expectation of several more in the coming months. Key items of discussion were new program development, curriculum design, program services and student rotations. Each site has been asked to provide further direction to the OPTI office in the coming months with regard to their individual needs. As an organization, the members agreed to increase intern recruitment on an OPTI-wide basis and look for opportunities to diversify the training programs offered.

As of September 1 of this year, the Texas OPTI offered 142 approved training positions in 19 different programs at 6 training sites around 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

Last fiscal year once again set a new standard for research funding at TCOM (\$6,578,000) which is a 31% increase over the previous year. Way to go to everyone involved in this great accomplishment. This is all the more impressive since last year included the closure of OMCT which greatly affected the research bottom line.

This new fiscal year is starting out very strong with news that the ORC has received a four year \$2,000,000 grant to support Osteopathic Heritage Foundation Research Chairs. The Department of Pathology and the DNA lab have received two new awards totaling approximately \$2,000,000, one from the State of Texas and the other from the Department of Justice. Both the ORC and the DNA lab have continued to expand their research efforts and funding and have firmly established themselves as true national centers.

Remember you have until October 17 to submit your proposals for Intramural faculty research seed grants. This program is intended to provide seed funding (\$10-15,000) for projects that are to be self supporting through extramural sponsorship. Also the deadline has been extended until November 7 for research proposals to the joint UTA-UNTHSC seed grant program. If you have any questions please contact the research department or contact Glenn Dillon Ph.D. at the office of research and biotechnology (gdillon@hsc.unt.edu).

Admissions:

Russell Gamber, D.O.

Assistant Dean of Admissions and Outreach

As the newly appointed Assistant Dean of TCOM Admissions and Outreach, I am pleased to have the opportunity of keeping the campus community informed of our activities as we select applicants for the TCOM Entering Class of 2006 (EC 2006).

The application season for the EC 2006 began on August 2, and as of 10/05/05 we had **1458** applicants (1311 Texans, 147 nonresidents). This number is up 33% over last year's applications (1099 on 10/06/04). Part of the increase may be due to the fact that the Texas Medical and Dental Schools Application Service (TMDSAS) deadline for application to Texas medical schools has moved from November 15 to October 15. However, TCOM applications have consistently risen from 10-15% each year since TCOM joined TMDSAS, and we believe that this trend will continue in the current year, even discounting the early increase in applications due to the deadline change. The "numbers" for this year's TCOM applicant pool are excellent: 15% have an MCAT of 30 and above, and 60% have a cumulative GPA of 3.5 to 4.0.

As of 10/07/05 we had interviewed **251** applicants (236 Texans, 15 nonresidents) and plan to interview a total of approximately 550 applicants in order to seat an entering class of **140** in 2006. We started interviewing applicants August 2, 2005, and will complete the regular interview season in mid-December. UNTHSC post-baccalaureate program students will be interviewed following the February Match.

While statistics show that we are currently experiencing a successful interviewing season, we still have two and a half months of interviews to complete. Our success in seating an excellent freshman class in 2006 depends on the continued support of faculty interviewers, department chairmen, and the assistance of our able departmental interview coordinators to conclude a successful interviewing season. This will be especially important in the month of November which we anticipate to be the busiest month of the season. If November 2005 mirrors past years, we expect to interview some of the most competitive applicants of the interviewing season during this month.

PA Studies:

Hank Lemke, P.A.

Vice Chair for PA Studies

PAs Celebrate October 3-7th as National PA Week

On October 7th, TCOM PA students provided a free lunch and a presentation by PA Chris Cooper to over 100 fellow DO students in celebration of National PA Week. Mr. Cooper shared stories of his experiences working in the small community of Menard, TX and used those stories to illustrate how PAs can extend the physician's reach into rural communities. PA day is

October 6th and commemorates the day the first-ever PAs graduated from a PA program in 1967. Thirty-two years later, TCOM graduated its first class of PA students on September 21, 1999. Today we have over 100 PA alumni.

