Annual Conference Registration Now Open

Innovation in foot and ankle surgery and medical advances in technology continually change how you practice medicine. Keep on top of current trends with the resources you’ll find at the 2010 ACFAS Annual Scientific Conference (ASC), February 22–26, in Las Vegas.

ACFAS has shaped a world-class educational program. Exceptional instructors will provide in-depth knowledge of techniques and participate in thought-provoking debates on issues you face as a foot and ankle surgeon. You can join in the presentations and workshops to decide what best helps you develop your surgical intelligence and enhance your practice.

Educator, author and researcher Sigvard T. Hansen, MD, FAAOS, will return to the ACFAS podium to address attendees at the Opening General Session. His passion, energy and unflinching approach to orthopedic care have influenced many physicians over more than 40 years of practice. Throughout his career, he has challenged medical orthodoxy in order to revolutionize treatment of trauma and chronic conditions.

New features at the ASC include the “Curbside Consult,” which offers surgeons the opportunity to have a difficult case discussed by a panel of experts. Just go to acfas.org/lasvegas for details on submitting your case for consideration at this innovative forum. Poster authors will also be on hand in the Exhibit Hall to answer questions about their research on Tuesday and Wednesday at 1 p.m. Don’t miss the chance to get personal responses to your inquiries at the profession’s largest scientific poster display.

You’ll even have the chance to give to those in need through the ACFAS/DOX Podiatry Socks for the Homeless collection drive. Last year ASC attendees provided 2,000 pairs of new socks, which were donated to the National Coalition for the Homeless.

continued on page 4

Forty Years of Progress

Change is the only constant. —Heraclitus

Anyone familiar with the history of surgical podiatric medicine knows how drastically it has changed in a relatively short period of time. And a number of loyal ACFAS members have supported, advocated and celebrated those changes for four decades or more.

Alan R. Cornfield, DPM, began his career in foot and ankle surgery nearly 50 years ago. “Back then,” he relates, “Civic Hospital in Detroit had only just opened a few years before, and it was the only surgical residency. Since there were so few openings, I essentially did a preceptorship with [Dr. Earl G.] Kaplan. I would call my first year or two with him a preceptorship.”

Cornfield went on to practice with Kaplan for 10 years, before going into private practice. “I taught a lot of future surgeons there,” Cornfield recalls.

“My ACFAS membership helped a lot, especially in the years when I was first in practice,” says Cornfield. “At the time, there was very little surgical education available to DPMs, so the seminars ACFAS put on were very important to us.

continued on page 7

ACFAS Appreciates Members

To recognize and thank long-term members for their loyalty and dedication to the College, the ACFAS Board of Directors grants podiatric surgeons who have been members for 40 years or more Life Membership in the College. This year’s recipients are Alan R. Cornfield, DPM, in Royal Oak, Mich.; Stanley Levine, DPM, in Massapequa, N.Y.; and Stephen D. Smith, DPM, in Huntington Beach, Calif.

The College was, and is, a vital forum for education.”
The 14 ACFAS Regional Divisions have become more active and visible in recent years. Yet, occasions arise when members have questions about their function — both locally and nationally — and how they can get involved with their Divisions.

For clarification, ACFAS Regional Divisions are distinct organizations and have different purposes from APMA’s regional structure, so one should not confuse them. In this article, ACFAS Regional Divisions are referred to as “Divisions.”

How the Divisions are Structured
The Divisions are affiliate organizations of ACFAS; they are mandated by their own articles of incorporation and bylaws, and remain separate entities from ACFAS. Their mission statements mirror that of the national organization, but at a state and local level. The Divisions encompass 14 geographic areas; every ACFAS member is a member of a Division based upon their location.

Each Division has an elected president; these 14 presidents comprise the Division Presidents Council (DPC). The DPC is responsible for adherence to the bylaws, the mission and the financial accountability of the Divisions.

A Focus on Education
Education of the foot and ankle surgeon is one of the key functions of the Divisions. The Divisions provide access to high quality local educational opportunities such as conferences and workshops — a function especially important to students, residents and young members of the Division who, along with other members, find it difficult to take time out to attend national meetings in these trying economic times. The educational venues take a variety of forms ranging from cadaver workshops to weekend symposiums on a variety of topics.

