

Broca's Area

The Voice of Texas Neurology

Spring 1994

Doctors and Patients Lose Under Clinton Plan

by Senator Phil Gramm



United States Senator
Phil Gramm

No one can argue that our health care system isn't the greatest the world has ever seen or that the United States doesn't have the world's most talented doctors and health care providers. Under Presi-

dent Clinton's proposed government takeover of the American health care system, will physicians be able to continue providing their patients with the treatments they believe most beneficial? The answer is "No."

Under the Clinton plan, the government will take total control over health care in the United States. If the National Health Board, which will supervise all national health care collectives in the country, decides that your

patient's treatment is unnecessary or inappropriate, under Section 1154 of the Clinton bill, you won't be allowed to provide it. If it is determined that your charges are too high, section 6012 can require an automatic income cut. And if a patient needs a specialist, section 5006 allows the health czar to say no.

Under the Clinton plan, your patients may even be denied access to you. Unless you are signed on to the same health care plan as your patient, he or she will be forced to go somewhere else.

Will the patient be able to seek your care and pay you directly for your services? Section 1406 says that no provider may charge a patient for any services payable by the health plan. Even if your patient can afford to pay twice for his care--first to the collective, then for your services--he won't be permitted to do so under the Clinton bill.

Certainly a patient who decides your services are worth more than another doctor's services may pay you more than the reimbursement provided through the collective, right? Wrong. Section 1406 (*see Clinton Plan, page 2*)

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Clinton Health Care Plan

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also prohibits any provider from collecting from a patient any amounts in excess of the fee schedule established by the collective in which you practice.

This is not an environment in which physicians will be able to provide the best patient care. This is an environment in which physicians will be forced to provide care that is in the best interest of the government-run collective.

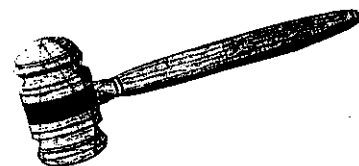
Let me propose a question that every physician should ask: If my patients are happy with the care I provide as their physician, will I be able to guarantee the same quality of care under the Clinton plan?

Regrettably, the answer is "no." Clearly President Clinton has neither the concerns of doctors nor their patients in mind as he attempts to force his plan down the throats of doctors and patients alike.

Words from Your TNS President

Robert W. Fayle, MD

If you have not received it already, you will soon be getting a brochure announcing this year's annual meet-




ing of the Texas Neurological Society. The brochure includes a program agenda and a pre-registration form for the TNS luncheon/business meeting as well as for the annual TNS dinner and entertainment Saturday evening.

I urge you all to attend this year's TNS meeting. Gage Van Horn has put together an excellent program, and I am confident that this year's meeting will be very beneficial to us all and well worth a trip to Austin.

The executive committee has been working on updating the bylaws of the Texas Neurological Society in order to bring them in line with the other specialty societies in the TMA. The new bylaws will be voted on and officers for 1994-95 will be elected at the annual luncheon/business meeting at noon on Saturday, May 14. The business meeting is open to all TNS members and your participation is needed to continue its service to Texas Neurologists.

On Saturday night we will have our annual dinner for TNS members and their guests, followed by comedy entertainment at Esther's Follies. Please come to these events since a good attendance will help ensure quality meetings in the future.


Finally, it has been my pleasure and honor to serve as President of TNS this past year. I have been impressed with the dedication and skill with which our colleagues serve our profession and Texas Neurology. In addition to old friends, I hope to meet new friends and new members of the Society in the future.



(800) 880-7033

Are you concerned about how health-system reform might affect your patients and your practice? Then keep informed of the latest news on the reform debate by calling ReformWatch, "Your Toll-Free TMA Link to Health-System Reform", at (800) 880-7033. ReformWatch, sponsored by Texas Medical Association, will feature weekly newscasts updated at 5 p.m. each Friday. The newscasts will carry breaking news about congressional action, implementation of state-level reforms, TMA and AMA lobbying activities and much more.

Your Toll-Free TMA Link to Health-System Reform



The Canadian Health Care Single Payer System: A Neurologist's View

by

Kathleen S. Hawker, MD, FRCP (C)

Many of the press reports on health care reform have focused on the Canadian, single-payer system of health care. This system consists of provincially administrated and funded health plans as mandated by a federally legislated health act. Funding through taxation is variable among provinces. Some provinces tax businesses; some provinces have individual premiums and still others have a combination of these methods.