AAPA Call For Abstracts

All UNTHSC PAs are invited to submit abstracts of original research, clinical reports, case studies, educational research, and previously presented posters for the 15th Annual Clinical and Professional Poster Session at AAPA's annual conference in San Francisco. PA educators and PA students are strongly encouraged to submit abstracts for the PA Education and Student Research galleries. For instructions on how to submit your abstract, go to <http://www.aapa.org/annual-conf>. Abstracts must be received on-line by JANUARY 6. The poster session is coordinated by AAPA's Clinical and Scientific Affairs Council.

PA Applicant Information Sessions

Over 50 people attended an information session October 1st on the PA Program. Attendees gain information about PA Careers and application to the PA program at these sessions which are jointly sponsored by the PA Program and the Office of Admissions. Another session is scheduled for Saturday, November 19 from 10:00 a.m. - 12:30 p.m. in Building EAD, Room 506. To sign up or get more information about the sessions, call (817) 735-2204 or visit <http://www.hsc.unt.edu/education/pasp/infoession.cfm>.

Science and Health News:

Getting Your Health Care at Wal-Mart

Wall Street Journal
[October 5, 2005]
By JANE SPENCER

Americans can increasingly get basic medical care in the same place they buy toothpaste and light bulbs.

In a development that has broad implications for the nation's primary-care system, a rising number of major pharmacy and retail chains -- including CVS Corp., Wal-Mart Stores Inc. and Target Corp. -- are opening in-store health clinics. They offer patients fast access to routine medical services such as strep-throat tests, sports physicals and flu shots. The clinics, which typically charge between \$25 and \$60 per visit, don't require an appointment and are open during pharmacy hours including evenings and weekends. To keep costs down, they are staffed by nurse practitioners, who can legally treat patients and write prescriptions in most states.

The trend is rapidly spreading in pharmacy chains as they look for ways to stem losses to mail-order pharmacies and big-box stores. Three of the nation's largest drugstore chains -- Rite Aid Corp., Brooks Eckerd Pharmacy and Osco Drug -- have announced plans to open health clinics in the coming months. All three have partnered with a Pennsylvania-based health-care start-up called Take Care Health Systems LLC that will lease space inside the pharmacies and operate the clinics.

Check out Consumer Reports' overview of prescription drugs from Canada. Take Care is also in talks with Walgreen Co., the nation's largest pharmacy chain (by sales volume). The first Take Care clinics will open at Rite Aid stores in Portland, Ore., later this month; Take Care aims to have 1,300 clinics open by the end of 2007.

Other major chains have been testing the in-store clinics. CVS and Target are working with Minneapolis-based MinuteClinic to open clinics at stores in markets including Minneapolis, Baltimore and Nashville. Wal-Mart is working with InterFit Health and other companies to open clinics in Oklahoma, Arkansas, Florida and other states. (The pharmacy chains must partner with outside companies because federal health-care laws banning "self referrals" prohibit pharmacy chains from running their own clinics.)

The new clinics are aimed at everyone from harried parents dropping by with sick kids on the weekend, to busy professionals ducking in for a prescription during work hours. While the retailers don't profit directly from the new services, the hope is that the clinics will boost business if patients fill their prescription at the store pharmacy, or pick up other items on their way out. (Target's MinuteClinics even offer patients a clip-on beeper after they sign in, to encourage patients to shop until the nurse practitioner is ready to see them.)

The trend is drawing criticism from some doctors groups, who could lose business if patients turn to the clinics for basic care. Doctors also contend that patients could wind up with lower-quality care because the clinics don't have physicians on-site.

"Serious illnesses sometimes present with simple symptoms," says Edward Hill, president of the American Medical Association. "A cough might be something as simple as a cold, or something as serious as congestive heart failure. The ability to ferret out the 20% of serious illnesses that present with simple symptoms is what we went to medical school for."

