

# Texas DO

SPRING 2026

The Official Publication of the Texas Osteopathic Medical Association



# SHAPE THE FUTURE OF OSTEOPATHIC MEDICINE

**SH** Sam Houston State University  
College of Osteopathic  
Medicine



**NOW HIRING IN CLINICAL, ACADEMIC,  
AND LEADERSHIP ROLES**

**SHSU College of Osteopathic Medicine is expanding its team.** We have openings in clinical practice, teaching, GME, and administration. Help us advance medical education and serve Texas communities. Join us in shaping the next generation of healthcare professionals.



**Lawrence Verfurth, DO, MBA**  
President

**Robert E. Suter, DO, MHA,  
FACOEP-D, BG, US**  
President-Elect

**Katherine Pederson, DO, MS**  
Vice President

**Monte Mitchell, DO, JD, MS, MTS**  
Past President

**DIRECTORS — term ends 2026**  
Thomas Mohr, MS, DO, FACOI  
John Pham, DO, FACOPF

**DIRECTORS — term ends 2027**  
Kris Belland, DO, MPH, MBA, MSS,  
FAOCOPM, FCAMA

**DIRECTORS — term ends 2028**  
Sujan Gogu, DO, FAAFP  
Carol Browne, DO, FACOPF

**Shiney Koshy, DO**  
New Physician Trustee

**Matthew Stokell, DO**  
Resident Trustee

**Nathaniel Teplitskiy, OMS**  
TCOM-TOMA SOMA President

**Amanda Tapley, OMS**  
UIW-SOM SOMA President

**Ilsa Siddiqui, OMS**  
SHSU-COM SOMA President

**Steve Durham**  
Executive Director

**Elaine Saw**  
Operations Manager

**Alejandra Rodriguez**  
Member Services Coordinator

**Roshan Bhatt**  
Communications Director

**Michele Gonzalez, CMP**  
Sr. Meeting Planner

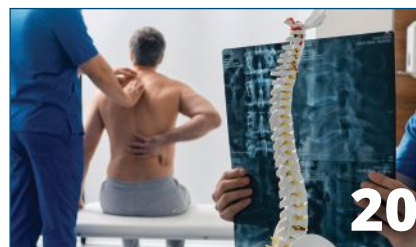
**Tiffany Schwartz, CNAP**  
Financial Operations



The Official Publication of the Texas Osteopathic Medical Association

## CONTENTS

- 4 President's Message
- 8 Executive Director's Message
- 10 TOMA News
- 12 A Lifeline for Rural Texas:  
Can \$1.4 Billion Fix a Broken  
Health System?
- 16 A Profession in Motion  
What the Latest National Data  
Reveal About the Growth of  
Osteopathic Medicine
- 20 Where Movement Meets Medicine:  
A Cross-College Collaboration  
Supporting Student Growth
- 22 Inside the 2026 TOMA  
Midwinter Conference
- 30 Obituaries



*Texas D.O.* is the official publication of the Texas Osteopathic Medical Association. Published four times a year, quarterly. Subscription price is \$50 per year. *Texas D.O.* does not hold itself responsible for statements made by any contributor. The advertising contained in this magazine is not necessarily endorsed by the Texas Osteopathic Medical Association. Published by the Texas Osteopathic Medical Association, Volume LXVI, ISSN 0275-1453.

### PUBLICATION OFFICE

3305 Steck Ave #200  
Austin, TX 78757

800-444-8662 or 512-708-8662  
FAX 512-708-1415

toma@txosteo.org • www.txosteo.org

Copy and Advertising deadline is the  
5th of the month preceding publication.



Created by Publishing Concepts, Inc.  
David Brown, President  
800.561.4686 ext 103

dbrown@pcipublishing.com  
For Advertising info contact  
Jason Kordsmeier • 1-800-561-4686 Ext. 106  
jkordsmeier@pcipublishing.com



pcipublishing.com

## PRESIDENT'S MESSAGE



Lawrence (Larry) Verfurth  
DO, MBA  
TOMA President

Dear Fellow Members,

As we move into the spring months, it's a good time to reflect on the momentum within the Texas Osteopathic Medical Association and the strength of the community that continues to shape the future of osteopathic medicine in our state. The successful completion of the 2026 TOMA Midwinter Conference on March 1 was a powerful reminder of what makes this organization special—our shared commitment to lifelong learning, professional collaboration, and advancing osteopathic medicine across Texas.

This year's Midwinter Conference brought together physicians, students, residents, and partners from across the state for a weekend of continuing medical education, dialogue, and connection. While CME is an important part of the meeting, these gatherings offer something even more meaningful. They reinforce the professional relationships that support osteopathic physicians throughout their careers and remind us that the strength of TOMA ultimately comes from the engagement and dedication of its members.

We are also deeply grateful to Sam Houston State University College of Osteopathic Medicine for hosting this year's conference. Special thanks go to Dean Thomas Mohr, DO, and the outstanding faculty, staff, and students who welcomed us so warmly. The campus provided a beautiful setting for the meeting, and we were honored to call it home for three days. The enthusiasm and professionalism of the SHSU-COM community were evident throughout the event and reflect the bright future of osteopathic medicine in Texas.

### **Strengthening the Value of Membership**

One of TOMA's central priorities moving forward is strengthening the value of membership. Across the country, professional associations are navigating changing expectations among physicians and healthcare professionals. At TOMA, we believe the path forward is clear: meaningful advocacy, high-quality education, and opportunities for physicians to connect with one another.

Membership in TOMA is more than a credential—it represents a shared commitment to advancing osteopathic medicine and ensuring that the voices of DOs are represented in the conversations shaping healthcare policy in Texas. Our membership initiatives continue to focus on strengthening engagement, expanding outreach to new physicians, and maintaining strong relationships with medical students and residents who represent the future of our profession.

We also continue to evaluate member needs through surveys and direct feedback, so please take a moment to complete them when the opportunity arises. Your responses help guide our programs and services and ensure that TOMA remains focused on what physicians in Texas need most. Whether through educational offerings, advocacy efforts, or professional networking opportunities, our goal is simple: to make membership in TOMA valuable throughout every stage of a physician's career.



*continued on page 6 >>*

# LOOKING FOR PHYSICIANS

## Physician Opportunities Within the State of Texas.

**APPLY ONLINE TODAY!**

We offer a fantastic benefit package that includes comprehensive medical and dental coverage, State of Texas retirement benefits, life insurance, professional liability coverage through the State of Texas, generous paid time off and holidays!

**CORRECTIONAL MANAGED CARE**  
**[www.utmb.edu/cmc](http://www.utmb.edu/cmc)**



*UTMB Health strives to provide equal opportunity employment without regard to race, color, religion, age, national origin, sex, gender, sexual orientation, gender identity/expression, genetic information, disability, veteran status, or any other basis protected by institutional policy or by federal, state or local laws unless such distinction is required by law. As a Federal Contractor, UTMB Health takes affirmative action to hire and advance protected veterans and individuals with disabilities.*

To apply online, visit <http://jobs.utmb.edu>  
For more information, contact  
Kevin Martin (409) 747-2694 • [kelmarti@utmb.edu](mailto:kelmarti@utmb.edu)  
or Caitlin Geer (713) 319-4252 • [clgeer@utmb.edu](mailto:clgeer@utmb.edu)

## **Advocacy**

Advocacy remains one of the most important roles of any state medical association. As many of you have heard, changes are coming to the way CME data is managed in Texas. CE Broker is now the endorsed vendor for managing Texas CME data, so please stay tuned to the Texas Medical Board website and TOMA communications for updates.