The major strength of the Canadian system has been its universal availability. The implications on health care, however, in terms of its effects on patients, doctors, research and economics have not been fully realized by the United States proponents of the system.

The assumption of availability is the major fallacy and underlies the current numerous problems overwhelming Canada's health care today. Without restraint from the population, health care costs in Canada are rising at a rate greater than inflation. To counteract this imbalance, governments have slowly but surely put caps on health care spending and have created shortages in doing so.

One problem is the perception that doctors lie at the root of all health care expenditures. To deal with this, governments have reduced training programs in most subspecialties to reduce the number of doctors graduating in those fields. This in itself raises the issue of quality in residency programs. Too few residents within a large university system who have too much call and too many patients are prevented from receiving proper training. This policy also results in long waiting lists to see these

subspecialists. Such policy is promulgated by health care counsels that are composed of non-medical members, yet it is such councils that determine the number and makeup of hospital staff.

Hospitals have born the brunt of cutbacks. The basis of funding to hospitals has been a flat fee based on a hospital bed per day and does not take into account tests performed, medication, or severity of the patients' illnesses. With this funding system, hospitals have fallen into debt forcing them to close beds and reduce the numbers of nurses, physical therapists and other auxiliary staff. This results in a lack of beds as well as staff to care for patients. This further limits the number of patients that can be admitted to the hospitals. The situation becomes critical in tertiary care, university-based hospitals as they are under the same constraints as community hospitals. The inability to transfer a critically ill patient to an appropriate facility is not an uncommon occurrence.

The cutback of hospital services has great implications for patient care. Such services as dialysis are in great demand but often hospitals will not or cannot accommodate transfers from other centers. Bypass surgery and angiography currently have long waiting lists. Pacemaker insertions are expensive items not fully funded by the government system and therefore the hospital must bear the brunt of the costs. Many hospitals refuse transfer of patients from other centers for these reasons of patient cost. The cutbacks in service also limit such major procedures as angioplasty, bypass surgery, neurosurgery, and major orthopaedic procedures which are typically limited to those university centers.

The ramifications for tertiary care, university based systems are several. In addition to closing beds and reducing staff, research programs are also affected. Research potential has been diminishing because of the lack of ancillary staff. Funding (*See Canadian System, Page 9*)

TNS Program for Annual Meeting, May 13-14

The program for the TNS Annual meeting to be held in Austin in conjunction with the TMA meeting has been announced. Gage Van Horn, MD, Scientific Program Chairman for the Texas Neurological Society, has planned a program which includes a half-day session on Friday afternoon addressing health care reform and medicolegal issues and a full day scientific session on Saturday.

The Friday program has been approved for 3 hours AMA PRA (Category 1) credit. Saturday's scientific session has been approved for 6 hours AMA PRA (Category 1) credit.

All TNS members and their guests are encouraged to attend the TNS Dinner and Comedy Show, Saturday evening, 7:00 pm-11:30 p.m.

Friday, May 13, 1994

Cedar Room, 3rd Floor Convention Center

2:00 p.m.

Health Care Reform: Impact on Medical Malpractice

Clark C. Watts, MD, JD, Austin

2:45 p.m.

The Neurologist as a Defendant

Stephanie A. Smith, JD, Austin

3:30 p.m.

Break

3:45 p.m.

The Neurologist as an Expert Witness

Karl O. Bayer, Jr., JD, Austin

4:25 p.m.

Risk Management in Your Practice

William H. Kuykendall, JD, Austin

5:00 p.m.

Adjourn

Saturday, May 14, 1994

Room 1, Mezzanine, Convention Center

9:00 a.m.

Newer Antipsychotic Agents and Implications for Neurologists

Michael D. Lesem, MD, Bellaire

9:50 a.m.

Tourette's Syndrome

Ian J. Butler, MD, Houston

10:45 am

Break

11:00 a.m.

Pathophysiology of Movement Disorders

Mahlon R. DeLong, MD, Atlanta, GA

12:00 -2:00 p.m.

