New Credentialing and Delineation of Privileges Statement Released

ACFAS has issued a new version of its position statement on the “Credentialing of Podiatric Foot and Ankle Surgeons” and “Guidelines for Surgical Delineation of Privileges,” combined into one document.

The College first issued these documents in the early 1990s and they remain the most frequently used resource in its arsenal of materials to assist board-qualified or board-certified podiatric surgeons in securing unfettered hospital medical staff privileges. The new document and all other ACFAS credentialing and privileging materials are available online at acfas.org/privileges.

The new delineation guidelines are centered on two core categories: 1) foot and ankle; 2) complex rearfoot, ankle and related lower extremity structures. A “special procedures” category is also defined for specialized and evolving technologies and procedures.

“Core privileging categories is the trend in hospital privileging,” says Harold W. Vogler, DPM, chair of the special ACFAS Credentialing and Privileging Task Force that wrote the new document. “This document is not intended to address the needs of every podiatric foot and ankle surgeon or his or her respective institution, since some issues can be unique to each hospital, but it does conform to the trend of surgical core privileging and simplifies the outdated ‘laundry list’ approach to delineation.”

ACFAS anticipates the new guidelines may be modified for individual institutional use and serve as a contemporary template for College members. The new delineations are more consistent with current podiatric surgical training and are consistent with other surgical specialty approaches by combining similar procedures into “core” categories.

“Hospital privileging is the most frequently requested service we provide to our members,” said ACFAS President Michael S. Lee, DPM. “Great effort was taken to ensure the document was inclusive and applicable to as many members as possible. Over 100 ACFAS members from across the country contributed sample privileging documents for DPMs, MDs, and oral and maxillofacial surgeons at their hospitals. The task force studied these samples to ensure we adopted the best practices in privileging. I congratulate the task force on a Herculean task well done.”

Also serving on the task force were Fellows Jeffrey C. Christensen, DPM; John J. Stienstra, DPM; and Jerome K. Steck, DPM.

ACFAS Fellowship Committee Announces Recognized Fellowship Programs

Continuing its efforts to support and provide visibility to surgical podiatric fellowship programs, the ACFAS Fellowship Committee has announced the first group of programs officially recognized by the College. These programs have met minimal requirements determined by an analysis of the educational processes and support structures in place to ensure adequate post-graduate-level training is occurring in the fellowship:

- University Foot & Ankle Institute Fellowship, Santa Monica, Calif. Program Director: Babak Baravarian, DPM, FAFAS
- Advanced Reconstructive Foot & Ankle Fellowship at Orthopedic Foot and Ankle Center, Westerville, Ohio. Program Director: Christopher F. Hyer, DPM, FACFAS
- Foot and Ankle Deformity Correction Fellowship, Baltimore, Md. Program Director: Bradley M. Lamm, DPM, FACFAS
- American Health Network Foot & Ankle Reconstructive Surgery Fellowship, Carmel, Ind. Program Director: J. Michael Miller, DPM, FACFAS
- Palo Alto Foundation Medical Group Fellowship, Palo Alto, Calif. Program Director: Amol Saxena, DPM, FACFAS
- Georgetown University Hospital Diabetic Limb Salvage Fellowship, Washington D.C. Program Director: John S. Steinberg, DPM, FACFAS
- Weil Foot and Ankle Reconstruction and Research Fellowship, Des Plaines, Ill. Program Director: Lowell Scott Weil, Jr., DPM, MBA, FACFAS

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Core privileging has become the standard in hospitals and ambulatory surgery centers (ASCs) across the United States. It allows procedures to be grouped categorically, rather than the traditional “laundry lists” which invariably overlook some procedures. For most specialties, the transition to core privileging created limited debate due to standardized training. In a field such as ours, with years of non-standardized training behind us, creating a document that was inclusive rather than exclusive presented unique challenges.

One of my first tasks as then president-elect of your College was to create a special task force to re-invent the credentialing and privileging documents originally published in the 1990s. The special task force was chaired by Harold W. Vogler, DPM, a consummate leader in this arena for a decade or more. Other seasoned leaders on the task force included Jeffrey C. Christensen, DPM; ACFAS Past President John J. Stienstra, DPM; and Jerome K. Steck, DPM.