More broadly, healthcare policy decisions made in Austin affect every physician and patient in Texas. TOMA remains committed to ensuring that osteopathic physicians have a strong voice as these decisions are made.

Our advocacy work focuses on protecting the practice of osteopathic medicine, supporting fair reimbursement, expanding access to care, and addressing workforce challenges across the healthcare system. As healthcare continues to evolve, it is essential that lawmakers understand the important role DOs play in delivering patient-centered, comprehensive care across our state.

The collective voice of our membership makes this work possible. When physicians engage in advocacy—through legislative visits, communication with policymakers, or participation in grassroots initiatives—it strengthens the impact of our profession and helps shape policies that support both physicians and patients.

## **Supporting the Next Generation**

Another priority for TOMA is supporting osteopathic medical students and residents. Texas is home to several outstanding osteopathic medical schools, and each year we welcome a new generation of future physicians into our profession.

Ensuring that students and residents feel connected to the osteopathic community is essential. Mentorship remains an important long-term goal, and we are actively exploring ways to strengthen those relationships, including opportunities that work in both in-person and virtual environments. We are also expanding networking opportunities throughout the year so students and residents can connect with experienced physicians who can offer guidance during the formative years of their training.

Equally important is addressing the ongoing challenge of residency availability. As the number

of osteopathic medical graduates continues to grow, expanding residency opportunities remains critical to ensuring that these talented physicians can complete their training and ultimately serve communities throughout Texas.

## **Building a Stronger Organization**

Behind the scenes, TOMA continues working to strengthen the organization itself. Through strategic planning, operational improvements, and collaboration with our partners, we are continually refining how we serve our members and advance our mission.

This includes evaluating programs, events, and partnerships to ensure that TOMA remains responsive to the changing needs of physicians. Our goal is not simply to maintain the organization we have today, but to continue evolving so that TOMA remains a strong and relevant advocate for osteopathic medicine in the decades ahead.

## **Looking Ahead**

The future of osteopathic medicine in Texas is bright. DOs continue to play a vital role in the healthcare system, delivering compassionate, patient-centered care in communities large and small throughout our state.

But the continued success of our profession depends on engagement. TOMA thrives because physicians participate, volunteer, mentor, advocate, and invest their time in strengthening our community.

As we look ahead to the coming months, I encourage each of you to stay connected to the organization, participate in our programs and initiatives, and continue supporting the mission that unites us.

Thank you for your dedication to your patients, your communities, and to the advancement of osteopathic medicine in Texas. It is truly an honor to serve as your President.

Sincerely,

Lawrence Verfurth, DO, FACOI, MBA  
President  
Texas Osteopathic Medical Association

# Are you searching for a better work-life balance?



**ScionHealth offers unique opportunities for providers to prosper and grow professionally and personally in communities nationwide.**

We are in communities of all sizes across the country—allowing you to choose the type of work/life balance you need to be successful. Quality care is our top priority, and we give you access to the tools, resources and support you need to help you care for your patients and grow your business. In addition, we offer competitive compensation packages, which could include a sign-on bonus, student loan reimbursement and residency stipends.

To learn more, contact [jennifer.lynch@scionhealth.com](mailto:jennifer.lynch@scionhealth.com) or visit [ScionHealth.com](https://www.scionhealth.com) and click the Provider Opportunities link.



We are an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or veteran status.

## EXECUTIVE DIRECTOR'S MESSAGE



Steve Durham  
TOMA Executive Director

Each year the Texas Osteopathic Medical Association's Midwinter Conference offers something valuable that cannot be measured in CME credits alone—the opportunity to reconnect with the people who make the osteopathic profession strong. Many thanks to those who came to Conroe this year to do exactly that.

As we reflect on the success of the 2026 Midwinter Conference, our 70th Midwinter, we are especially grateful to Sam Houston State University College of Osteopathic Medicine (SHSU-COM). The leadership of the deans, the dedication of the faculty, and the enthusiasm and engagement of the students helped make this year's conference truly exceptional. Their efforts created an environment that fostered learning, collaboration, and a renewed sense of purpose across our profession.

For many attendees, one of the most rewarding experiences was seeing the energy and commitment of the students. Their enthusiasm for osteopathic medicine reminds us that the profession continues to renew itself with each new generation.

Emily Dickinson once wrote, *"Hope is the thing with feathers that perches in the soul."*

That sense of hope is easy to see when watching students take their first steps toward a career in medicine. It was on full display throughout Midwinter—thanks in no small part to the students, whose presence and participation left a lasting impression on all who attended.

It is also reflected in the remarkable growth of the osteopathic profession nationwide.

See the article in this issue, according to the 2025 Osteopathic Medical Profession Report released by the American Osteopathic Association, osteopathic medicine has reached a historic milestone. Today there are more than 207,000 osteopathic physicians and osteopathic medical students in the United States, making the profession one of the fastest-growing sectors of American health care.

That number represents an extraordinary trajectory. Since the AOA began tracking the profession in 1935, the number of DOs has increased by more than 158,000 physicians—a growth of over 1,700 percent.

Even more striking is the impact osteopathic medicine now has within medical education. Today more than one in four medical students in the United States is enrolled in a college of osteopathic medicine, with nearly 40,000 students training across 44 colleges and 71 campuses nationwide.

These numbers tell an important story. They show that more aspiring physicians than ever before are choosing a philosophy of medicine grounded in whole-person care—one that emphasizes the unity of body, mind, and spirit. Let's celebrate that.

They also highlight the growing role osteopathic physicians play in meeting the nation's health care needs.

The report notes that 53 percent of osteopathic medical graduates matched into primary care specialties in 2025, continuing a long tradition of service in family medicine, internal medicine, and pediatrics.

At the same time, osteopathic physicians are increasingly contributing across the full spectrum of medicine, with growing representation in fields such as emergency medicine, psychiatry, surgery, and anesthesiology.



This balance between primary care leadership and expanding specialty expertise reflects the versatility of osteopathic training and the evolving needs of the health care system.

Yet even during this remarkable period of growth, the profession is occasionally reminded that progress does not always move in a straight line.

Recently, the American Osteopathic Association filed a lawsuit challenging a policy from the American Board of Internal Medicine that restricts certain residency and fellowship opportunities based solely on whether program directors are certified by the American Osteopathic Board of Internal Medicine rather than ABIM.

The issue is not about physician competence or training standards—osteopathic physicians serving as program directors meet the same ACGME accreditation requirements as their peers. Instead, the policy creates barriers that can prevent qualified residents and fellows from pursuing board certification through ABIM if their program leadership holds osteopathic board certification.

At a time when the United States faces a projected physician shortage of more than 86,000 doctors, policies that limit training pathways ultimately affect not only physicians but patients as well. The AOA has emphasized that its goal in pursuing legal action is simple: to ensure fairness in graduate medical education and protect the ability of qualified osteopathic physicians to lead training programs and mentor the next generation of doctors.