**TNS Luncheon/Business Meeting
Convention Center Cafe**

2:00 p.m.

Update on Alzheimer's Disease

Rachelle S. Doody, MD, Houston

2:50 p.m.

Positron Emission Tomography and Behavior Disorders

Helen S. Mayberg, MD, San Antonio

3:45 p.m.

Break

4:00 p.m.

Surgical Procedures for Parkinson's Disease and Other Movement Disorders

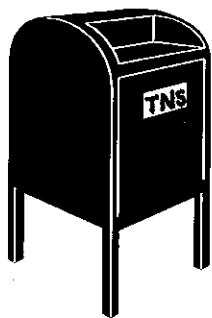
Mahlon R. DeLong, MD, Atlanta, GA

5:00 p.m.

Adjourn

There will be a 10 minute question and answer period following each presentation both Friday and Saturday.

Registration flyers have been mailed to all TNS members. Call the TNS office at 512-370-1532 or 800-880-1300, ext. 1532 for more information.



EDITOR'S MAIL BOX

*William S. Riley,
MD, PhD, of Houston writes
encouraging all TNS mem-
bers to actively support Dr.
Harris M. Hauser in his bid*

*for election as an Alternate Delegate to the AMA
House of Delegates from the Texas Medical Asso-
ciation.*

The importance of getting Harris Hauser into the AMA House of Delegates centers around our need for optimal representation of neurologists in the House of Delegates. As you are aware the Academy of Neurology and the Society for Neuroimaging are fighting an uphill battle against Radiologists to provide an alternate track under which Neurologists can be reimbursed for their interpretive services on imaging modalities. Ours is a small and relatively underserved specialty which is heavily dependent on the cognitive processes for patient care. As you are further well aware, we are under-reimbursed in this area and there is disproportionately greater reimbursement for imaging and other high tech services.

This is a trend which has not de-escalated. Our best way of helping patients afflicted with neurologic diseases is to so position Neurologists in the reimbursement process that our specialty can continue to serve patients to the best of our abilities. With appropriate reimbursements, we do not have inordinate dependence on alternative sources of income in lieu of time spent face to face with patients. For this reason we need to augment our representation in the AMA House of Delegates. The AMA is, after all, our strongest voice in influencing the upcoming change in health care delivery and reimbursement mechanisms.

Harris Hauser is a well positioned person who has done legion service on behalf of Neurology in the past. He has served as a counselor from the Southern District to the AAN and has built a place of acceptance for himself by serving on the Hospital Medical Staff Section at the AMA. He

will not, therefore, be a newcomer to the House of Delegates.

You are undoubtedly aware that Texas Medicine is far more strongly aligned toward traditional medical values centered around the physician-patient relationship, with much less of the liberal bent of the northeastern coastal states. There are those who have voiced the concern that the AAN may have a slightly left of center tilt as does the AMA. It will serve our patients and our specialty in Texas well to have Harris Hauser as a strong and well positioned conservative voice in the AMA House of delegates.

Texas Neurologists can make their voices heard and influence their local County Medical Societies' Delegates and Alternate Delegates to the TMA House of Delegates to vote for Harris Hauser. Texas Neurologists will need to overcome any parochialism that centers around regional considerations in representation and focus their best efforts to make their representatives to the TMA House of Delegates aware of the importance of electing a Neurologist to the AMA House of Delegates. We need to strongly encourage members of the Texas Neurological Society to make an action item on their agendas to *call* their Delegate *and* Alternate Delegate to the TMA House of Delegates and make a *positive* statement in favor of a vote for Harris Hauser.

Broca's Area is a forum for Texas Neurologists to share their comments, concerns and knowledge about Neurology in Texas. The Editor of *Broca's Area* invites members to submit their comments, questions or concerns which are of interest to the TNS membership.

Original articles relating to the Texas Neurological Society and the practice of Neurology also are invited. To submit your letters or articles, send them to:

J. Thomas Hutton, MD, PhD
Editor, *Broca's Area*
4102 24th Street, Suite 500
Lubbock, Texas, 79410

TNS Officers Nominated for 1994-95 Term

The executive committee of the Texas Neurological Society has approved the following slate of officers for nomination for the 1994-1995 term of office. Officers will be voted upon at the Annual TNS business/luncheon meeting to be held on May 14, 1994 in Austin.