I am thankful and proud to say that the ACFAS Board of Directors has approved the new combined “Credentialing of Podiatric Foot and Ankle Surgeons and Guidelines for Surgical Delineation of Privileges” document, which was posted on the ACFAS website on Aug. 26, 2010. This document reflects the current realities of the credentialing process with clear guidelines for hospitals and organizations to consider the appropriate delineation of privileges for podiatric foot and ankle surgeons.

The need for this document is obvious. From a practical standpoint, it has been the most commonly requested ACFAS document by not only members, but also hospitals and ASCs.

The Joint Commission now mandates that “quality” specifically require “current clinical competence” in the procedural privileges requested by all physicians and surgeons for any medical degree. In other words, your current clinical competence must be demonstrated and documented in the specialty of foot and ankle surgery, not some generic or broader category of medicine.

Naturally, this type of document creates some concern from some members that privileges will in fact be stripped or reduced. This is not, and should not be, the case. Such an action by a hospital or other institution represents a sanction of privileges and would not be allowed as long as the surgeon can demonstrate current clinical competence.

The task force and the ACFAS board were very careful to avoid a core privileging document that was based solely on the ABPS two-tier certification system. In other words, those members with Foot or Foot and Ankle Surgery ABPS certification remain eligible for all or some of “Core 2” privileges. However, it begs the question, is this the means to an end of our national scope-of-practice problem?

We have already seen some movement towards this in the Texas scope-of-practice case, with the Texas Medical Association and Texas Orthopaedic Association clearly leaning in this direction. The real problem with defining scope of practice based on the two-tiered board certification process is what do we do with those individuals with Foot and Ankle Certification that have been practicing with full ankle privileges? Many of this profession’s greatest teachers and ankle surgeons fall into this category and they should not lose their privileges.

As the profession moves toward standardized training with three-year surgical residency programs, this will become less of a concern with each passing year. Until then, the Delineation of Privileges document represents a means to establish privileges based on “current clinical competence” rather than just board certification or a laundry list of procedures. It also puts us more in line with surgical specialties in hospitals and ASCs. And one day, it may serve as a key stepping stone in a national scope of practice act and the delineation of podiatry!
Tried and True Meets the New at ACFAS 2011

When ACFAS convenes its 2011 Annual Scientific Conference in sunny Fort Lauderdale, Fla., March 9–12, be assured the masses of students that once swarmed the beaches are long gone. What you will find instead are brilliant minds and ideas at the No. 1 rated foot and ankle surgical conference.

Tried and true procedures and emerging innovations will come together in an encompassing program where the body of experience meets the cutting edge of research. “The newest, latest concepts and controversies will be discussed and debated,” says conference committee chair Lawrence A. Ford, DPM. “This year we’re increasing the background of evidence-based medicine within each session, and trying to strike the best balance of research and experience.”

The education program will also tackle some of the challenging surgical dilemmas that many podiatric surgeons encounter in their practices. “For example,” says Ford, “surgical biomechanics. It’s been thought that this is an area that’s devoted to the non-operative part of podiatry or to correcting biomechanics with orthotics or the like, but in fact a lot of the reconstructive surgery that’s being done these days is based on sound biomechanical principles. So, we have a session on surgical biomechanics to elucidate these concepts.”

“Another area is trauma, where there’s not always one right answer or one way to fix things,” Ford continues. “There’s a lot of research being done to understand certain trauma, fracture patterns, etc., and how to manage these best, particularly as the population changes. We now have a much larger active

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Here is just a sampling of the innovative, thought-provoking program you’ll find at the ACFAS 2011 Annual Scientific Conference:

- EBM Meets the Street
- Flatfoot Workshop — Stage 2
- Rapid Fire
- Surgical Biomechanics
- Manuscripts/Abstracts
- Sport Specific Injuries
- Not So Simple Complications
- Fact vs. Fiction
- Life, Loans & Beyond (Young Member Recommended)
- Arthrodesis Videos
- Curbside Consult
- Surgical Management of Charcot
- Challenges of Failed Nerve Surgery
- First Ray Revisited
- Next Decade of Bone Healing
- Tendon Workshop
- Successes through Small Incisions
- Arthroscopy of the Foot and Ankle Surgical Skills Course
- Orthopaedic Learning Center (OLC)
- Rosemont, Ill.
- To be waitlisted, please contact Maggie Hjelm, hjelm@acfas.org
- 16 continuing education contact hours

And don’t miss the opening session with keynote speaker Robert M. Pearl, MD, CEO of the Permanente Medical Group, the largest medical group in the United States.

The complete program and registration information will be online and in the mail by early October. For the latest news, keep your eye on acfas.org/ftlauderdale.

2010–11 CME Calendar

<table>
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<tr>
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<td>October 8–9, 2010</td>
<td>MTPJ A-Z Workshop and Seminar</td>
<td>Embassy Suites — Downtown Portland, Ore.</td>
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<td>November 5, 2010</td>
<td>Tendon Repair Surgical Skills Course</td>
<td>Intercontinental Dallas Hotel and Wright Mobile Lab</td>
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<tr>
<td>November 20–21, 2010</td>
<td>Arthroscopy of the Foot and Ankle Surgical Skills Course</td>
<td>OLC — Rosemont, Ill.</td>
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<td>December 11–12, 2010</td>
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<tr>
<td>March 9–12, 2011</td>
<td>Annual Scientific Conference</td>
<td>Broward County/Fort Lauderdale Convention Center</td>
<td>Sold Out</td>
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For information on upcoming programs visit acfas.org, or call (800) 421-2237.
J. Michael Miller, DPM, of the Carmel, Ind., program, says, “Training in this program is 10 years of experience in one year. It’s a marathon and a sprint at one time. Our fellows learn about trauma, reconstructive surgery and limb salvage. They get out of it what they put into the experience: the program is tailored to each individual fellow.”

Comments Lowell Weil, Jr., DPM, of the Des Plaines, Ill., program: “We take residents from high-powered programs and take them under our wings. Our program is designed to refine their surgical skills by allowing them to participate in a wide variety of very specialized surgical procedures. We also stress the importance of research for them and for our profession; foot and ankle surgeons as a whole haven’t done a great job of publishing over the years. It’s important for us to take what we know and show the world what we do. Most fellows get more value in their time with us than in their three years of residency.”

ACFAS has posted a detailed listing of the recognized programs on the ACFAS website, and the Fellowship Committee is working on next steps of support for these programs.

“‘My Foot and Ankle Deformity Correction Fellowship provides comprehensive training based on sound principles, accurate pre-operative planning, and unique techniques for deformity correction utilizing external fixation,” says Bradley M. Lamm, DPM, of the Baltimore program. “The College has now established fellowship standards which include specific criteria, requirements, and goals. By supporting these high-level fellowship programs, ACFAS continues to advance training opportunities. I feel the future of our profession is in the hands of fellows enrolled in programs such as ours, the best-trained DPMs in the field.”

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ACFAS Fellowship Committee Announces Recognized Fellowship Programs continued from page 1

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Attention Fellowship Program Directors
If you’d like your program to be considered for the College’s recognized list of programs, please request an application by contacting Director of Membership Michelle Brozell at mbrozell@acfas.org.
Board of Directors Election Calendar Announced

In early September ACFAS Fellows were notified regarding the 2010 Board of Directors nominations process. Two 3-year director terms are open for nomination this year. The nominating process and elections follow the policies and timeline set forth in the College’s bylaws:

October 1: Deadline for submission of nomination applications
November 10: Nominating Committee announces recommended candidates to the membership
December 10: Deadline for nominations by petition
December 24: Candidate information and ballots mailed to all voting members
January 24, 2011: Deadline for receipt of ballots at the ACFAS office

Pursuant to the College’s bylaws, the board has elected its 2011–12 officers:
• President: Glenn M. Weinraub, DPM
• President-Elect: Michelle L. Butterworth, DPM
• Secretary-Treasurer: Jordan P. Grossman, DPM
• Immediate Past President: Michael S. Lee, DPM

New officers and directors will take office during the ACFAS 2011 Annual Scientific Conference on March 10, 2011, in Fort Lauderdale, Fla.