In many ways, the situation reflects a long-standing theme in the history of osteopathic medicine. The profession has often grown not only through innovation and dedication, but also through advocacy.

Dickinson wrote another line that resonates with the work physicians do every day:  
*"If I can stop one heart from breaking, I shall not live in vain."*

While she wrote those words in a poetic context, they echo the purpose that draws many people to medicine in the first place. Every day across Texas, osteopathic physicians quietly fulfill that calling—in clinics, hospitals, emergency departments, and community health centers.

Often the work is demanding and the challenges are real. But the commitment to patient care remains the defining characteristic of this profession.

Organizations like TOMA exist to support that commitment. Conferences such as Midwinter allow physicians to share knowledge, build relationships, and strengthen the professional network that sustains osteopathic medicine across our state.

Yet the true impact of these gatherings extends far beyond the conference weekend.

It lives in the new ideas physicians bring back to their practices.

It lives in the mentoring relationships that begin with a simple conversation.

And it lives in the students who leave inspired by the physicians they meet.

As we reflect on this year's conference, we again extend our sincere gratitude to SHSU-COM whose partnership and commitment helped make this Midwinter not only successful, but so memorable.

One thing is clear: the profession continues to grow, the next generation of physicians is extraordinarily talented, and the commitment to whole-person care remains stronger than ever. And for that, we are grateful.

Thank You,

Steve Durham  
TOMA *Executive Director*



# TOMA NEWS

## Honoring Dr. George Smith – 50 Years of Service

By TOMA Staff

The community of West, Texas, and West Independent School District proudly recognized Dr. George N. Smith, a valued member of the Texas Osteopathic Medical Association (TOMA), for his extraordinary 50 years of service as team physician for West ISD student-athletes.

For five decades, Dr. Smith has been a steadfast presence on the sidelines of Trojan and Lady Trojan athletic events, dedicating countless hours to the health, safety, and well-being of student-athletes. His commitment extends far beyond the field. Dr. Smith has provided compassionate care, guidance, and reassurance to generations of students and families, often going above and beyond in service to the community.

Dr. Smith is widely respected not only for his medical expertise but also for his compassion, wisdom, and selfless dedication. Throughout his career, he has consistently placed the needs of others first, offering calm and thoughtful care in moments when it mattered most. His ability to support athletes, families, coaches, and school staff alike has made him a trusted and beloved figure within the West community.

Over the years, Dr. Smith's care has touched multiple generations of West High School graduates. Many families can recall his presence during critical moments—whether responding to injuries during games, offering guidance after hours, or providing reassurance when families needed it most.

Dr. Smith's remarkable 50-year legacy reflects the very best of what it means to be both a physician and a community servant. His dedication has strengthened the health and spirit of West ISD and serves as an inspiring example of leadership and service within the medical profession.

On behalf of the community, West ISD, and fellow members of TOMA, we extend our sincere gratitude to Dr. George N. Smith for his decades of unwavering commitment and for the lasting impact he has made on countless lives.



## 2025–2026 TOMA Student Doctor of the Year Winners

TOMA recognizes three outstanding student leaders whose dedication to osteopathic medicine, academic excellence, and service sets them apart:

### **Purvee Patel, OMS – UNT Health Science Center (TCOM)**

Recognized for her commitment to patient-centered care, leadership within the osteopathic community, and strong academic performance.

### **Laura Kade, MPH, CPH – UIW School of Osteopathic Medicine (UIW-SOM)**

An OMS-III student and Predoctoral Fellow, Laura demonstrates exceptional leadership in both clinical medicine and public health.

### **Melanie Sturm, OMS-II – Sam Houston State University College of Osteopathic Medicine (SHSU-COM)**

As SOMA President, Melanie has shown outstanding leadership and advocacy at both the state and national levels.

---

## TOMA Members Approve Board Candidates

At the Midwinter Conference Business Meeting on February 28, 2026, TOMA members approved the following Board of Trustees candidates to serve:

### **President-Elect:**

Kris Belland, DO, MPH, MBA, MSS, CPE

### **Vice President:**

Rick Lin, DO

### **Trustees (Terms Expiring 2029):**

- Catherine P. Browne, DO
- Valerie DeLuca, DO
- Townes Leigh, DO
- J. David Miller, DO
- Thomas J. Mohr, DO, FACOI, FAOGME
- Lisa R. Nash, DO, MS-MPEd, FAAFP
- Katherine Pederson, DO
- John T. Pham, DO, FACOFFP

We extend our gratitude to these physicians for their willingness to serve in these volunteer leadership roles.

## Thank You to Our 2026 Midwinter Conference Exhibitors

TOMA extends sincere appreciation to our 2026 Midwinter exhibitors for their support:

Aevum	SVMIC
Dean Jacobson Financial Services	Texas Center for Patient Safety
ExamWorks	TMF
Medeia	Health Quality Institute
MedTech International Group	UTMB – Correctional Managed Care
ReviveRX	

---

## 2026 TOMA Student Poster Award Winners

TOMA congratulates the following student and resident poster award recipients:

### **Original Research**

- **1st Place:**
  - Samuel Covington, OMS  
SHSU-COM
- **2nd Place (Tie):**
  - Elizabeth Miller, OMS  
UNT-HSC (TCOM)
  - Amber M. Hoskins, OMS  
UNT-HSC (TCOM)

### **Case Reports**

- Resident 1st Place: Dr. Ilsa Haidry  
Texas Presbyterian Hospital
- Student 1st Place: Dania Khan, OMS  
SHSU-COM

---

## Please Save the Date! 2026 TOMA Annual Conference

**August 7–8, 2026**

Stay tuned—  
we look forward to seeing you there.



# A Lifeline for Rural Texas: Can \$1.4 Billion Fix a Broken Health System?

By John Egan

March 3, 2026

Just 17 percent of the state's population lives in rural spots like the Panhandle town of Canyon and the East Texas town of Navasota. That share of the population works out to 4.3 million people, the most rural residents of any state.

The population of rural Texas (more than 4 million) falls short of the combined population of the Austin and San Antonio metro areas (more than 5 million). Yet rural Texas represents a disproportionately higher share of people who are diagnosed with cancer, heart disease, stroke, diabetes, obesity, and other life-threatening conditions.

To complicate the situation:

- 26 rural hospitals in Texas are at risk of closing, health care advisory firm Chartis reported in 2025. Around 70 rural towns have no hospital at all.
- Small and rural counties in Texas have a higher share of residents who lack health insurance than urban and suburban counties. In 2023, at least 30 percent of residents in seven rural counties didn't have health insurance. That compares with more than 16 percent of all Texans.
- More than 80 percent of Texas' federally designated health professional shortage areas are in rural places.
- As of last September, about two dozen of the state's 254 counties had just one state-licensed physician.

## **A \$1.4 billion lifeline for rural health in Texas**

Those statistics could turn around thanks to a more than \$1.4 billion shot in the arm for rural health in Texas.

In December, the federal Centers for Medicare & Medicaid Services notified the Texas Health and Human

Services Commission that it would receive over \$1.4 billion through the \$50 billion Rural Health Transformation Program. Texas' share of the program's funding is the most of any state.