Officer Nominees 1994-95

President

Blake B. O'Lavin, MD

President Elect

Ernesto Infante, MD

Vice President

Open

Secretary-Treasurer

J. Edward Garrison, MD

Member at Large

C. Jack Fraim, MD

Immediate Past President

Robert W. Fayle, MD

TMA Section Chairman

Gage Van Horn, MD

TMA Section Secretary

Open

TMA House of Delegates

Delegate

Philip J. Leonard, MD

Alternate

Open

Editor, Broca's Area

J. Thomas Hutton, MD

Getting To Know Your TNS Leadership

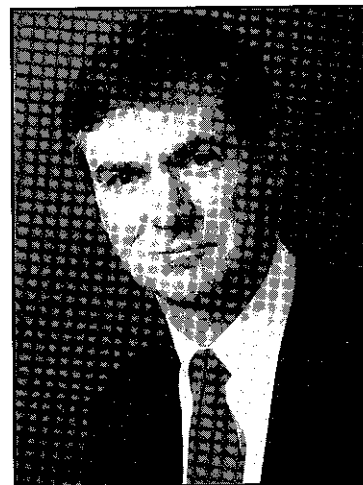
Because the membership of TNS is spread out across the state, this section is provided so that you might better know the members nominated to lead TNS for the coming year.

President

Blake B. O'Lavin, MD

Corpus Christi

Blake O'Lavin received his MD from the University of Wisconsin in 1968. He did his internship and Neurology residency at the Cleveland Clinic Education Foundation from 1968-1972. Following his residency Dr. O'Lavin spent two years as staff Neurologist at Darnell Army Hospital in Fort Hood, Texas. In 1974, he entered private practice in Corpus Christi.



Blake B. O'Lavin, MD

Introduced to Texas by the Army, he and his family experienced everything from an ice storm his first winter to summer "hot enough to melt a lawnmower." He has taken the opportunity while living in Corpus Christi to participate in sun and surf activities and has enjoyed all manner of water craft from a 30 foot sailboat to a windsurfer, which he says is the most fun and the hardest to do.

"The Texas Neurological Society presidency is an honor," said Dr. O'Lavin. "One does not exactly run for it. I entered the leadership by accepting the scientific program chair-

Blake O'Lavin (continued from page 6)

manship and then accepting other leadership posts. The Texas Neurological Society has continuity. It has been around twenty years and many former officers are available to help.

"We must be a member driven society. The leadership is just the same as everyone else, 'Neurology health care providers'. We're doing our duty of leading the society in our turn. Others will come along and take over after us. It's important for a Neurology society to exist to represent our interests as neurologists. No one else will watch out for us. Neurology is important in health care, but does not have the immediate glamor of some other specialties. We need to pay attention to the issues and stand up for ourselves. No one else will. We will watch what happens in the state and leave national issues to the AMA and AAN. We will be calling on members to serve on committees and help run the society. Please help us when we call."

* * * *

President-Elect
Ernesto Infante, MD
Houston

Ernesto Infante was born in Cordoba, Spain, and received his MD from the University of Madrid. He did a rotating internship at Hennepin County General Hospital in Minneapolis, Minnesota in 1965, followed by a Neurology residency at the University of Minnesota. Dr. Infante was an Assistant Professor of Neurology at Baylor College of Medicine from 1971-1973, and at Vanderbilt School of Medicine in 1973-74. He began his current practice of general Neurology with emphasis on neuromuscular disorders in 1974 at the Diagnostic Clinic of Houston. He also serves as Clinical Associate Professor of Neurology at the University of Texas Medical School, Houston.

Dr. Infante is a member of the American Academy of Neurology, the American Association of Electrodiagnostic Medicine, Hous-

ton Neurological Society, Harris County Medical Society, American Medical Association. He is also a member of the Texas Medical Association for which he has served as Secretary of the Section on Neurology Annual Session in 1993, and Chairman in 1994. Dr. Infante has served as an Examiner for the



Ernesto Infante, MD

American Association of Electromyography and Electrodiagnosis and the American Board of Psychiatry and Neurology. As a charter member of the Texas Neurological Society, Ernesto Infante has had a continued keen interest in Texas Neurology and neurologists and has continued to work for the improvement of TNS since its beginning in 1972.

