



ACFAS Update

VOLUME 19 ISSUE 1

NEWS from the AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS

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Over the next year, experience the most memorable moments of the past 70 years.

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MENTORSHIP



A few years ago I was privileged to write a guest editorial in the *Journal of Foot & Ankle Surgery* about the importance of mentorship.

Winston Churchill said, “We make a living by what we get, we make a life by what we give.” I still feel that mentoring and giving back to one’s profession remain as two of the most important building blocks to becoming a complete physician. In my own life I have been fortunate to have had profoundly positive mentoring experiences from special physicians including Chris Attinger, Rich Derner, Jack Schuberth, John Steinstra, Steve Stern and Gerard Yu, to name a few. There is no question that each and every time I place a knife to skin I am taking some part of each mentor with me on that surgical journey, and for that I am truly thankful.

Now that I am “mid-career” it is evident that I, like many of my peers, are transitioning from mentees into mentors. My first foray into the world of mentorship was not a successful one. I was a second year student at CCPM in San Francisco when the administration implemented a new program that would team up

second year students to mentor the incoming first year students. As fate would have it, I was paired up with a student from Southern California via South Africa named Graham Hamilton (who today is one of my partners at Kaiser Permanente). I admit that I failed Graham miserably. As Graham tells it today, we only had one meeting and the only words of advice I gave him were that he should eat at “Linda’s Café” on Tuesdays because that’s where the “Best Burritos were.” Oh well...

For the last three years, ACFAS has partaken in a successful program to team up individuals from the Board of Directors with each of our ACFAS Student Chapters at all of the Schools of Podiatric Medicine. My “own” two schools are the Student Chapters at Samuel Merritt University and the Western University of Health Sciences in California. I can say that each of my visits to these academic centers have proven to be some of my professional highlights this year. The students are consistently appreciative to hear and see about the “outside world” of foot and ankle surgery. They are inquisitive and not afraid to challenge the status quo, a good omen for our organization and our profession.

In the art world I once read a monograph regarding mentorship that certainly resonates with the surgical world: “In every art, beginners must start with models of those who have practiced the same art before them. And it is not only a matter of looking at the drawings, paintings, musical compositions, and poems that have been and are being created; it is a matter of being drawn into the individual work of art, of realizing that it has been made by a real human being, and trying to discover the secret of its creation.”

In this spirit and as members of the ACFAS, I encourage you to become involved in mentorship. The spectrum of opportunity is endless; this could take the form of training fellows and residents to simply giving sage advice to undergraduate students. Mentoring is a brain to pick, an ear to listen, and a push in the right direction. Best wishes to you all for a healthy and happy 2012!

A handwritten signature in blue ink, appearing to read 'Glenn Weinraub', written in a cursive style.

Glenn M. Weinraub, DPM, FACFAS
ACFAS President

Questions for Dr. Weinraub? Write him at president@acfas.org.

Get “Fort”ified

MARCH 1-4, SAN ANTONIO



There are plenty of reasons to attend this year’s Annual Scientific Conference. Packed with exciting new offerings, ASC 2012 will provide abundant opportunities to improve your clinical skills, equip you with critical perspectives, and expand your professional ties. You’ll elevate your expertise through hands-on workshops, scientific sessions, lively forums and seminars, cases analyses, poster sessions, and the profession’s largest exhibition—all this, while also savoring San Antonio’s fabulous River Walk in your free time.

Here are a few highlights:

- **Sessions exploring the latest research.** Stay abreast cutting-edge findings by attending two “Manuscripts/Abstracts” sessions showcasing new research and discoveries. Authors will present their papers, each followed by a review and discussion from the moderator.
- **Energized learning at “Speed Dating—New Technology Workshop.”** Fasten your seatbelt and get ready for high-octane learning. Featured at this sawbones workshop will be very brief lectures followed by a lab incorporating the latest technology solutions.
- **Eye-opening seminar on ethics.** This powerful program will supply you with invaluable insights from noted practitioners. Learn the dos and don’ts regarding second opinions, find out what to do when a patient has unrealistic demands or acts inappropriately, discover the right way to engage in peer review, and examine the ethics of selling products outside the office.
- **Tailored discussions for those starting out.** The “Young Members Forum” will impart relevant, need-to-know information to help ACFAS newcomers navigate various opportunities. Another program, “Residency Educators,” will provide an open forum on the challenges, philosophies, and scenarios encountered by residency directors.