The Texas commission says it will allocate the money to organizations like local government agencies, rural hospitals, rural health centers, and rural behavioral health providers to help accomplish these goals:

- Reduce chronic disease through prevention, wellness and nutrition services.
- Invest in technology to help patients improve their health.
- Use artificial intelligence and telehealth services to bridge service gaps.
- Recruit and retain rural health care workers through career development, scholarships, relocation payments, and training programs.
- Improve cybersecurity to protect patient data.
- Upgrade equipment in rural hospitals and clinics.

Texas will earmark \$281.3 million per year over a five-year period for the rural health initiative.

"This investment has the potential to strengthen the early warning systems of health care, including primary care access, telehealth reach, and care coordination," said Barry Davis, MD, professor emeritus of public health, biostatistics, and data science at the University of Texas School of Public Health in Houston. "When those pieces work, diseases are caught earlier, and costly crises are avoided. The long-term impact depends on whether funding builds durable prevention capacity, not just short-term financial relief."

### **The obstacles to accessing healthcare in rural Texas**

Government and healthcare officials believe the \$1.4 billion will serve as much more than a Band-Aid for rural health in Texas. In fact, at this point, a Band-Aid would barely help stanch the bleeding. Exacerbating the problem: On average, Texans in rural communities are older, more likely to be low income, and more likely to have at least one disability.

"Many rural areas have fewer providers and fewer facilities, less specialty and procedural capacity, and longer travel distances to get care," said Elizabeth Ekren, a medical sociologist at Texas State University's Translational Health Research

Center. "We also see lower use of preventive services in many places, things like screening for cancers or engaging in early prenatal care."

Lack of easy access to care makes matters worse.

According to the Texas Health and Human Services Commission, rural residents in Texas travel an average of 59 miles from their rural hospital to the nearest large referral center. But travel times vary by region. For instance, some West Texans patients may travel as many as 109 miles. Furthermore, nearly one in five rural Texas counties did not have a licensed primary care physician as of 2024.

### **The challenge of finding doctors to practice in rural Texas**

Osteopathic medical schools in Texas are addressing the shortage of doctors in rural areas as the state's 60-and-over population continues to grow:

- The Texas College of Osteopathic Medicine (TCOM) operates the Rural Osteopathic Medical Education (ROME).
- The Sam Houston State University College of Osteopathic Medicine (SHSU-COM) runs a rural-focused residency program in partnership with East Texas' Huntsville Memorial Hospital.
- The Texas Institute for Graduate Medical Education and Research, affiliated with the University of Incarnate Word School of Osteopathic Medicine (UIWSOM), offers seven residency programs that help benefit rural healthcare.
- Tarleton State University is preparing to open its College of Osteopathic Medicine, whose primary goal will be to improve healthcare access and quality in rural and medically underserved communities in Texas.

Dr. Davis said it's challenging to recruit physicians to work in rural Texas, and it's about more than how much money they can earn.

"Physicians look for professional support, referral networks, and a sustainable work environment," Dr. Davis said. "Successful recruitment usually requires team-based care models and technology that connects rural clinicians to broader systems."

David Garza, DO, assistant professor of family medicine and chair of primary care at UIWSOM, noted that not only does rural Texas need more

*continued on page 14 >>*



primary care physicians, it needs more specialists like surgeons, OB-GYNs, and psychiatrists.

“As the bigger Texas cities continue to grow, the percentage of medical school applicants from rural communities may be diminishing proportionately,” Dr. Garza said in a 2025 interview. “Most new medical school graduates, therefore, may not be accustomed to living in these isolated areas, so selling them on the idea of starting a practice in one of these may be difficult.”

Despite that difficulty, Ekren said she’s encouraged by the commitment of clinicians, community organizations, researchers, local leaders, healthcare system, and policymakers to work toward closing healthcare gaps in rural Texas.

### **One company’s non-traditional approach to recruiting**

Genuine Health Group, a healthcare services provider, recruits physicians in rural, suburban, and urban areas in Texas and other states for its accountable care organizations (ACOs) and management services organizations (MSOs). This often means reaching out to rural physicians in Texas and other states. In some cases, if a practice in one of Genuine Health’s ACOs needs to hire a physician in rural Texas, the company might support the recruiting process.

Logan Ferrie, the company’s chief growth officer, said Genuine Health focuses less on providing financial incentives to attract doctors and more on offering long-term stability and support.

Rural physicians contacted by Genuine Health often express concerns about professional isolation, limited support from specialists, administrative burdens and regulatory complexities, financial pressures, and shortages of nurses and other healthcare professionals, according to Ferrie.

“Many of these rural physicians worry about being stretched too thin, both clinically and operationally,” Ferrie said. “They want to focus on patient care, but they are often navigating complex value-based care requirements, healthcare quality reporting, and care coordination demands on their own.”

“Independent providers practicing in rural settings carry an enormous responsibility,” he added. “They are not just physicians; they are often the central healthcare hub for their entire community. They must manage complex care while meeting patients where they are geographically, financially, and socially.”



### **Tackling telehealth, workforce needs, and other rural health issues**

At the state and national levels, advocacy and policy discussions need to be held regarding key topics like medical coverage, reimbursements, telehealth, workforce incentives, and regulatory approaches that make delivery of medical services in rural areas sustainable, Ekren said.

“To me, the opportunity is to keep testing, evaluating, and scaling what works, and to be honest about what needs to be adapted locally,” she said.

Still, resolving issues surrounding health care access and quality in rural Texas is by no means simple.

“Even when a community sees a promising fix locally, that solution can get limited by something upstream,” Ekren said. “That is why improving rural access usually requires several changes moving together, not one change in isolation.”

According to Ekren, coming up with promising fixes might involve asking questions like these:

- If transportation is a major reason for missed appointments, could a clinic partner with community organizations to improve access to rides or adjust scheduling practices to reduce no-shows?

- If many patients have limited flexibility at work, could clinics test extended hours, same-day scheduling, or team-based staffing models that expand availability or reduce delays?
- Are there ways to bundle multiple health and social services in single locations?

Dr. Davis added that it’ll require the trio of people, technology, and community support to effectively expand workforce pipelines, increase the use of telehealth and strengthen care coordination in rural Texas.

“The future depends on whether today’s investments build lasting systems or just temporary stabilization,” Dr. Davis said. “If funding strengthens the workforce, extends access through technology, and improves continuity of care, rural communities can see real gains in prevention and long-term health.”





# A Profession in Motion

## What the Latest National Data Reveal About the Growth of Osteopathic Medicine

Compiled by TOMA Staff

Every profession occasionally reaches a moment when it can pause long enough to recognize how far it has come.

In medicine, those moments rarely arrive suddenly. Instead, they accumulate slowly—through the daily work of physicians caring for patients, the dedication of educators training future doctors, and the gradual expansion of a profession whose influence continues to grow.

For osteopathic medicine, the latest national workforce data offer one of those moments of reflection.

More than 150 years after Andrew Taylor Still first articulated the principles of osteopathic medicine, the profession he founded has grown into one of the most dynamic parts of the American healthcare system. Doctors of osteopathic medicine now practice in every specialty and serve patients in every region of the country—from rural clinics and community hospitals to major academic centers and military medical facilities.

What began as a distinctive philosophy of care has become an essential component of the nation's physician workforce.