Hobbies include bird watching and international relations. Dr. Infante participated in the American Field Service Program as an exchange student in high school and continued his interests in international relations as a Fulbright Scholar in 1965. Other interests include classical music, opera and sports such as swimming, cycling and hiking.

* * * *

Secretary-Treasurer
J. Edward Garrison III, MD
San Antonio

James Edward Garrison III was born in Florence, South Carolina. The son of a career Army man, he lived in Massachusetts, Michigan, Alaska, Washington, Germany and North Carolina. He graduated from the US Military Academy, West Point, in 1968 and was a line officer in the Army for five years. He served

J. Edward Garrison (continued from page 7) in Panama, Vietnam and El Paso. In 1973, Dr. Garrison transferred to the Air Force and was sponsored for medical school at the University of South Carolina. He did his internship and residency training at Wilford Hall Medical Center in San Antonio. Upon completion of his residency, he served on the faculty for three years.

Dr. Garrison retired from the Air Force in 1988 after a tour of duty in Mississippi. He entered private practice with the Diagnostic Clinic of San Antonio where he has practiced since his retirement.

In his spare time, Dr. Garrison enjoys hunting, fishing, hiking and reading science fiction and murder mysteries. He is active in his community, participating in the Multiple Sclerosis Society, the West Point Society of San Antonio and the First Unitarian Church.

"I feel that Texas Neurological Society should function as an advocate for neurologists in the state," writes Dr. Garrison. "We should be more active in matters concerning neurologic disease in the state legislature. The inroads made by physical therapists into the area of electromyography is a good example of an area for increased concern in which we must work."

* * * *

Member at Large
C. Jack Fraim, M.D.
Beaumont

C. Jack Fraim received his medical degree from UTMB, Galveston in 1975. His Neurology residency training was also done at UTMB. From 1979 to 1982, Dr. Fraim was stationed at the National Naval Medical Center in Bethesda, Maryland as well as the Uniformed Services University of the Health Sciences. Dr. Fraim is board-certified in Neurology. He entered private practice in Harlingen in 1981 and in 1990 moved his practice to Beaumont where

he continues his practice in general Neurology.

Dr. Fraim is a member of the American Academy of Neurology, The Texas Medical Association, the American Medical Association, The AMEEGA and the Jefferson County Medical Society. His outside interests include politics and history of medicine as well as hunting and fishing. Dr. Fraim is also an avid home brewer.

When asked what he sees as the purpose of TNS, Dr. Fraim stated, "I believe the Texas Neurological Society has a very important role to play for Texas neurologists as well as physicians in general. In an area of increasing government intrusion and need for an effective voice, the TNS seems the obvious vehicle for this. In addition, it is nice to know that neurologists in other parts of the state have the same 'aches and pains' with regard to practice, malpractice, etc., that we do."

* * * *

Immediate Past President
Robert W. Fayle, MD
Houston



Robert W. Fayle, MD

Robert W. Fayle was born in El Paso and attended high school in Baytown, Texas. He received his undergraduate degree from the University of Texas at Austin, his master's degree from Stephen F. Austin State University and his MD from Baylor College of Medicine. Dr. Fayle did his Neurology residency at the University of Texas Health Science Center Affiliated Hospi-

Robert W. Fayle was born in El Paso and attended high school in Baytown, Texas. He received his undergraduate degree from the University of Texas at Austin, his master's degree from

Bob Fayle (continued from page 8)

tals in Houston, completing his training in 1980.

Dr. Fayle is currently in private practice with the Diagnostic Clinic in Houston. He also serves as Clinical Assistant Professor in the Department of Neurology, University of Texas Medical School, Houston. His particular interests are in stroke and sleep disorders. He is the author of several publications.

Dr. Fayle is completing his term as president of the Texas Neurological Society and will continue to serve TNS as Immediate Past President. He is also currently serving as President of the UT Medical School Alumni Association. He is the director of the Sleep Disorders Laboratory at Diagnostic Center Hospital and serves on the Executive Committee of the Diagnostic Center. In 1991 and 1992, Dr. Fayle was Program Director for TNS.