These and many more innovative programs will make ASC 2012 an event not to be missed. As a bonus, San Antonio offers enjoyable attractions that include the famed River Walk, outstanding restaurants, and various sightseeing options such as the Alamo and Spanish missions. So be sure to attend the premier gathering of the year—and register by January 20 to get discounted, early bird fees. **For more information, visit www.acfas.org/sanantonio.**

2012 EDUCATION PROGRAMS

February 29, 2012
2012 Preconference Workshops
San Antonio, TX

March 1-4, 2012
ACFAS 2012 Annual Scientific Conference
San Antonio, TX

June 1-2, 2012
Practice Management/Coding Workshop
Portland, OR

June 15-16, 2012
Arthroscopy of the Foot & Ankle
Rosemont, IL

August 11-12, 2012
Arthroscopy of the Foot & Ankle
Rosemont, IL

October 12-13, 2012
Practice Management/Coding Workshop
Arlington, VA

November 2, 2012
Surgical Complications of Foot & Ankle Surgery (Forefoot)
Jersey City, NJ

November 3, 2012
Surgical Complications of Foot & Ankle Surgery (Rearfoot)
Jersey City, NJ

November 10-11, 2012
Trauma of the Foot & Ankle
Rosemont, IL

December 15-16, 2012
Arthroscopy of the Foot & Ankle
Rosemont, IL

Information on 2012 Regional meeting dates coming soon, plus the Diabetic Surgical Seminar and Workshop!

And so it began...

Jerome S. Noll, DPM, FACFAS



The year 2012 marks the 70th anniversary of the American College of Foot and Ankle Surgeons (ACFAS) and the 100th birthday of its first president, Dr. Douglas Mowbray of Waterloo, Iowa. So much has transpired in these 70 years thanks to Dr. Mowbray and the many presidents and members after him. Think of where we as a profession started—the hills we've climbed and the mountains we're chipping away at. The journey, while not always a smooth road, is definitely worth taking and one that will leave a legacy for those after us and the patients we all serve.

Over the next year, I will be sharing a little bit of the College's most memorable moments of the past seven decades with you in a regular guest column here in *ACFAS Update*. I look forward to bringing you along with me on this historical journey.

Everything has a beginning, a starting point where an idea comes to fruition and depending on the foundation of the idea, carries on and builds or fizzles out to the way side. The College started as an idea of a few wanting to make a difference and definitely was not put to the way side thanks to pioneers such as William Stickel and Douglas Mowbray.

Dr. Douglas Mowbray started his career as a physician in 1933 when he received his degree in chiropody from the Illinois College of Chiropody. He remained in Chicago after his graduation to teach under the direction of Dr. William Stickel, the dean of the Illinois College at the time. Dr. Mowbray was the

director of clinical surgery and shared his knowledge through papers on digital and forefoot surgery. From 1934-1937, he was one of the earliest chiropodists to publish surgical papers in the *Record*, the monthly publication of the Illinois College.

Dr. Stickel relocated to Washington, D.C., as the first Executive Secretary of the National Association of Chiropodists (NAC). He felt strongly that surgery should be a treatment component in a chiropodist's armamentarium and that there needed to be a clearinghouse for foot surgery to improve outcomes and limit complications. To help organize his effort, he turned to his friend back in Chicago, Dr. Doug Mowbray.

In 1938, Stickel appointed Mowbray to formally organize a surgical organization that would both develop surgical standards and grant fellowships to candidates who successfully passed an examination that tested the candidate's surgical knowledge. Their efforts opened eyes and doors for those in the profession and in 1942, the American College of Foot Surgeons (ACFS) was incorporated by the NAC House of Delegates. The founders of the College: Doug Mowbray, Lester Purgett, O.E. Roggenkamp, Lester Walsh and Ralph Fowler,



elected Dr. Mowbray as the first president of the College. He was 31 years old and held the first ACFS certificate of membership. Mowbray served five years as president including time during World War II. The small group was determined to qualify interested chiropodists in surgical skills and it took 20 years to grow ACFS to 200 members. The surgical requirements were demanding that Mowbray and the other founders set for themselves and their colleagues.