And by nearly every measure, the profession continues to grow.

### **A Milestone for the Profession**

The American Osteopathic Association's latest 2025 national report highlights a milestone that reflects the profession's remarkable trajectory.

Today, more than **207,000 osteopathic physicians** and osteopathic medical students are part of the profession in the United States. That total includes approximately **167,000 practicing DOs** and nearly **40,000**

**students** currently enrolled in colleges of osteopathic medicine.

For a profession that once represented a small segment of American medicine, the growth is striking. Since the American Osteopathic Association first began tracking the physician workforce in the 1930s, the number of osteopathic physicians has increased by more than **1,700 percent**.

DOs now represent roughly **11 percent** of the physician workforce in the United States, a share that continues to increase each year.

Medical education tells a similar story.

Across the country, **44 colleges of osteopathic medicine operating on 71 campuses** are training the next generation of physicians. Today, more than one in four medical students in the United States is enrolled in a college of osteopathic medicine.

Each year, thousands of those students enter the physician workforce. In 2025 alone, nearly **9,000 new DO graduates** began their careers in medicine.

Taken together, these numbers reflect a profession that has moved from the margins of medicine to the mainstream of the healthcare system.

Another striking feature of the osteopathic profession today is its youth.

Nearly **70 percent of practicing DOs are under the age of 45**, indicating that much of the profession's leadership and influence still lies ahead. A large share of osteopathic physicians are in the early or middle stages of their careers, suggesting continued growth and innovation in the decades to come.

The demographics of medical students also highlight an evolving profession. **Women now represent more than 55 percent of students attending osteopathic medical schools**, reflecting a broader transformation within the physician workforce.

These changes suggest that the profession is not simply expanding—it is adapting to the needs of a modern healthcare system.

### **A Tradition of Primary Care**

Throughout its history, osteopathic medicine has maintained a strong connection to community-based healthcare.

That tradition continues today.

Recent residency match data show that approximately **53 percent of osteopathic medical graduates enter primary care specialties**, including family medicine, internal medicine, and pediatrics.

At a time when healthcare analysts project a national physician shortage in the coming decades, this commitment carries particular significance. Population growth and an aging population are expected to place increasing pressure on the healthcare system, especially in community-based care. Physicians trained in primary care will play a vital role in meeting those needs. Osteopathic physicians have long been part of that effort.

### **Expanding Across Specialties and Rural Areas**

While primary care remains central to the osteopathic tradition, the profession's reach now extends across nearly every field of modern medicine.

Today, approximately **45 percent of osteopathic physicians practice in non-primary care specialties**, including emergency medicine, anesthesiology, psychiatry, surgery, and obstetrics and gynecology.

This expansion reflects the versatility of osteopathic training and the growing recognition of DOs throughout the healthcare system.

Residency training programs increasingly value physicians who combine strong clinical preparation with a patient-centered philosophy of care.

One of the defining characteristics of osteopathic medicine has long been its presence in communities where healthcare access is limited.

Many osteopathic medical schools were intentionally established in regions experiencing physician shortages. Students who train in those areas often remain nearby after completing their education.

As a result, osteopathic physicians frequently serve rural and medically underserved communities.

The need remains significant. In rural regions of the United States, physician availability remains far lower than in urban areas. Osteopathic physicians have helped bridge that gap for decades by bringing care to communities where access might otherwise be limited.

*continued on page 18 >>*

### **Strong Outcomes in Residency Training**

Another indicator of the profession's strength is the success of osteopathic graduates entering residency training.

Recent national data show that DO seniors achieved a **99 percent residency placement rate**, reflecting strong demand for osteopathic physicians within graduate medical education programs.

More than **8,000 residency matches** were recorded in the most recent match cycle, continuing a steady upward trend.

These outcomes reflect growing recognition of the training and philosophy that osteopathic physicians bring to patient care.

### **Looking Ahead**

Taken together, the latest national data paint a clear picture.

Osteopathic medicine is entering a period of sustained growth and expanding influence. A young physician workforce, a strong pipeline of medical students, and increasing representation across specialties position the profession to play an important role in the future of healthcare.

At the same time, the profession remains rooted in the philosophy that first defined it more than a century ago—the idea that effective medical care

must consider the whole person.

In an era when healthcare systems increasingly emphasize prevention, patient relationships, and integrated approaches to health, that philosophy may be more relevant than ever.

The profession that began with the ideas of Andrew Taylor Still continues to evolve.

And by every indication, its influence is still growing.

### **Key Findings from the 2025 AOA Workforce Report**

- More than **207,000** osteopathic physicians and students nationwide
- DOs represent roughly **11% of the U.S. physician workforce**
- **Over 25% of U.S. medical students** attend osteopathic medical schools
- Nearly **70% of practicing DOs are under age 45**
- **53% of DO graduates enter primary care specialties**
- **99% residency placement rate** for DO seniors

#### **Source:**

American Osteopathic Association,  
*2025 Osteopathic Medical Profession Report.*



# CME developed by trusted experts.



Join your peers who have completed more than 1 million free continuing medical education (CME) courses with Texas Health Steps Online Provider Education. Choose from over 50 CME courses developed by Texas experts for experts like you. Topics include Medicaid guidelines, ethics, mental health and more. Quick courses, case studies and resources are also available 24/7.



**Learn more at [TXHealthSteps.com](https://TXHealthSteps.com)**

Content on the Texas Health Steps Online Provider Education website has been accredited by the Texas Medical Association, American Nurses Credentialing Center, National Commission for Health Education Credentialing, Accreditation Council for Pharmacy Education, and The University of Texas Health Science Center at San Antonio Dental School Office of Continuing Dental Education. Continuing education for multiple disciplines will be provided for some online content.



**TEXAS**  
Health and Human  
Services

Texas  
Health  
Steps



# Where Movement Meets Medicine:

## A Cross-College Collaboration Supporting Student Growth

By Brittany Foreman, SHSU-COM

MARCH 1, 2026

For dancers, every leap, lift and landing depends on the body. It is the instrument that makes their art possible, and protecting it is essential to sustaining a career in the arts.

That shared understanding is shaping a collaborative learning experience between the graduate dance program in the College of Arts and Media and the College of Osteopathic Medicine at Sam Houston State University (SHSU-COM).

Adele Nickel, assistant professor of dance, is leading a graduate course centered on somatic approaches to movement. Rather than teaching steps solely from the outside in, the course challenges dancers to develop deeper internal awareness of how movement feels. The aim is to connect sensation, alignment and expression in ways that support both performance and longevity.

"My hope is that they begin to think of themselves as humans who happen to dance and want healthy, functional bodies for a long time, rather than dancers who carry a body around and beat it up all the time," Nickel said.

Because dancers rely on their bodies daily, sustainability is central to the curriculum. This semester, that focus expanded beyond the studio.

Each week, graduate dance students travel from Huntsville to the Conroe campus to receive osteopathic manipulative treatment, or OMT, from student doctors under the

supervision of Juanita Brown, DO, osteopathic faculty member at SHSU-COM. OMT is a hands-on approach used to assess mobility, relieve strain and support the body's natural ability to heal. For dancers who place repeated demands on joints, muscles and connective tissue, preventive care can be as important as treatment after injury.