For complete details on the nomination and election process, visit acfas.org/nominations or contact Executive Director Chris Mahaffey at 773-693-9300 x 1305, or mahaffey@acfas.org. Questions regarding eligibility criteria should be directed to Nominating Committee chair Mary E. Crawford, DPM, at dockmary@aol.com or 425-339-8888.

Residencies, Privileging Dominate Summer Board Meeting

In-depth discussions on podiatric surgical residencies and the delineation of hospital privileges dominated the College’s summer Board of Directors meeting held July 30 to August 1 in Colorado Springs, Colo. Other highlights include:
• Approval of a new position statement on the “Credentialing of Podiatric Foot and Ankle Surgeons and Guidelines for Surgical Delineation of Privileges.” This is the College’s fourth delineation document since the mid-1990s. The document was written by the Credentialing and Privileging Task Force, chaired by Harold W. Vogler, DPM.
• Reviewed the latest draft of CPME Document 320 on residency guidelines. The latest draft included three suggested changes submitted by the College in March.
• Appointed Luke D. Cicchinelli, DPM, and Christopher L. Reeves, DPM, as new JFAS section editors, for adult forefoot reconstruction and adult reconstruction rearfoot and ankle, respectively.
• Approval of joining the Coalition for Patient Rights, a scope of practice advocacy organization of 38 medical and healthcare organizations.
• Approval of the 2009 financial audit, which showed an increase in net assets of $679,649, raising total assets to $4,185,971. In 2003, net assets stood at $2 million.

In other business, the board conducted the executive director’s annual performance evaluation, appointed the 2010 Nominating Committee, updated the College’s business plan, and approved changes to the capital equipment budget for 2011–13. The next board meeting will be Nov. 12–13 in Chicago.

Committee Volunteers Wanted
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 2011–12 committees.

The various committees cover a wide range of responsibilities. For more information on getting involved, including committee descriptions and an application, visit acfas.org/volunteer.

Applications are due at ACFAS headquarters by December 15, 2010.

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PATIENT OUTREACH

Link Up with a Winner!
FootHealthFacts.org reaches 280,568 visitors in August

Is your practice website linked to the wealth of patient information on the College’s FootHealthFacts.org site? If not, make the connection now! Recent new content includes information on injuries common to a variety of sports, and is presented in English and Spanish.

ACFAS members can link to the FootHealthFacts.org home page, or, as the doctors at FootandAnkleColorado.com have done, provide a directory linking to individual topics on the ACFAS site.

“We’re pleased to be able to make the FootHealthFacts.org content available to our website’s visitors,” says Michael D. Vaardahl, DPM, a partner in the practice. “As a former chairman of the ACFAS committee that developed this information, I know the incredible amount of time, care and consideration given to each topic before it is released for public viewing. I rest assured that our site’s visitors are reading only the most current and accurate information on a wide range of foot health topics.”

In addition to linking to FootHealthFacts.org, you’ll want your website’s address to be part of your listing in the “Find an ACFAS Physician” search tool. Simply add it to the “Primary Business Address” area of the online member profile form at acfas.org/profile. While you’re there, enhance your listing with hours for up to three offices, insurances accepted, and more. Be sure to scroll down to the “ACFAS Website Listing” section and check “Yes” for “Consumer Physician Search.”

FootHealthFacts.org is a valuable member service, informing consumers about ACFAS members and the conditions they treat. You owe it to yourself to take advantage of this no-cost way to attract and educate your current and prospective patients.

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HEALTH POLICY

What States Save by Slashing Podiatric Foot and Ankle Care

Earlier this year the state of Arizona decided, as part of a statewide budget reduction, to cut several health benefits to adult enrollees in its Medicaid plan, the Arizona Health Care Cost Containment System (AHCCCS). Among the benefits eliminated beginning Oct. 1, 2010, is all foot and ankle care provided by a podiatrist.