Mowbray's work to bring acknowledgement to the profession and to ACFS never stopped during and after his presidency. He was involved as a liaison with allopathic medicine and served as an ambassador of the College to organized medicine and to the podiatric profession at large. Subsequently, he became an integral part of the American Podiatry Association's (APA) Medical Relations committee and went on to serve Iowa and the national podiatry association, in many capacities.

It is because of the vision of a select few who wanted to make a difference that the American College of Foot and Ankle Surgeons was formed. The College salutes its founding members, including Dr. Mowbray on his centennial, on the 70th anniversary of ACFAS. Their pioneering spirit that they shared with so many members through time will always be remembered.

(Special thanks to Greg Lantz, DPM FACFAS, for contribution to this information)

Did You Vote?

Your vote is important to advance our profession and surgical specialty. If you haven't voted for your Board of Directors who will help lead the College over the next three years, please take a few minutes today to let your voice be heard.

To cast your vote, if you are an eligible voting member (Fellow, Associate, Life, and Emeritus members) you should have received an email in December 2011, with a unique link to the 2012 ACFAS Board of Directors Election website. Follow the link and the instructions provided by the outside voting firm to select your two choices. The email was sent from acfas.ballot@intelligiscaninc.net with the subject line: ACFAS Election—Email Verification.

For the three percent of members without an email address, please follow the instructions sent to you through the US Mail.

If you have questions accessing the ballot site, please contact our independent election firm at pnentwig@intelligiscaninc.com.



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Accountable Care Organization (ACO) Regulatory Analysis: **IMPACT ON FOOT AND ANKLE SURGEONS (DPMs)**

As part of the Obama Administration's reform of health care, Accountable Care Organizations (ACOs) were formed to incent the delivery of high-quality care by groups of doctors, hospitals, and other healthcare providers. These practitioners come together voluntarily to give this coordinated high-quality care to the Medicare patients they serve, ensuring that patients, especially the chronically ill, get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds in both delivering high-quality care and spending healthcare dollars more wisely, it and its participants will share in the savings it achieves for the Medicare program.

Medicare offers several ACO programs, including:

- Medicare Shared Savings Program—a fee-for-service program
- Advance Payment Initiative—for certain eligible providers in the Shared Savings Program
- Pioneer ACO Model— population-based payment initiative for healthcare organizations and providers already experienced in coordinating care for patients across care settings

Organizations across the country have already transformed the way they deliver care, in ways similar to the ACOs that Medicare supports.



ACFAS Action: ACFAS provided comments in June to the original ACO draft regulations to help ensure foot and ankle surgeons could participate in this important initiative and remain a viable part of the healthcare team. ACFAS has analyzed the 696-page Accountable Care Organization (ACO) final rules that were published in the November 2, 2011 Federal Register. The Centers for Medicare & Medicaid Services (CMS) received over 1,320 comments on the proposed regulations.

ACO Final Regulations Highlighted: CMS adopted some of the recommendations ACFAS suggested, but as intended, ACOs remain primary care and primary care physician-focused and will make up a majority of ACO governance structures. By design, specialists, such as foot and ankle surgeons, will not have much of a role in ACOs.

Academic Healthcare Centers (AHCs) do not have much experience managing populations at risk, so ACOs will likely be formed largely at the community hospital-level.

Health policy experts point toward existing provider-based risk-sharing organizations, like Kaiser-Permanente and Healthcare Partners, who will shift their referral patterns in search of value. This will mean hospitals and health systems in search of ACO-type arrangements will purchase advanced specialty care practices as a commodity (offering best services at the best price) or bring in many tertiary procedures in-house (complex surgeries are one example). Foot and ankle surgeons should pay particularly close attention to these trends.

As part of the final rule, CMS adopted many of the recommendations submitted by healthcare-related organizations, including ACFAS. Key tenets of the final rule are:

1. Application Process — CMS delayed the first start date to apply to be a recognized ACO under Medicare until April 1, 2012, and provided for a second start date of July 1, 2012.