The Nurse Is In: A Take Care clinic inside a Rite-Aid

But some patients are more concerned about convenience. When Terri Whitesel, 56 years old, who runs a marketing consultancy in Minneapolis, had an allergic reaction to a bug bite last month, she dashed into a MinuteClinic at a Target in between meetings at work. "I didn't want to go to the doctor and sit around waiting with a bunch of people who are really sick," says Ms. Whitesel.

The nurse practitioner was busy with another patient, but Ms. Whitesel wrote down her name, got a beeper at the check-in counter, and shopped for birthday cards until the nurse beeped her

five minutes later. The entire visit took less than 15 minutes and she wound up with a prescription for an anti-inflammatory drug.

Both MinuteClinic and Take Care work with a network of local physicians who are available by phone if the nurse practitioner needs help with a diagnosis. And the companies say the clinics can act as an entryway to the primary-care system because they offer referrals to patients who don't have a doctor.

The companies limit their services to a strict list of roughly 30 basic services and diagnoses, ranging from athlete's foot to tetanus shots. Neither company allows nurse practitioners to prescribe drugs for health situations that require continuing care such as antidepressants, birth control or heart medications.

Health insurers have embraced the concept because the clinics promise considerable savings. While a typical doctor visit for a basic illness costs an insurer about \$110, a visit to one of the clinics usually costs under \$60. In addition, the clinic services are far cheaper than the emergency room, which is where patients often wind up when they need medical care outside business hours. (A strep throat test at the emergency room can cost over \$300.)

Some insurers are actively encouraging patients to use the clinics by lowering the co-pay. In Minnesota, companies including Blue Cross Blue Shield of Minnesota and Graco Inc., have reduced or eliminated co-pays for employees who opt to use a MinuteClinic instead of a doctor. Take Care has deals in place with several insurers in Portland.

Chain drugstores have been grappling with relatively flat sales for the past few years. While pharmacies have broadened their offerings over the past couple of decades, and now offer everything from photo developing to outdoor grills, prescription-drug sales still account for about 68% of their business. To hold onto that business, pharmacies are increasingly trying to establish themselves as wellness centers that offer a constellation of health-care services related to prescriptions.

The management teams behind both of the leading companies in the field -- Take Care and MinuteClinic -- have experience in other consumer-focused industries. MinuteClinic's new chief executive officer, Michael C. Howe, is the former president and CEO of the Arby's fast-food chain, and previously worked for KFC. Hal Rosenbluth, chairman of the board of Take Care, is the former CEO of Rosenbluth International, a travel company acquired by American Express Co. in 2003 in a deal valued at over \$300 million.

Take Care's business model has been influenced by Mr. Rosenbluth's background in the travel industry, and the clinic model relies heavily on technology to increase the efficiency of care. When patients arrive, they check themselves in at a touch-screen computer terminal -- much like an airline self-check-in kiosk -- where they can swipe a credit card and enter basic information about their symptoms and family history.

In one of the more-novel uses of technology employed by Take Care, a computer software program will be involved in actually diagnosing illnesses. The patient's sign-in information will

be transmitted electronically to a computer terminal inside the treatment room, where the nurse can enter additional information about the patient's symptoms and conditions as he or she talks with the patient.

The software system will eventually generate a diagnosis and a recommended course of treatment. If the nurse practitioner disagrees with a computer-generated diagnosis, he or she can opt to override the system. When a prescription is written, it will be transmitted electronically to the store pharmacy, or another pharmacy. The system will also create an electronic medical record for each patient that can be transferred to a primary-care physician.

Write to Jane Spencer at jane.spencer@wsj.com

Health Policy News:

Senate Passes HHS Funding Bill, Adds Funding for Pandemic Flu

The Senate Oct. 27 approved its version of the FY 2006 Labor-HHS-Education appropriations bill (H.R. 3010), after accepting an amendment to add approximately \$8 billion in emergency funding to help respond to a potential avian flu outbreak. The bill, which provides \$141.7 billion in discretionary funds for the departments of Labor, Health and Human Services, and Education as well as related agencies, is the last of the FY 2006 spending bills to come to the Senate floor. The Senate bill includes \$29.415 billion for NIH and \$298.7 million for Title VII health professions programs. The bill now moves to the conference committee to be reconciled with the bill passed by the House June 24.