Dr. Fayle is currently a member of the American Academy of Neurology, the Houston Neurological Society, the Harris County Medical Society, TNS, the Southern Sleep Society and the American Sleep Disorders Association.

"My wife, Janet, and I have two outstanding children," says Dr. Fayle adding parenthetically, "(they make me say that)."

He adds, "For relaxation I run a lot of miles slowly. Ernesto Infante and I office next to each other; I give him a hard time and he gives me invaluable advice. It seems to work."

The Canadian Single Payer System

(continued from page 2)

for clinical care is not based on the severity of the patient's illness but on a flat fee. Due to the complicated nature of patients seen in tertiary care hospitals and the greater amount of time needed to care for these people, less patients are seen on an overall basis. Revenue overall is

therefore decreased. Some revenue, derived from clinical sources, is intended for research. Under-funding for complex care results in reduced research funds. This has caused an exodus of the best trained doctors from Canadian universities south to the United States where they can continue their research.

Outpatient services have also fallen prey to the same cutbacks. Some tests, such as EEG's are poorly reimbursed, making it difficult to meet overhead necessary to perform these procedures. Hospitals tend to restrict doing these tests or continue to use outdated equipment due to limited capital budgets. Highly technical equipment becomes in demand and in short supply. CT scanners are not available at many major metropolitan center hospitals and waiting lists range up to two to three months. Waiting time for outpatient MRI scans ranges anywhere from three to six months; outpatient Echo's, two to three weeks; EEG's, three to four weeks; and Dopplers several weeks.

Some hospitals have been creative in trying to increase revenue. The renting of CT scanners to veterinarians after hours was occurring at one hospital. The consequence was that cats and dogs were getting scanned much more quickly than their human counterparts. After this fact became known in the press, the government halted this practice; now the animals have to wait as well.

Canadians decry the decline in their health care system while some Americans seem to embrace the concepts. The merits of the concept of universality and the Canadian system are undisputed. Unfortunately the inability to distinguish between the concept and the reality of implementing such a system seems to be a common failing among its proponents.

Dr. Hawker is in the private practice of Neurology in Lubbock, Texas. She came to Lubbock from Toronto in 1991, where she practiced general neurology.

EDITORIAL COMMENT

Tom Hutton, MD



This is the fourth issue of Broca's Area. Through this medium, The Texas Neurological Society seeks to provide communication among Texas neurologists. In the spring of 1994, what could be more important to neurologists and others in medicine than health care reform. In this issue Senator Phil Gramm of Texas provides his assessment of the Clinton plan. He opines that patient choice and physician prerogatives are severely jeopardized in the proposed Clinton plan. The Clinton plan utilizes a national health care board from which members of the health care industry are excluded from potential membership, budget caps, regional health alliances, and a substantial new federal bureaucracy. Others propose a single payer system. This idea was recently endorsed by our surgical colleagues in the American College of Surgeons. The most common model put forth for a single payer system is the Canadian Health Care system. Elsewhere in this newsletter is a perspective offered by a former Canadian neurologist who saw the system up close and found it sorely lacking.

The health care debate has begun in earnest. Representative Pete Stark of California opened deliberations in his Ways and Means Subcommittee on March 7 and is under instructions to send a bill to the full committee before the Easter break. The bill, while retaining universal access, has dropped most of Clinton's managed competition elements. It relies on an expansion of medicare to cover the unemployed and low income workers and expands private insurance for workers through employer paid plans. Many other plans are

being developed and the final outcome of the debate is unclear.

For now it requires vigilance on behalf of patients and health care providers. Neurologists are a small specialty and could easily be overlooked in the process, unless we let our collective views be known. The toll free number (800-880-7033) at Reform Watch of the Texas Medical Association is one excellent way to stay updated as the legislative process evolves.

Neurologists in Texas are well situated to address the growing numbers of neurological problems in our aging population. No shortage of neurological problems is anticipated as the aging of the baby boomers will result in increasing numbers of Texans at risk for age-related neurological disorders until at least 2025. Whatever health care reform results, it is imperative that neurological specialists be able to provide high quality assessment and therapy. Our best opportunity in doing this will be to stay informed, stay focused, maintain individual and organizational contacts with policymakers and stay flexible to future health care reforms.