2. Beneficiary Assignment — CMS will create a list of preliminary beneficiaries likely to receive care from the ACO based on primary care utilization during the most recent periods for which adequate data are available, and provide a copy of this list to the ACO. In addition, CMS modified the methodology for beneficiary assignment. Under the final rule, if a beneficiary cannot be attributed to a primary care physician, he or she will be assigned based on primary care services provided by a specialist or another primary care provider (i.e. RN, PA, CNS). We

believe DPMs acting in this capacity (providing primary care services to a beneficiary) would be permitted to continue under the ACO regulations. DPMs are still not officially included in the statutory definition of an ACO provider, however, the regulations speaks to the ability of ACOs to “add or subtract from their care providers” based on the beneficiaries individualized care plans and whether or not they have an existing primary care physician.

3. Marketing Guidelines — CMS is allowing marketing materials and activities to be used or conducted five business days following their submission to CMS as long as the ACO certifies compliance with applicable marketing requirements. CMS plans to issue template language.

4. Quality Measures — CMS reduced the number of measures from 65 to 33. Quality measurement will rely heavily on electronic healthcare records and its integration with quality measurement. But ACO participants can use survey-based measures, claims and administrative data-based measures, and the group practice reporting options web interface as a means of ACO quality data reporting for certain measures. There are four domains of quality measurement:

- Patient/caregiver satisfaction;
- Care coordination/patient safety;
- Preventive health
- At-risk populations (a place for DPMs who treat the diabetic foot).

5. Payment to Providers

- Downside risk — CMS revised the one-sided model for smaller populations with more variation in expenditures to be a shared savings only model. The two-sided model targeted for larger populations with set expenditures, allows participants to earn a greater percentage of shared savings than the one-sided model.
- Eliminate withholding — CMS eliminated both the 25 percent withholding requirement and the provision concerning forfeiture.
- Increasing cap on shared savings — CMS raised the payment limit from 7.5 to 10 percent of an ACO’s updated benchmark for ACOs under the one-sided model and from 10 to 15 percent under than two-sided model.

6. Start-Up Costs — The Center for Medicare and Medicaid Innovation (CMMI) released the Advanced Payment Model initiative for two types or rural and physician-owned organizations participating in the Shared Savings Program. This should assist the organizations with start-up costs.

7. Definition of a supplier — DPMs are included and the final rule makes some clarification on the list of eligible providers and suppliers allowing DPMs to dispense durable medical equipment with coordination requirements with the primary care provider (PCP).

If you have any questions regarding ACOs or other health policy issues, please contact Kristin.Hellquist@acfas.org

When an ACO succeeds in both delivering high-quality care and spending healthcare dollars more wisely, it and its participants will share in the savings it achieves for the Medicare program.

Practicing Podiatry in an Orthopaedic Surgical Group: A Work in Progress



“The times they are a-changin’”— that oftquoted refrain from Bob Dylan’s song of the ‘60s—aptly describes current and emerging settings for podiatric medicine. While most foot and ankle surgeons today remain in solo or small practices, many are joining podiatric group practices, or finding career satisfaction in different environments, like working in multispecialty or orthopaedic practices.

Gerald Mauriello, Jr, DPM, is one such practitioner who is happily situated in an orthopaedic group practice. About 17 months ago he joined the Advanced Orthopaedics and Sports Medicine Institute, PC, in central New Jersey. He came on board as an associate and the group’s first DPM, and will be eligible for partnership after two years of service.

Mauriello’s group consists of 10 physicians working in sports medicine, joint replacement, fracture care, spine surgery, hand and wrist care, physiatry and pain management, osteoporosis care, and foot and ankle surgery.

The practice is large, employing nearly 80 employees at three separate facilities. “Practicing in an orthopaedic group like this has always been my ultimate goal, and it’s certainly very satisfying and stimulating,” says Mauriello. “But there are challenges as well, and my ability to navigate these is a work in progress.”

Discussing these concerns with similarly situated ACFAS colleagues has become a new personal goal for Mauriello. By opening up a dialogue, he hopes those practicing in this type of environment can share insights, brainstorm solutions, capitalize on the positives—and pave the way for future DPMs who venture into orthopaedic settings.

Skills-Sharpening Caseloads, and More

Mauriello is able to compare his current experience with other practice models because of his broad-brushed background. He spent the first two years after his residency in a solo practice, and then held an academic clinical position at Temple University for about two years. “I planned on being there longer, but this opportunity came along, and it was what I had been working toward.” He finds that the clinical advantages of practicing in an orthopaedic setting have met his expectations.