Senate Committees Pass Budget Reconciliation Bills

The Senate Budget Committee Oct. 26 approved a draft budget reconciliation bill saving a net \$39.1 billion from mandatory spending programs over 5 years, exceeding the \$34.7 billion target set in the FY 2006 Budget Resolution (H.Con.Res. 95). The reconciliation package includes the bill passed Oct. 25 by the Senate Finance Committee, which nets \$5.7 billion in Medicare cuts over 5 years and \$4.3 billion in Medicaid reductions over 5 years. Senate leaders plan to bring the filibuster-proof package to the floor for 20 hours of debate starting Oct. 31, with a final vote expected Nov. 3.

House Committees Mark Up Budget Reconciliation Bills

The House Energy and Commerce Committee passed a budget reconciliation package on Oct. 27. Under the FY 2006 Budget Resolution agreement, the Committee was to identify \$14.7 billion in savings from programs under their jurisdiction, including Medicaid. The Medicaid portion of the Committee's reconciliation package was expected to reduce spending by \$11 billion over five years. The Commerce Committee draft also included \$2.5 billion in new

funding for states who cared for Medicaid beneficiaries affected by Hurricane Katrina. The House Ways and Means Committee did not include Medicare or Medicaid provisions in its final budget reconciliation legislation, which was approved Oct. 26. The two bills are expected to be included in the House Budget Committee's reconciliation package, which is scheduled for mark-up during the week of Oct. 31.

House Education Committee Approves Reconciliation Bill

The House Committee on Education and the Workforce Oct. 26 approved a reconciliation package with \$14.5 billion in savings over 5 years. The draft bill includes many of the student financial aid proposals of the House Higher Education Act (HEA) reauthorization bill (H.R. 609). The majority of the Committee's savings come from reducing subsidies to private lenders and student-loan-guarantee agencies. However, H.R. 609 was not attached in its entirety to the reconciliation draft bill. The Senate Oct. 18 attached their entire Higher Education Act reauthorization bill (S.1614) to the reconciliation bill they reported to the Senate Budget Committee. The Senate Budget Committee approved the "Deficit Reduction Omnibus Reconciliation Act of 2005" Oct. 26.

Animal Dealer Amendment Dropped; Hearing Examines Radical Animal Rights Organizations

House and Senate conferees Oct. 26 approved the FY 2006 Agriculture Appropriations bill (H.R. 2744) without an amendment sponsored by Sen. Daniel Akaka (D-Hawaii) that would have barred funding to research institutions that use Class B animal dealers. The AAMC Sept. 29 sent a letter opposing the amendment to conferees, stating it would harm biomedical research at AAMC institutions. Senate Committee on Environment and Public Works Chair James Inhofe (R-Okla.) convened a hearing Oct. 26 to examine the terror campaigns by radical animal rights organizations against individuals and companies that support the use animals in biomedical research and introduced Oct. 27 a bill (S. 1926) that would amend current criminal law to allow federal officials to prosecute organizations for threats and acts of force or violence against animal enterprises.

USDA Inspector General Issues Audit Report on APHIS Animal Care Program

The Inspector General (IG) of the U.S. Department of Agriculture has issued an audit report on the Animal and Plant Health Inspection Service (APHIS) Animal Care (AC) program. Among the findings, the report contends that during inspections some inspectors "did not verify the number of animals used in medical research or adequately review the facilities' protocols and other records." In addition, the report contends that "some institutional animal use and care committees (IACUCs) are not effectively monitoring animal care activities or reviewing protocols." The IG made a number of recommendations to the Administrator of APHIS to address these findings, and in responding to the report, APHIS says it will implement most of the proposed changes.