* * * *

TNS Annual Dinner ... With a New Twist



Don't miss this year's annual TNS dinner to be held on Saturday, May 14, 1994 at the Headliners Club in Austin. This year's dinner will be followed by comedy entertainment at Esther's Follies, Texas' longest running musical comedy revue. Transportation from the Headliners Club to Esther's Follies will be provided.

Cost for the TNS dinner is \$25 per person. The price for the Comedy Show is \$14 per person. Reservations for the two events must be received in the TNS Administrative office by Monday, May 9. Registration forms are included in the meeting flyer which was mailed to all TNS members. For more information call Connie Mawer at the TNS office, 800-880-1300, ext 1532.

NEWS OF OUR MEMBERS

William J. Riley, MD, PhD was elected Vice President of the Harris County Medical Society at its annual business meeting in November. Dr. Riley is a Charter member of the Texas Neurological Society and was instrumental in its organization in 1974. He practices general neurology in Houston in the Texas Neurological Clinic.

Harris M. Hauser, MD, of Houston, is a candidate for Alternate Delegate to the AMA House of Delegates from the Texas Medical Association. Dr. Hauser is a member of the Texas Neurological Society, TMA, AMA, American EEG Society, AAN and numerous other professional organizations. He has served in leadership roles in many of the organizations with which he has been affiliated.

Welcome New TNS Members

The following physician has been reinstated as an Active Charter Member:

Harold Skaggs, Jr. MD

Pending Applications:

Tarif Bakdash, MD
 Jerry D. Boggs, MD
 Stephanie Carinci, MD
 Lourdes Flanagan, MD
 Stephen F. Hart, MD
 Zuka Khabbaze, MD
 Augusto Lastimoso, MD
 Annie Lincoln, MD
 William B. Lujan, MD
 David W. Morledge, MD
 Ashraf S. Nassef, MD
 Michael Newmark, MD
 Terry D. Rolan, MD
 Ernest S. Sears, Jr. MD
 William T. Tobleman, Jr. MD
 Francine Vriesendorp, MD
 David L. Weir, MD

Broca's Area

*A periodic newsletter of the
 Texas Neurological Society*

Editor: J. Thomas Hutton, MD, PhD.
Associate Editor: Michael D. Merren, MD

Inquiries about this newsletter or about TNS in general are welcome at the following address:

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LEGISLATIVE UPDATE

CME Now Required for Licensure

Action, the newsletter of the Texas Medical Association, reported that the Texas State Board of Medical Examiners has implemented a new state law requiring physicians to complete 24 hours of Continuing Medical Education (CME) per year to renew their medical licenses. Physicians must complete the requisite CME hours during the 18 months prior to January 1, 1995, and each year thereafter.

The board requires that *at least* 12 of the 24 CME hours be obtained through formal CME activities which include conferences, seminars, symposia, lecture presentations, grand rounds, cases conferences, which are designated for credit as:

- (1) *Category 1 of the Physicians Recognition Award of the AMA*
- (2) *approved for credit by the AAFP;*
- (3) *designated for Category 1 credit of the AOA; or*
- (4) *approved by the Council on Medical Specialty Societies.*

Documentation of attendance at formal CME activities can be obtained in the form of a CME reporting form, attendance certificate, CME transcript or letter of verification of attendance. Documentation is not required with the

application for annual registration, but should be retained by the physician for verification.

The other 12 hours may be earned through formal or informal CME activities. These activities may include participation in patient care review activities such as quality of care reviews, time spent in research and preparation of medical presentations to be delivered to practicing physicians, use of self instructional materials such as video or audiotapes and the TMA is working with the Board of Medical Examiners in drafting guidelines for activities in this classification. Because verification of informal activities is difficult to document, the TMA suggests that physicians maintain an accurate log of CME activities. Retired physicians, residents and others in certain circumstances are exempt from this requirement.

To obtain an information sheet on the new CME requirements, call the TMA office at 800-880-1300, extension 1446 or 512-370-1446. The TMA Library CME Resource center maintains an offering of videotapes, audiotapes and interactive computer software for loan to aid in completion of these requirements.

(Editor's Note: CME credit hours are available by attending the Neurology Scientific Program, May 13 and 14, at the TMA Meeting in Austin. See page 4 for credit hours available and details of the program.)

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