"The graduate students have been surprised by how much the student doctors can perceive from just a short assessment and by how holistic the approach to treatment is," Nickel said.

The sessions serve as both treatment and training. Those working toward their MFA in dance receive individualized care tailored to the demands of performance. Student doctors gain experience working with a population that requires precise attention to alignment, balance and repetitive strain.

"As dancers, a lot of the time we're told to suppress the pain. You can still kind of dance, you can still kind of do things," said Mary Kuhn, a third-year MFA student in dance. "Having the full-body assessment made me realize there were more issues than I would have thought otherwise."

For Kuhn and her peers, the collaboration reinforces what they are studying in the studio. Rather than pushing through discomfort, students are learning to interpret what their bodies are communicating and respond proactively.

"If you have a feeling or a sense that something's wrong with your body, you're the first person to know. So just be aware and be mindful of that," Kuhn said.

The experience has also shaped the clinical growth of the medical students involved. Second-year medical student Morgan Wallace said working with dancers has strengthened his ability to recognize subtle patterns of strain and movement.

"A lot of times when I'm performing a treatment, they're very vocal and descriptive of what they're feeling without me even having to ask," Wallace said. "They're very in tune with their bodies, and that makes it easier to fine-tune the treatment."

Wallace said the collaboration reinforces the role of education in prevention.

"When you explain what you're finding and what the treatment is doing, it gives them more insight into what they're doing in their day-to-day lives," he said. "They become more aware and can make efforts not to exacerbate those patterns."

In addition to treatment, the collaboration includes a research component. Nickel is partnering with Dr. Karen Nelson, a psychology professor at SHSU-COM, to compare how dancers and student doctors interpret treatment progress. By reviewing observations from both groups, the team is examining how perception and awareness influence healing.

The long-term impact extends beyond a single semester. Many of the graduate dancers are likely to move into instructional roles during their careers. Understanding injury prevention and the body's capacity to adapt and heal positions them to model healthy practices for younger dancers. Likewise, student doctors carry forward lessons in prevention, performance health and whole-body awareness that will shape the way they care for future patients.

Experiences like this define the student journey at Sam Houston. Learning does not happen in isolation. It happens through collaboration, shared expertise and opportunities that challenge students to apply their knowledge in new settings. Dancers gain preventive healthcare insight that can sustain their careers. Student doctors strengthen clinical skills while deepening their understanding of how movement, awareness and healing intersect.

In bringing together the arts and osteopathic medicine, the partnership reflects a broader commitment to preparing graduates who are not only skilled in their disciplines, but attentive to the needs of others. Whether caring for a patient or mentoring the next generation of performers, both groups of students are learning that the measure of their work, and ultimately their lives, is found in how they serve.

**Source:**

<https://www.shsu.edu/academics/colleges/osteopathic-medicine/shsu-com-highlights/dance-omt-collaboration>



# Inside the 2026 TOMA Midwinter Conference

By: TOMA Staff

March 3, 2026

For the 273 physicians, students, and residents, who registered, the **2026 TOMA Midwinter Conference** was more than an educational event; it was an experience that blended learning with reflection, and professional development with a renewed sense of purpose. Over the course of three days, the conference became a space where ideas were exchanged, relationships strengthened, and a shared vision for the future of osteopathic medicine in Texas began to take clearer shape.

Held February 27 through March 1 at the Hyatt Regency Conroe, this year's meeting marked the first time the Midwinter Conference has been hosted in Conroe—a city that is rapidly emerging as a center for healthcare and medical education. Yet the significance of the location extended beyond convenience. It introduced a sense of alignment between place, people, and purpose that subtly influenced the tone of the entire weekend. In many ways, the setting itself became part of the message: that the future of medicine is not confined to traditional centers, but is being actively shaped in growing communities across the state.

The 2026 conference also carried historical weight. It marked the 70th Midwinter Conference while coinciding with the celebration of 125 years of TOMA's leadership in advancing osteopathic medicine in Texas. The theme, "Honoring Our Legacy, Empowering Our Future," might easily have leaned toward nostalgia. Instead, it offered something more dynamic: a recognition that history serves not as a resting place, but as a foundation for progress.

From the opening welcome to the final sessions, a consistent message emerged. Medicine is changing—rapidly and often unpredictably—and osteopathic physicians are uniquely equipped to navigate that change. Their training in whole-person care, their adaptability, and their emphasis on connection position them not simply to respond to transformation, but to lead it. This was not presented as an abstract idea, but as a practical responsibility—one that requires both clinical excellence and a willingness to evolve.

This idea was reinforced by the conference's proximity to the Sam Houston State University College of Osteopathic Medicine (SHSU-COM). Located just steps away, the institution provided more than a geographic anchor; it offered a living example of the future being discussed throughout the conference. Attendees were not only hearing about evolving models of care and education—they were witnessing them in action. Conversations with faculty, exposure to training environments, and the opening reception hosted at SHSU-COM all contributed to a sense that the boundary between academic medicine and community practice is becoming increasingly fluid.

The influence of SHSU-COM extended directly into the program itself. Faculty and affiliated physicians played a central role in shaping the conference, bringing with them a combination of academic rigor, clinical relevance, and local perspective. Their contributions ensured that the program was not only informative but also grounded in the realities of modern practice.

Sessions led by SHSU-COM faculty addressed a wide range of contemporary issues. Topics included reproductive health in primary care, the integration of artificial intelligence into clinical workflows, the use of osteopathic manipulative medicine in diverse patient populations, and the challenges of delivering psychiatric care in primary care settings. Additional sessions explored the growing role of social media in shaping patient expectations and the ethical complexities surrounding end-of-life care.

What distinguished these sessions was not only their subject matter, but their tone. They were grounded in practicality—focused on what physicians can do now, within the realities of their practices—while also acknowledging the broader shifts occurring in healthcare. In this way, the program reflected a deeper truth: modern medicine can no longer operate in silos. Clinical expertise, technological innovation, ethical reasoning, and effective communication must function together.

This theme was particularly evident in one of the conference's most reflective sessions, "Cognitive Bias and Other Threats to the Pillars of Medical Ethics and Patient Safety," presented by David E. Garza, DO. Rather than focusing outward on systems or technologies, the session turned inward, asking physicians to examine their own patterns of thought.

Dr. Garza explored how cognitive biases—formed through years of training and experience—can

subtly shape clinical decision-making, often without conscious awareness. These biases, while sometimes helpful in streamlining decisions, can also lead to diagnostic errors or incomplete assessments. By bringing these patterns into focus, he challenged attendees to adopt a more deliberate and reflective approach to patient care.

Framed within the pillars of medical ethics and patient safety, the session emphasized that improving outcomes begins with awareness. Yet the solution offered was not purely procedural. Instead, it drew on osteopathic philosophy itself—the commitment to seeing the whole person, to remaining open-minded, and to continuously reassessing one's understanding. In this way, the session served as a reminder that some of the most meaningful advances in medicine begin not with new tools, but with deeper attention—to patients, to context, and to one's own thinking.

### **The Future of the Profession**

While much of the conference centered on current practice, there was a clear and deliberate emphasis on the future of the profession. Student and resident programming, including the poster competition and multiple dedicated sessions, brought a noticeable energy to the weekend. These moments created opportunities for emerging physicians to present their work, engage with established practitioners, and participate actively in the professional community.