Because DPMs are not classified as “physicians” under Medicaid, paying DPMs for “physician services” is optional for Medicaid plans. Each state has significant discretion in administering its Medicaid program, and can change its payment policy at any time. Currently, almost all states have budget shortfall issues, and podiatric services under Medicaid are an easy target for cuts.

*Update* spoke with Jerome K. Steck, DPM, a practicing foot and ankle surgeon in Arizona, about the probable effect of these cuts on podiatric medicine.

“The effect on podiatric foot and ankle surgeons will depend on how much individuals depend on Medicaid as part of their practice,” says Steck. “I think the bigger question is, what is the effect on patients? I think that could be a big problem, particularly for those with chronic wounds, such as diabetic patients. No other practitioners really fill that niche. So, in many cases these people may be left to fend for themselves. Or they’ll go to their primary care doctor or the emergency room, which will end up costing AHCCCS a lot more than proper routine follow up from podiatric foot and ankle surgeons.”

“It may also create an issue with EMTALA,” Steck continues. “If a patient comes into our hospital and I’m on call, by EMTALA regulations I have to take care of them — but by government stipulations, I can’t get paid for it.”

“I don’t know how long this can last. I don’t think it’s going to save money. Certainly it sets a bad precedent for podiatry. And worst of all, it’s the patients who are going to suffer.”

About 1.4 million Arizonans are enrolled in AHCCCS, which is reserved for people who are extremely low-income or indigent. It’s estimated that the cut in podiatric services will save Arizona about $1 million annually. For links to more information, visit acfas.org/update.

ACFAS wants to highlight reimbursement and scope-of-practice issues affecting members in every state. Please send suggestions to Kristin Hellquist Cunningham, ACFAS director of health policy, practice advocacy & research, at kristin.hellquist@acfas.org.

PATIENT OUTREACH  
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National Media Working for You

An army of media-trained, ACFAS member spokespeople has been busy working on your behalf to help advance the profession by sharing the latest news and health information with media outlets all over the country. In news placement comparison numbers for August 2010, ACFAS experienced a 58 percent increase in media coverage over August 2009.

This increase comes directly from recent media pitches and press releases distributed nationally on such topics as tennis injuries, running and stress fractures, bunion surgery and a recent interview with Michael S. Lee, DPM, on ACFAS’ position on cosmetic surgery. To date, more than 238 million readers across the nation were reached through these articles alone, with new placements recorded every week.

Contact Us Today: 877-POD-Docs

www.acfas.org
Research Grant Deadline October 15

Apply for support for your research proposal with the 2010 ACFAS Clinical and Scientific Research Grant. Fellows and Associate Members can receive up to $20,000 for research in podiatric surgery that will be of interest to members of the College.

All ACFAS grantees submit their finished projects for publication in the Journal of Foot & Ankle Surgery. In the July 2010 issue you’ll find the results of research by 2006 grantee Thomas S. Roukis, DPM, PhD, “Bacterial Skin Contamination Before and After Surgical Preparation of the Foot, Ankle, and Lower Leg in Patients with Diabetes and Intact Skin versus Patients with Diabetes and Ulceration: A Prospective Controlled Therapeutic Study.”

Follow your Fellows in the College in presenting your research to the world. Submit your proposal for grant consideration by Oct. 15, 2010. For an application and more information, visit acfas.org/grant.

Education

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geriatric population that has really led change in the way we understand fractures and the way we fix them. These are different challenges than found in a younger athletic person.”

Wherever your particular area of inquiry or interest lies, you’ll find sessions that satisfy. “The main reason we foot and ankle surgeons come to the scientific conference is to better ourselves with education. There’s a camaraderie in this space where we can share our ideas with colleagues and ask each other questions on the challenging topics we face today. We all share the thirst for knowledge — and the conference tries to quench that thirst,” concludes Ford.

Save the dates now! The complete program and registration information will be on your desk and online in early October. For links to more information, visit acfas.org/ftlauderdale.