Outreach to students and residents has become a priority for both the Divisions and ACFAS, as the education and training of our young members is critical to the future of the profession. The Divisions have and continue to sponsor many events for young members. Most recently, they have provided support for free ACFAS membership for first year residents, allowing them to take advantage of the many local and national offerings of ACFAS early on in their training. Many Divisions also hold sawbones workshops with the support of local ACFAS members and industry sponsorship to help develop the skill sets necessary for foot and ankle surgeons.

Grassroots Networking
Today e-mail provides members with greater access to ACFAS leadership than ever before. Divisions continue to be an important source of communication … a connection to other members facing similar challenges locally … as well as a way to get involved on a regional level. Many leaders in our profession are active in their regional Division, providing both educational and professional support.

What’s In It for You
What does your membership in a Division mean to you? How do you take advantage of the offerings or become involved?

Each member of ACFAS supports his or her Division with annual dues of $25. This amount is collected along with your ACFAS dues and distributed to your Division. The dues you have contributed are used for events or activities to help you in your local community or your practice.

The new acfas.org, launched in October, includes a section devoted to Divisions. Each Division has its own page, with information on educational offerings and activities. Take a look at your Division’s page on the site and check back often for updates on upcoming activities. If you want to suggest an activity or get involved, feel free to contact your Division’s president.

Setting the Bar for Education
We are the educators of our profession and we set the bar as to the standard that we will accept for the education of the foot and ankle surgeon. That bar should be set high enough to be beyond reproach from the community and other medical specialties. The Divisions, as well as ACFAS, will continue to keep that bar elevated to maintain the reputation of ACFAS members as the nation’s leading foot and ankle surgeons.

Contact Michelle Brozell, michelle.brozell@acfas.org, ACFAS staff liaison to the Division Presidents Council, if you have further questions about your Division.

Renew Your Membership
Your membership in ACFAS works to further the achievement and success of foot and ankle surgeons like yourself. Keep that momentum moving forward by renewing for 2010.

Dues reminders have been mailed and the deadline for payment is December 31, 2009. You can pay by mail, by fax, or online by logging in with your member ID and password to access your account at acfas.org.
Take a Look!  
**The All-New FootHealthFacts.org**

ACFAS’ trusted patient Internet resource for foot and ankle health information is getting a new look and new name! FootPhysicians.com will soon become the new and improved FootHealthFacts.org. Visitors to the site will be welcomed by an improved look and infrastructure as well as some new features, including enhanced search tools for foot and ankle conditions. These changes will continue to increase traffic to the site, which reached new records with more than 266,550 unique visitors in September.

Help ACFAS reach out to the community and share FootHealthFacts.org with your patients by linking your practice webpage to the site and referring patients there for reliable foot and ankle health information. The latest health news and information is available in English and Spanish. Visitors to the site can also find a local foot and ankle surgeon with the “Find a Physician” search feature.

All ACFAS Fellow and Associate Members are included in the FootHealthFacts.org search directory. Give visitors all the information they need by completing your practice profile online.

Just go to acfas.org/members and select “Update My Contact Information” from the pop-up menu. Once you’ve completed your profile, the ACFAS membership database, the physician directory on FootHealthFacts.org and the online member directory on acfas.org will be updated.

**ACFAS in the News**

ACFAS continues to share valuable foot and ankle health information with consumers all over the United States through

*continued on page 8*
New e-Learning Programs Online

Refine and refresh your skills any time with the resources at ACFAS e-Learning. You’ll have access to the finest online educational experiences in the field of foot and ankle surgery through audio podcasts, scientific session videos, and the three-volume ACFAS Surgical Techniques video series.

One recent addition is “Surgical Techniques Caught on Video: Forefoot.” A panel of experts demonstrates their techniques in foot reconstruction, with an emphasis on skills and management. Visit acfas.org/eLearning for all the latest offerings.