What stood out was not simply the presence of students, but the level of engagement across generations. Experienced physicians did not remain observers; they participated, mentored, and contributed in ways that suggested a renewed investment in the profession's future. This level of interaction reflected a broader recognition that the strength of osteopathic medicine depends not only on current practice, but on the intentional development of those who will carry it forward.

The early development of a new mentorship initiative further underscored this commitment. While still in its formative stages, the initiative signals a shift toward more structured and sustained relationships between experienced physicians and those entering the field. In an era of increasing complexity in healthcare, such connections are likely to play an essential role in supporting both professional growth and personal resilience.

*continued on page 24 >>*

Amid these forward-looking discussions, the conference also created space to honor its past. A particularly meaningful moment came when SHSU-COM leadership, including Dean Thomas Mohr, DO, presented TOMA with a newly commissioned plaque recognizing recent past presidents. The plaque will be installed in the university's Heritage of Healing Gallery, joining existing displays that document the association's leadership history.

The gesture was both symbolic and practical. It ensured that TOMA's legacy—its leadership, its milestones, and its contributions—will remain visible to future generations of physicians. At the same time, it reinforced a central theme of the conference: progress is cumulative. Each advancement in medicine builds upon the work of those who came before, and the preservation of that history is itself an act of stewardship.

Outside the formal sessions, the experience of the conference extended into the surrounding community. Conroe's local dining scene provided informal spaces where conversations continued and relationships deepened. Restaurants such as Fajita Jacks, Red Brick Tavern, Conroe Lake House, and Monty's Lighthouse became gathering points where colleagues could step away from structured programming and engage more freely.

These moments, though less formal, were no less significant. They highlighted the role of connection in professional life—the understanding that medicine is not practiced in isolation, but within networks of colleagues, collaborators, and friends. In these settings, discussions often moved beyond clinical topics to include shared challenges, personal experiences, and broader reflections on the profession.

This sense of connection carried into the conference's social events as well. From the opening reception at SHSU-COM to the 125th Anniversary Celebration Dinner, attendees were given opportunities to reflect not only on the present state of the profession, but also on its history. A screening of Dr. Daryl Callahan's short film on early osteopathic physicians in Texas provided a compelling historical lens, reminding attendees of the profession's origins and the challenges faced by its earliest practitioners.

This was followed by remarks from Dr. Robert E. Suter, TOMA's president-elect, whose reflections bridged the early focus of osteopathic medicine in the 1900s with its modern-day application and journey. His perspective underscored the continuity of purpose that connects generations of physicians,

even as the tools and contexts of practice evolve. The evening, in its entirety, offered a depth of experience that extended beyond a celebration—it became a moment of collective reflection.

These gatherings (the 70th Midwinter) reinforced the idea that while medicine is demanding, it is also deeply communal. The relationships formed and sustained within this community are not incidental; they are essential to the practice itself.

For those who attended, the value of the conference was immediate: new knowledge, new perspectives, and renewed professional relationships. For those who were unable to attend, the significance lies in what the conference represented.

The 2026 Midwinter Conference reflected a great profession in transition—one that is embracing innovation quickly while remaining grounded in its foundational principles.

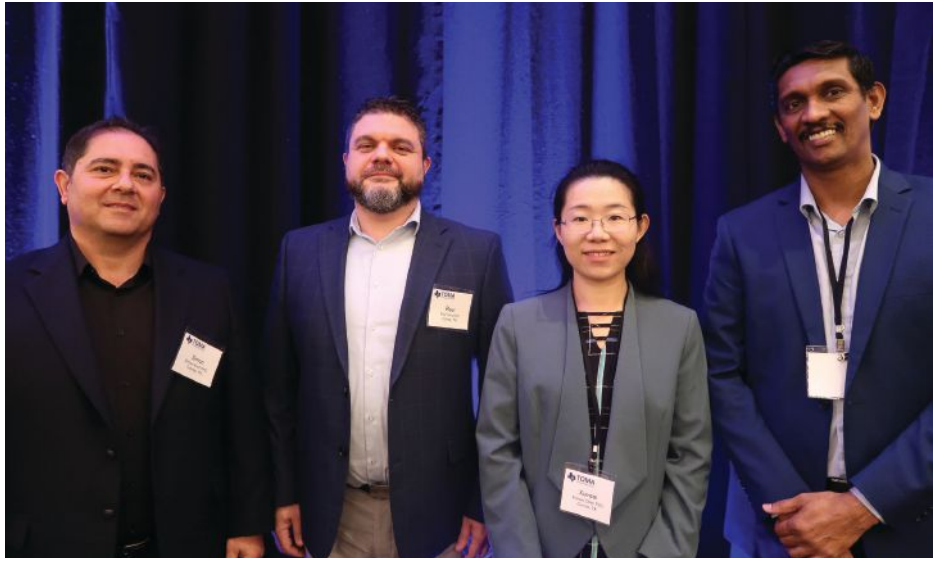
The event demonstrated a growing integration between education and practice, a heightened emphasis on ethics and communication, and a clear investment in developing future physicians. It also highlighted the increasing influence of institutions like SHSU-COM in shaping both medical education and healthcare delivery across Texas. This shift was evident not only in the program itself, but in the wide range of perspectives among attendees—where generational experience and individual philosophy subtly influenced how medicine is practiced and understood.

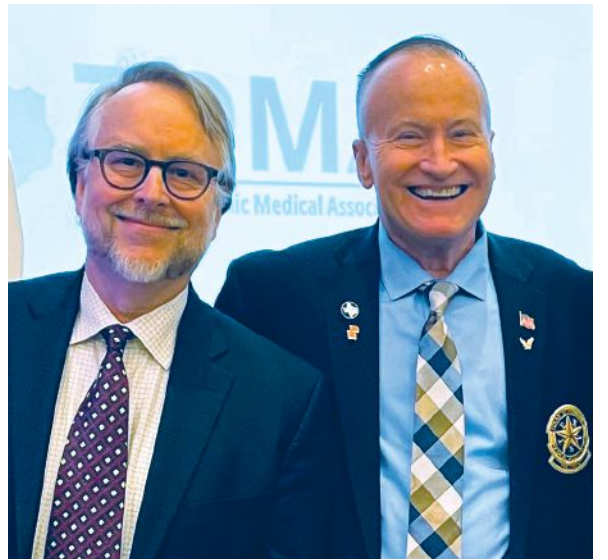
As the weekend ended, attention naturally turned toward what lies ahead. TOMA's next major gathering, the 2026 Annual Conference, is currently scheduled for August 8 at the Texas College of Osteopathic Medicine in Fort Worth. While details will continue to emerge, the broader trajectory is already evident: the conversations that began in Conroe will continue to evolve, carrying forward the ideas and connections formed during the Midwinter Conference.

Ultimately, the lasting impression of the 2026 Midwinter Conference is not defined by any single session or event. Rather, it lies in the collective experience—a sense of momentum, a reaffirmation of purpose, and a recognition that the future of osteopathic medicine is being actively shaped by those engaged in its practice today.

The legacy of osteopathic medicine in Texas is not simply something to be remembered. It is something that continues to be built—thoughtfully, collaboratively, and with a clear eye toward what comes next.