One of the greatest benefits is the ability to hone surgical skills through a plethora of complex and varied cases. “Working in this environment changes the breadth of the type of patients I see, making it more medically and surgically challenging—and that’s great,” remarks Mauriello. “I do a lot of trauma, rearfoot, and sports medicine surgery.”

Another big advantage of working in an orthopaedic group practice is having direct, immediate access to other physicians. Says Mauriello: “It’s exciting to have a direct line to nine orthopaedic surgeons. I can readily bounce things off other professionals regarding one case or another, and that’s a tremendous benefit.”

A Few Hurdles to Surmount

While he welcomes the clinical and professional stimulation provided by his practice-setting, Mauriello also encounters obstacles.

“It’s exciting to have a direct line to nine orthopaedic surgeons. I can readily bounce things off other professionals regarding one case or another, and that’s a tremendous benefit.”

— Gerald Mauriello, Jr, DPM

One deals with the need to clearly define his role within the group. “Because foot and ankle surgeons are limited by anatomy and some of the orthopaedic surgeons here do foot and ankle surgery, I’m still working toward fully integrating myself into the practice so that I can be part of the practice instead of just a satellite.”

Mauriello has seen progress in this regard and now enjoys increased caseloads. He attributes this, in part, to having worked with his colleagues on all patients. “At first, I assisted on any orthopaedic case to demonstrate my knowledge, skills, and capabilities. Once the partners gained confidence in me, I started getting more referrals,” he says. “Communication is also key—it’s important to convey that you are like-minded.” In addition, Mauriello’s communication efforts include using PowerPoint presentations to educate others on a foot and ankle surgeon’s education, training, experience and legal scope of practice.

Working in an orthopaedic setting can also make it challenging to maintain relationships with other foot and ankle surgeons because of the different settings. “My situation may differ somewhat, but at the end of the day I’m not that different from the foot and ankle surgeon down the street,” states Mauriello. He places great emphasis on being professionally ethical with consultants by always keeping the referring podiatrist in the loop and sending the patient back to the referrer.

Other challenges can arise in an orthopaedic setting, including contract negotiation, partnership restrictions, and obtaining advanced hospital privileges. Mauriello recalls: “It was difficult to get advanced privileges at a particular hospital because many foot and ankle surgeons in the area weren’t performing advanced procedures. I had to present my request to both the orthopaedics and podiatry departments.”

Starting a Network of Colleagues

How can these obstacles be minimized and overcome? Mauriello suggests developing a support network where podiatrists in orthopaedic settings can meet periodically, either in person or in cyberspace.

“I’d like to reach out to ACFAS colleagues in my position to come together and work together—not only for ourselves but for those who follow. We do what we do today because of the foot and ankle surgeons who set all this in motion some 20 or 25 years ago, when we weren’t even allowed in the operating room of some hospitals. It’s our obligation that we do our best to stride forward and shape the landscape so that the young podiatric surgeons behind us can benefit from our experience, our struggles, and mistakes.”

As for his advice to those considering considering practicing in an orthopaedic group setting, Mauriello says: “It’s a great option if you understand the challenges and know what you want.”



ACFAS Student Clubs Expand Learning Opportunities



What's happening on campuses these days? Plenty! Across the country, the nine ACFAS student clubs at podiatric medical schools are sponsoring numerous activities that enable students to build upon their surgical education. The successful efforts of two of these clubs are described here:

The ACFAS Student Club at Temple University, in Philadelphia, enjoys a long tradition of active involvement. In 2011, the club arranged to have several ACFAS Fellows present lectures and surgical cases to students. "We tried to host at least one a month, usually as part of our Lunch and Learn program," says Laura Sansosti, president of the club. "These were extremely popular sessions—the rooms were always packed."

Other well-attended programs last year included hands-on workshops designed to supplement classroom learning. Among these were workshops on suturing technique and surgical planning/incision placement, as well as multiple sawbones workshops on different procedures.

A highlight of 2011 was a visit from Michelle Butterworth, DPM, FACFAS, president-elect of ACFAS and Board liaison to the club. After touring the school and visiting with students in clinic, she gave a comprehensive presentation on ACFAS, followed by a lecture on pediatric flatfoot reconstruction.