Annual Conference Registration Now Open

Pre-Conference Hot Topics

On Monday, February 22, 2010, you can get a head start on the educational opportunities of the ASC by attending a Preconference Session. You have your choice of four skill-building workshops:

• Coding and Billing Workshop—learn about CPT changes for 2010, enhance your knowledge of surgical coding principles and E&M, get tips to avoid common coding errors and learn the latest in internet marketing techniques.

• Advanced Techniques in Diabetic Reconstruction—gain understanding of complex Charcot deformity procedures, locking plate technology and indications, and risk stratification in limb salvage and amputation.

• Advanced Techniques in Trauma Reconstruction—learn about fracture management, procedure selection, and principles of surgical timing including forefoot, midfoot and complex rearfoot trauma.

• Current Concepts in Ankle Pathology—a non-CME course sponsored by SBi. Register online at totalsmallbone.com/acfas.

Fall 2009 Podcasts:

• When To Walk
• Financial Statement Basics
• Perioperative Vascular Assessment of the Diabetic Foot
• Lateral Ankle Stabilization: Primary vs. Secondary (release date: December 1)

Latest Scientific Sessions:

• Monday Morning Quarterback: A Retrospective Look at Difficult Cases
• Surgical Techniques Caught on Video: Forefoot

Indispensable Opportunity

“This meeting is an annual part of my keeping current with science, colleagues, and research,” says John S. Steinberg, DPM, of Washington, D.C. “As far as I’m concerned, it’s not optional.”

And Thomas J. Chang, DPM, of Santa Rosa, Cal., states that: “The mix of the thought leaders from across the country all in one place is invaluable. It’s also a great time to reconnect with classmates and colleagues.”

Make your plans to join in the fun, informative and stimulating program. Save 15 percent when you take advantage of early bird rates and register by December 21, 2009. Brochures have been mailed to all members, but to register online or for more information visit acfas.org/lasvegas. ■

ASC Room Rate Reduced

By now you should have received the 2010 Annual Scientific Conference program booklet, including registration and hotel reservation information.

But, the Mandalay Bay Resort has just reduced the ACFAS room rate to only $189—down from $199 printed in the booklet.

ALL reservations made before January 21, 2010, will receive the lowest rate offered. Visit acfas.org/lasvegas for complete program information.
Working through Insurance Claim Denials
By Christine E. Weikert, DPM, FACFAS

Claim denials are an unfortunate fact of life. All billing offices experience them at some point. Frustrating as it is, the same claim may be paid one time and denied the next! So, understanding denials and what to do about them is important.

You would be surprised at the number of claims written off by billing staff just because they didn’t understand the reason for the denial. Some mistakenly believe the insurance company’s denial is the final say. What they need to know is how to work the claim denial.

Of course, you’d like to have each claim paid at its original submission. A more realistic goal for your billing department, however, is to work toward the lowest possible rate of denial on all claim submissions. Here are some tips to help you reach that goal:

**Podiatry requires many modifiers when billing** for care and services. Before submitting a claim, consider whether it should be billed with a modifier that will distinguish the service from any other service performed on the same day or prior date of service.

**Never write off an original claim.** You might be surprised to find your staff writing off charges because the insurance company denied the claim. Normally the denial is the result of a lack of required information. Always check the claim when a denial is received and submit the claim for reconsideration with the necessary corrections. While there may be times when you need to write off a claim, it should always be your last resort.

Submit or resubmit claims promptly. Don’t allow your practice to lose revenue just because you failed to submit the claim or resubmit the claim within the contracted time period.

**Implement current technology** in your office routine. Most major insurance plans have web sites that allow you to check claim status and eligibility, apply for pre-authorizations, and process resubmissions. This speeds up the process, allowing you to quickly make necessary corrections and start the reconsideration of denied claims.

Your provider representative can be a good resource to help decipher unexpected denials, and to offer proper procedure to appeal any disputed claim.

Consistency is the key. Do not allow claim denials to become lost, uncollected revenue. Instruct your staff on the importance of prompt denial follow up — and work those claims!

Christine E. Weikert, DPM, FACFAS, is president and CEO of The Podiatric Billing Specialists, LLC

**Improve Patient Collections to Improve Your Bottom Line**
Unpaid patient bills are accounting for an increasing share of physician accounts receivable. This is because many employers have increased patient co-pays and deductibles, and more people are enrolled in high-deductible, “consumer directed” health plans. It has been made worse by the recession.