Research and Funding Opportunities:

NIH Guide for Grants and Contracts - Week Of September 30, 2005

<http://grants.nih.gov/grants/guide/WeeklyIndex.cfm?WeekEnding=09-30-05>

Notices

Change in Submission Dates for Academic Research Enhancement Award (AREA) Program (NOT-OD-05-080)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-080.html>

Notice of Intent to Publish a Request for Applications (RFA) for the Clinical Proteomic Technology Assessment Consortia for the Clinical Proteomic Technologies Initiative (NOT-CA-05-029)

National Cancer Institute

<http://grants.nih.gov/grants/guide/notice-files/NOT-CA-05-029.html>

Notice of Intent to Publish a Request for Applications (RFA) for Advanced Proteomic Platforms, Analytical Methods, and Computational Sciences for the Clinical Proteomic Technologies Initiative

(NOT-CA-05-030)

National Cancer Institute

<http://grants.nih.gov/grants/guide/notice-files/NOT-CA-05-030.html>

Notice of Limited Competition for Competing Applications: Continuation of the Look AHEAD Study

(NOT-DK-05-016)

National Institute of Diabetes and Digestive and Kidney Diseases Centers for Disease Control and Prevention

<http://grants.nih.gov/grants/guide/notice-files/NOT-DK-05-016.html>

Notice of Intent to Publish: Bioengineering Nanotechnology Initiative (SBIR/STTR) Program Announcement (PA-05-167)

(NOT-HG-05-008)

National Human Genome Research Institute

<http://grants.nih.gov/grants/guide/notice-files/NOT-HG-05-008.html>

Requests for Applications

Advanced Research Cooperation in Environmental Health Research

(RFA-ES-05-006)

National Institute of Environmental Health Sciences
Application Receipt Date(s): November 16, 2005
<http://grants.nih.gov/grants/guide/rfa-files/RFA-ES-05-006.html>

Mental Retardation and Developmental Disabilities Research Centers 2006
(RFA-HD-05-030)
National Institute of Child Health and Human Development
Application Receipt Date(s): December 21, 2005
<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-05-030.html>

Antidepressant Treatment and Suicidality
(RFA-MH-06-001)
National Institute of Mental Health
Application Receipt Date(s): December 20, 2005
<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-06-001.html>

Health Behavior Change in Mental Disorders Modeled from HIV Interventions
(RFA-MH-06-002)
National Institute of Mental Health
Application Receipt Date(s): December 19, 2005
<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-06-002.html>

Intervention and Practice Research for Combat Related Mental Disorders and Stress Reactions
(RFA-MH-06-004)
National Institute of Mental Health
Department of Defense
Department of Veteran's Affairs
Clinical Science Research & Development Service
Military Operational Medicine Research Program
Application Receipt Date(s): January 25, 2006
<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-06-004.html>

Neuroscience Blueprint Interdisciplinary Center Core Grants
(RFA-NS-06-003)
NIH Blueprint for Neuroscience Research
National Institute of Neurological Disorders and Stroke
National Center for Complementary and Alternative Medicine
National Center for Research Resources
National Eye Institute
National Institute on Aging
National Institute on Alcohol Abuse and Alcoholism
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 Environmental Health Sciences
National Institute of General Medical Sciences
National Institute of Mental Health
National Institute of Nursing Research
Application Receipt Date(s): January 19, 2006
<http://grants.nih.gov/grants/guide/rfa-files/RFA-NS-06-003.html>

Quotes:

An expert is a man who has made all the mistakes which can be made in a very narrow field.
Niels Bohr

Take young researchers, put them together in virtual seclusion, give them an unprecedented degree of freedom and turn up the pressure by fostering competitiveness.
James D. Watson

Anybody who has been seriously engaged in scientific work of any kind realizes that over the entrance to the gates of the temple of science are written the words: 'Ye must have faith.'
Max Planck

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