The club's plans for 2012 include continuing to bring in speakers from various parts of the country as well as sponsor workshops that clinically augment what first- and second-year students are learning and help third-year students prepare for their externships.

Sansosti notes that these programs and other benefits of club membership reflect ACFAS' strong commitment to student clubs. "Our relationship with ACFAS is vital, giving us access to the best resources available to enhance our education and develop our surgical skills," she says.

The ACFAS Student Club at WesternU, at Western University of Health Sciences School of Podiatric Medicine, in Pomona, CA, also is involved in a flurry of activity. This is the newest student club, with its first class graduating in 2013.

A star event in 2011 was the one-day First Annual ACFAS Research Symposium, co-hosted with ACFAS Division 1 - Pacific, which covers the states of California, Hawaii and Guam. "We invited residents, physicians, and students to present their research," reports Pamela Hong, club president. "It was a huge success, and we plan to do it again in 2012."

The club also sponsored several lectures and "virtual" surgical skills workshops last year, and will do so in 2012. Says Hong: "ACFAS is about lifelong learning, and our workshops let students practice



what they've learned in the classroom." One workshop on lower-extremity anatomy featured a unique twist, in which students used playdough and pipe cleaners to recreate muscles, nerves, and vasculature on a foot model. "The students found this to be a great way to visualize anatomy and remember what they've learned," reports Hong.

Of special interest last year was a visit from Glenn Weinraub, DPM, FACFAS, president of ACFAS and Board liaison to the club, who gave a humorous talk on "surgical misadventures," followed by a

sawbones workshop focusing on the Lapidus procedure.

Community service was also on the club's agenda in 2011. For example, students gained one-on-one experience with patients when they volunteered to conduct diabetic foot screening at the American Diabetes Association's EXPO in Los Angeles.

Both the Western U and Temple University student clubs presented posters last year at the ACFAS Annual Scientific Conference and will do so again in 2012. Plan to stop by and be impressed with the work of tomorrow's foot and ankle surgeons.



“These were extremely popular sessions—the rooms were always packed.”

— Laura Sansosti, president, ACFAS Student Club at Temple University



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College Recognizes One More Fellowship



The ACFAS Fellowship Committee recently recognized another new Foot and Ankle Surgical Fellowship Program that met the College's criteria:

Foot & Ankle Specialists of Ohio Reconstructive Surgery and Deformity Correction Fellowship, Mentor, Ohio

Fellowship Director: Stephen J. Frania,
DPM, FACFAS

ACFAS highly recommends the continuation of foot and ankle surgical education after residency via a specialized fellowship. Programs meeting minimal requirements are officially recognized by the College, which will in turn provide support for these programs and their fellows.

For a complete listing of programs, support by ACFAS, and requirements for recognition, please visit acfas.org/fellowshipinitiative.

In Memoriam

Isaac E. Willis, Jr., DPM, Longview, TX

Melvin Mah, DPM, San Francisco, CA

Lawrence R. Hilderbrand, DPM,
Fort Myers, FL

Survey Shows JFAS Is Still Number One

Once again, the *Journal of Foot & Ankle Surgery (JFAS)* has captured high marks as a well-read, highly esteemed publication. According to a 2011 readership survey conducted by an independent firm, virtually all (99 percent) of respondents read JFAS. What's more, 90 percent of respondents rank JFAS first among foot and ankle publications whose content they trust and respect—a preeminent position that surpasses their second choice (*Journal of Bone and Joint Surgery*) by nearly 25 percentage points.

"JFAS made a concerted effort a few years ago to raise the bar on the quality of manuscripts to be published," says Robert W. Mendicino, DPM, chairman of the ACFAS Council for Journal Management. "This goal has been accomplished through the successful direction and input of our editor, D. Scott Malay, DPM, FACFAS, and the many outstanding section editors and peer reviewers. The combination of our impact factor and survey results demonstrates to me that we are the 'go to' journal for foot and ankle surgery."

Among the types of articles reported to have greatest interest to readers, "Tips, Quips and Pearls" heads the list, with 91 percent of respondents assigning it a high rating.



Other top-ranked content includes original research reports, case reports and series, and instructional courses.