Please Save the Date!  
**2026 TOMA Annual  
Conference**

**August 7-8, 2026**

*Stay tuned— we look forward to seeing you there.*

# Your Quality Improvement Partner

Is your practice looking to improve on these priority areas? Work with our team of quality improvement experts, **at no cost to you**, as part of the Centers for Medicare & Medicaid Services' Quality Innovation Network - Quality Improvement Organization (QIN-QIO) Program to achieve measurable changes that will help improve the lives of your patients.



Email [clinics@tmf.org](mailto:clinics@tmf.org) for more information.

**Southcentral**  
CMS QIN-QIO | Region 5  
TMF HEALTH QUALITY INSTITUTE

QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP

[www.SouthcentralQINQIO.org](http://www.SouthcentralQINQIO.org)

## TARGETED ADVERTISING FOR THE MEDICAL PROFESSIONAL

Advertise HERE

Contact **Jason Kordsmeier** at **501-725-3781**  
[jkordsmeier@pcipublishing.com](mailto:jkordsmeier@pcipublishing.com)

## Open Faculty Positions

**Clinical Faculty Osteopathic Principles, Practices and Integration (OPPI)**

<https://jobs.uiw.edu/hr/postings/23023>

UIWSOM is seeking outstanding applicants for a full-time clinical faculty position to participate in a variety of activities within the Clinical & Applied Science Education (CASE) department, with a focus on osteopathic principles, practices, and integration (OPPI). Participation in clinical practice activities is negotiable. The faculty position reports to the Chair of the CASE department.

**Required Education:**

- D.O. degree from a COCA-accredited medical school
- Training in an accredited Family Medicine residency program or other primary care residency program.



## *In Memoriam*

# Tom Wallace Ewing, DO (1946-2025)

Dr. Tom Wallace Ewing, born December 17, 1946, in Abilene, Texas, passed peacefully from this life on October 14, 2025. He was preceded in death by his parents, George and Mellisse Ewing; his wife, Tammy Green Ewing; and his niece, Brie Whitmire.

In addition to being a profoundly faithful, sensitive, and loving man, Tom was a highly respected hand surgeon in OKC, Norman, and Duncan, Oklahoma practicing for nearly fifty years. He attended Abilene Christian University (Class of 1969), earned his medical degree from the Texas College of Osteopathic Medicine, practiced family and emergency medicine in Jacksboro and Wichita Falls, Texas, and completed his residency in orthopedic surgery at St. Anthony's and Hillcrest Hospitals in Oklahoma City. Though Dr. Ewing valued all his training, he was especially grateful for his prestigious fellowship in hand surgery with Dr. Edward Nailbuff, a pioneer in the field.

Throughout his long and distinguished career, Dr. Ewing became known for treating complex cases with both meticulous skill and deep compassion, offering confidence and comfort to his patients. Beyond his remarkable professional achievements, he considered his family his greatest joy and legacy.

Tom and Julie met while students at Abilene Christian University and together raised their children: April Ewing McBride (husband Donnie; children Christy, William, Joshua, Julianna, and John David) Dax Segers (former husband Clay; children Mycah and Shelby) Jonathan Ewing (wife Lesli; children Luke, Graham, and Blair) and Kevin Ewing.

His surviving siblings and their families include:

- Kathy Campbell (husband James; children Sunshine and Brooke)
- Virginia Whitmire (husband Mark; daughter Elizabeth)
- Patricia Ewing (husband Tim; children Erin and Courtney)
- Hope Ewing (children Jason and Kris)

Tom lived life with intensity and warmth. He found joy in the outdoors—especially hunting trips shared with friends and family. Tom was an avid quail hunter who enjoyed bird dogs and chasing the next covey rise. He studied the violin as a child and loved to enjoy and share beautiful music. He loved to cook and experiment with new recipes and flavors. His enthusiasm for good food, good stories, and good company was contagious.

He will be remembered for his charisma, his deep faith and steadfast hope of heaven, and for the stories, tears, humor, wisdom, and guidance he shared so freely.



Built by Physicians for Physicians

APPLY ONLINE TODAY

WHY JOIN TIOPA

- 1 application for 100+ plans
- Experienced, responsive customer service
- Physician-owned & physician governed
- 30+ years supporting Texas providers
- Streamlined credentialing

WHO WE SERVE

- Physicians — MD, DO
- Advanced Practice — NP, PA, CRNA, CNM
- Mental Health — Psychologists, LCSW, LPC, BCBA
- Allied Health — DC, OD, DPT, OT, RD, RN & more

EXTRA SERVICES

- Hospital Privilege Enrollment
- Facility Credentialing
- Medicare / Medicaid Enrollment
- CAQH Profile Management
- BlueCross BlueShield PIDs

Physician-owned.  
Physician governed.  
Texas-focused.

OUR TEAM IS READY TO ANSWER YOUR QUESTIONS

Ginger Roark  
Executive Director  
(817) 484-6274 Ext. 8003  
ginger.roark@tiopa.org

Alesha Ferro  
Director of Operations  
(817) 484-6274 Ext. 8010  
alesha.ferro@tiopa.org



SCAN TO LEARN MORE

50<sup>+</sup>  
MANAGED CARE  
ORGANIZATIONS

2,000<sup>+</sup>  
MEMBER PROVIDERS

100<sup>+</sup>  
INSURANCE PLANS

SIMPLIFYING CREDENTIALING ACROSS TEXAS

One Application.  
Multiple Plans.  
Exceptional Service.

Texas strong for over 30 years.

ESTABLISHED IN 1995

31 YEARS · 1995-2026

# THE COURSE PRESENTS MANY OBSTACLES

Planning, preparation and execution are the keys to success



**THIS ALSO APPLIES IN LIFE. LET US HELP.**

DEAN  JACOBSON  
Financial Services

Jeff Schmeltekopf, ChFC®, CFP®, AIF®  
Tim Lowry, ChFC®, CFP®  
Jonathan Dumas, CFP®

Financial & Wealth Management  
Fee-based Investment Services  
Retirement & Estate Planning

**(817) 335-3214 • [www.DeanJacobson.com](http://www.DeanJacobson.com)**

3112 West 4th Street | Fort Worth, TX 76147 • [clientservices@deanjacobson.com](mailto:clientservices@deanjacobson.com)

Securities and Retirement Plan Consulting Program advisory services offered through LPL Financial, a Registered Investment Advisor, member FINRA/SIPC. Other advisory services and investment advice offered through Dean, Jacobson Financial Services, LLC, a Registered Investment Advisor, and separate entity from LPL Financial.

# Texas DO



The Official Publication of the Texas Osteopathic Medical Association

## ADVERTISE HERE!

Jason Kordsmeier

[jkordsmeier@pcipublishing.com](mailto:jkordsmeier@pcipublishing.com)

501 -725-3781

Family Physician Publications available in the following states:

Arizona	Illinois	Nebraska	Rhode Island
Arkansas	Indiana	Nevada	South Carolina
California	Kentucky	New Jersey	Texas DO
Delaware	Louisiana	Ohio	Uniformed Services
Florida	Michigan	Oregon	Virginia
Idaho	Montana	Pennsylvania	Washington

 **Publishing**  
**PCI Concepts, Inc.**