According to global management consultants McKinsey & Co., once a patient leaves the office, physicians typically collect about half of what is owed. If the patient is uninsured, that figure drops to only 10 to 20 percent.

The new acfas.org offers members detailed tips on how to improve patient collections, including verifying insurance coverage before the visit, establishing one fee schedule, and collecting all co-pays and past due amounts at the time of service. For more information on this important subject, go to acfas.org/PMM.

---

*I love the new ACFAS web site. It is very easy to use and has some great bells and whistles. Good job.*

Darryl Haycock, DPM
**Board of Directors Meeting Highlights**

The ACFAS Board of Directors met on October 2–3, 2009, in Chicago. Key decisions and discussions at the meeting included:

- Strategic discussions on health policy and advocacy, outreach and services to students and residents, and the College’s Regional Divisions. Key issues identified will be used for the 2010 Business Plan and budget.
- Development of a position statement on podiatric surgeons in academic faculty positions.
- Pilots of new education programs to be conducted by the College’s Regional Divisions and for students.
- Dissemination of information about charitable missions for podiatric foot and ankle surgeons.
- Planning for future Clinical Practice Guidelines.

- Approval of a new contract for the *Journal of Foot & Ankle Surgery* to be published by Elsevier, Inc., one of the nation’s leading publishers of scientific medical journals.
- Appointments of Troy Boffeli, DPM, and Robert Mendicino, DPM, to serve on the Council for Journal Management; and Desmond & Ahern, CPAs to serve as outside financial auditors.
- Changes to the College’s research grant policies.
- Planning for the 2010 budgeting and committee appointment processes.
- Review of the College’s investment portfolio.

The next meeting of the Board of Directors will be February 22, 2010, at the ACFAS Annual Scientific Conference in Las Vegas.

Questions about these or any other matters may be directed to ACFAS Executive Director Chris Mahaffey, CAE, at 773-693-9300, x1305, or mahaffey@acfas.org.

**Vote for Your Board of Directors**

After reviewing in-depth applications, conducting personal interviews and thoughtfully considering the qualities of applicants to serve on the ACFAS Board of Directors, the Nominating Committee has recommended and placed three Fellows on the ballot for January’s board election:

- Richard Derner, DPM, FACFAS
- Sean T. Grambart, DPM, FACFAS
- Roya Mirmiran, DPM, FACFAS

Two 3-year terms will be filled in the election. Voters have the option of casting one or two votes on their ballots. Regular member classes eligible to vote are: Fellows, Associates, Emeritus (formerly Senior) and Life Members.

Candidate information and ballots will be mailed to these member classes by December 10, 2009. If any additional candidates are nominated by petition, they will be included in the election materials and ballot.

Completed ballots must be returned to the ACFAS office by mail or fax no later than January 10, 2010.

Questions regarding the Nominating Committee’s selection process may be directed to Committee Chair John M. Giurini, DPM, at jgiurini@bidmc.harvard.edu. Questions about the election process may be directed to Executive Director Chris Mahaffey, CAE, at mahaffey@acfas.org.

Other members of the Nominating Committee included Tzvi Bar-David, DPM, Edwin L. Blitch, DPM, Mary E. Crawford, DPM, Michelle D. Detweiler, DPM, Robert J. Duggan, DPM, and Randal L. Wraalstad, DPM.

**Committee Volunteers Needed**

You can help shape the advancement of your profession, the future of the College and, ultimately, the care of patients. The College is looking for talented, dedicated ACFAS members to serve on 2010–11 committees.

Visit acaf.org/volunteer for more information on getting involved, including committee descriptions and application information. The 11 committees cover a wide area of responsibilities.

Applications are due at ACFAS headquarters by December 15, 2009.

**New Employee Joins ACFAS Headquarters Staff**

ACFAS welcomes a recent addition to the headquarters office!

Jane Seiberling is the College’s new Communications Manager. Jane will apply her 18 years of experience in publishing and communications to the College’s member communications, including the *Update* newsletter and *This Week @ ACFAS*. She will also monitor style and content on the newly redesigned acaf.org.