Respondents gave JFAS high scores for most attributes, including publishing articles directly applicable to the specialty, keeping readers abreast of important developments, and publishing articles by recognized authorities. Most of the attributes listed in the survey garnered scores of 4 or above on a 5-point scale.

ACFAS members receive the print edition of JFAS and have free access to the online edition as a member benefit. The survey showed that 32 percent of respondents read the Journal exclusively in print and 45 percent do most of their reading in print.

"We have learned from the findings of the readership survey, and have put the information to use as we consider for publication submissions that cover a wide range of topics," says D. Scott Malay. "We're also enjoying a steady increase in the number of original submissions to JFAS, which keeps our team of editors and peer reviewers busy. We're particularly pleased to know that our readers find the information we publish readily available and useful in their daily practices."

Smart App *for* CONFERENCE-GOERS

ASC 2012 at Your Fingertips

Enhance your Annual Scientific Conference experience and go digital! It couldn't be handier! Attendees of the ACFAS 2012 Annual Scientific Conference in San Antonio can download a mobile app that puts the entire conference in the palm of their hands.

The ACFAS 2012 app will be available on iPhone, iPad, Droid and Blackberry platforms and will allow users to:

- Keep track of your pre-selected sessions through My Schedule
- Review all the happenings through the complete 2012 ASC Schedule
- Find your way around with convenient maps
- Get the latest information from vendors and ACFAS through the QR code scanner
- Participate in random polls to let your voice be heard
- Store contacts you may wish to save
- Search events and sessions
- Find the vendor you need in an Exhibitor directory
- Read the latest happenings on a built-in Twitter feed

The conference app will be ready for downloading in late January at www.acfas.org and via iTunes. Watch *This Week* and your email for exact details!



SITES NEEDED for NEW MULTICENTER STUDY

Consider coming aboard ACFAS' new research initiative—and help advance evidence-based practice! Applications are now being accepted for investigative sites in a multicenter retrospective study on predictive variables associated with successful and unsuccessful outcomes when performing subtalar joint arthroereisis in adults and children. For more information, criteria for site selection, and an application, go to www.acfas.org/2012study.

2012 PRACTICE MANAGEMENT/CODING WORKSHOPS

February 29, 2012

Pre-conference Program of ACFAS 2012
San Antonio, TX

June 1-2, 2012

Hilton Portland & Executive Tower
Portland, OR

October 12-13, 2012

Hilton Crystal City at National Airport
Arlington, VA

Perfecting Your Practice in 2012



Change the way you manage your practice in 2012 by attending one of the Practice Management/Coding Workshops offered through the College's popular Perfecting Your Practice program. These offerings, scheduled for February 29, 2012 in San Antonio, Texas, June 1-2, 2012 in Portland, Oregon, and October 12-13, 2012, in Arlington, Virginia, will probe a host of timely practice management topics and clarify the issues that impact your practice.

ACFAS' tool on new model contract resources—a take-away you'll find at the new roundtable on demystifying contract and employment concerns—will make your attendance worth its weight in gold. This session is indispensable for those considering changing employment, buying a practice, or becoming part of a "super group," multispecialty practice, hospital, or an ACO. Experts will discuss various contract clauses, liability issues, and other considerations.

New changes to healthcare reform make this year's workshops a must-attend. At an invaluable session on the forthcoming Version 501 and ICD-10, you'll get the crucial details and guidance you need to be ready for these changes. Attendees will also be well armed to deal with recent policies on added, revised, and deleted payment codes.

Additional key sessions introduced in 2012 will update attendees on HIPAA compliance, examine financial trends, and explain how to prepare for a recovery audit. Still other sessions will delve into bundled payments, reimbursement issues, retirement planning, and more. **For more information and registration details on the 2012 Practice Management/Coding Workshops, go to acfas.org/pmm/seminars.**

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Wright Medical Technology, Inc.

Silver Level

Biomimetic Therapeutics, Inc.

Bronze Level

Biomet Sports Medicine
BioPro, Inc.
Medtronic
Merz Pharmaceuticals
Nextremity Solutions
Podiatry Foundation of Pittsburgh
Solana Surgical, LLC
Stryker
Synthes, Inc.

Pewter Level

DePuy Orthopaedics, Inc.
Musculoskeletal Transplant Foundation — MTF
OrthoHelix Surgical Designs, Inc.
OsteoMed, L.P.

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