A directory of all ACFAS staff, including areas of responsibility and contact information, is available at acaf.org/contactus.
When he considers the state of the profession today, Cornfield says, “I think the outstanding change is the educational situation of podiatry students — the knowledge they’re coming out of school with — and the scope of practice. I watch the new surgeons and think, my goodness, they’ve come a long, long way. We’ve really taken command of foot and ankle care.”

Stanley Levine, DPM, has also seen tremendous change in the profession since he graduated from the New York College of Podiatric Medicine in 1961. “When I started in the state of New York,” he says, “we couldn’t even do bunions. Now we can do a whole variety of surgeries. And the technology has completely changed — the screws, the plates, the machinery. Everything we did was by hand back then.”

Levine sees a major advancement in the recognition of podiatrists as physicians. He feels that the economic power of podiatrists helped hospitals open up to them. “Podiatry students were going into residency programs and showing that they had better training than other specialties,” he explains. “This ultimately drew more patients to the hospitals that had podiatrists.”

Levine has also found a lot of satisfaction in using his professional skills to help underserved populations. “Podiatrists should be involved in places we don’t usually see them, such as with special needs children and charity,” he recommends. “I served for seven years with the United Cerebral Palsy Association in Roosevelt, N.Y. It gave me a real understanding for how podiatry could help these children. We found we could make children walk without surgery, using other methods, and it was very gratifying.”

“It’s like a new world,” concludes Levine. “The things we didn’t have or do in the ‘60s have come to fruition now.”

ACFAS Assists AAOS CPG

Two ACFAS Fellows recently served as peer reviewers of a new American Academy of Orthopaedic Surgeons (AAOS) clinical practice guideline (CPG) titled “The Diagnosis and Treatment of Achilles Tendon Rupture.” Michael S. Lee, DPM, FACFAS, and Glenn M. Weinraub, DPM, FACFAS, were two of 12 podiatric and orthopaedic surgeons who served as peer reviewers. A separate panel wrote the draft guideline over the past year.

“I was impressed with the AAOS process and the thoughtful responses they provided to my comments and questions. It was a pleasure to participate in this endeavor and ACFAS will reciprocate where appropriate in its own future CPGs,” said ACFAS President-Elect Michael S. Lee, DPM, FACFAS.

Next in the guideline’s development is a public comment period and eventual approval by the AAOS Board of Directors.

JFAS Read by 98%

The Journal of Foot & Ankle Surgery (JFAS) is a highly valued resource, according to a recent survey by healthcare market research firm Franklin Communications. Among the findings are:

- 98 percent of respondents report reading JFAS, and over 67 percent read every issue.
- A typical subscriber reads at least 72 percent of each issue.
- 94 percent of respondents save and/or share their copies of the journal.
- “These survey results are very gratifying,” says Allen M. Jacobs, DPM, chair of the ACFAS Council for Journal Management. “They clearly demonstrate the value of the content published in the journal, and of the direction provided by the journal’s editor, Scot Malay, DPM.”

New issues of JFAS are posted online when the print version mails. Enjoy free access to full text and abstracts from 1995 to the present when you log in with your member ID and password at acfas.org/jfas.
Health Reform Will Bring More Focus on “Quality”

One of the least controversial aspects of health reform efforts — and one that will have a long-term impact on all providers — is provisions designed to create a higher quality, more efficient system.

For example, the Senate Finance Committee’s proposed legislation includes a section titled “Improving the Quality and Efficiency of Healthcare.” The initial focus would be on hospitals, where the “value based purchasing” program in Medicare would move from pay for reporting to pay for actual performance on measures. Starting in 2013, hospitals would be penalized for preventable readmissions based on evidence-based standards.

The legislation also provides for a “bundled payment” pilot program under Medicare that would provide a global payment to multiple providers to cover costs for episodes of care.

These hospital-focused efforts will clearly have an impact on physicians as pressures to demonstrate quality and contain costs increase.

As more information on this becomes available, you’ll find it in the This Week @ ACFAS e-newsletter and on acfas.org.