



December 20, 2011

Administrator Marilyn Tavenner
Centers for Medicare & Medicaid Services, Department of Health and Human Services
Attention: CMS-3244-P
P.O. Box 8010
Baltimore, MD 21244-8010

Re: Response to the proposed regulation implementing the Medicare and Medicaid Programs Conditions of Participation (CoP), published on October 24, 2011 [Fed. Reg. Vol. 76, No. 20, pp. 65891 – 65908].

Dear Administrator Tavenner:

The American College of Foot and Ankle Surgeons (ACFAS) represents over 6,500 board certified or board qualified podiatric foot and ankle surgeons (Doctors of Podiatric Medicine - DPMs) who make up 14 regional divisions across the United States. We appreciate the leadership CMS has taken to improve healthcare for American patients by lessening administrative procedural burdens, increasing flexibility and reducing costs for hospitals and healthcare providers alike. We also understand that the CoPs are the underpinning for the nation's hospital accreditors, including the Joint Commission, AOA/HFAD and DNV and recognize the impact these new regulations will have on the voluntary accreditation and quality sectors as well.

ACFAS offers the following comments on the proposed CoP regulation:

- ACFAS agrees that today's industry standards and emphasis on patient safety demand that healthcare practitioners operate as a team and today's facilities must maximize staffing opportunities and utilize practitioners to the full extent of their education, training and experience (as allowed by their state scope of practice). We support privileges granted to practitioners within their scope, even if they are not appointed to serve on the medical staff, provided they are subject to the same policies, bylaws and medical staff oversight as members of the medical staff.
- ACFAS has actively promoted to CMS and the Joint Commission that Doctors of Podiatric Medicine (DPMs) should be allowed to serve in the role of medical staff president or its equivalent, like their MD/DO/DDS colleagues are currently permitted. We applaud the proposed regulation allowing this to occur and appreciate CMS' recognition in the draft regulations that it is "widely held by many states that the education, training and experience of DPMs are similar to that of their MD/DO colleagues with respect to serving in hospital leadership." Many hospitals were simply not even aware that current regulations do not allow DPMs to serve in this capacity, thus depriving the medical staff of its right to choose one of its own members to serve as its leader. ACFAS appreciates the support many other groups have shown, including the Joint Commission, in supporting this change allowing increased flexibility in medical staff leadership. Also, we believe no state precludes the DPM from functioning as the President of the Medical Staff through its current podiatric practice act.
- ACFAS concurs with keeping the current regulations related to History and Physicals (H&Ps). It is the interpretation of this regulation that needs to be clearly communicated to all, that a current H&P can be included in the patients' medical record if performed within 30 days prior to hospital



admission, and these H&Ps may be performed by any licensed independent practitioner (including DPMs) who is or isn't a member of the medical staff, provided that this does not substitute for proper clinical judgment related to updating the patient's status. And that after the patient is admitted all necessary H&Ps must be performed by a properly privileged and credentialed member of the medical staff as needed.

On behalf of our 6,500 members, 14 Regional Divisions, and their patients, we thank you for your consideration of our comments.

Sincerely,

Glenn M. Weinraub, DPM, FACFAS
ACFAS President

Kimberly Eickmeier, DPM, FACFAS
ACFAS Board of Directors: Division Presidents Council (DPC) Chair



Quick Facts about the Training, Education and Certification of Foot and Ankle Surgeons (DPMs)

- Foot and ankle surgeons (DPMs) complete four years of podiatric medical school. Identical to the length of MD/DO medical schools, the podiatric medical school curriculum covers the same basic and clinical sciences, including, but not limited to: general anatomy; pathology; biochemistry; pharmacology; general medicine; surgery; pediatrics; behavioral sciences; and ethics. Unlike MD/DO medical schools, the Podiatric Medical School curriculum also provides intensive foot and ankle specialty-specific education beginning in the first year.
- Graduating DPMs complete at least a three-year post-graduate podiatric medicine and surgery residency, and many go on to further their education through focused fellowships. Similar to and often integrated with residencies for MDs and DOs, these podiatric surgical residency programs provide training in general medicine, general surgery and surgical specialties. The critical difference, though, is in the volume of cases and time spent in foot and ankle specific training. Podiatric surgical residency programs provide significantly more foot and ankle training than any other specialty. A foot and ankle surgeon (DPM) will have demonstrated a cognitive knowledge of podiatric surgery, including the diagnosis and treatment of general medical problems and surgical management of foot and ankle diseases, deformities, and/or trauma, and those structures that affect the foot, ankle, and leg. Multiple general orthopaedic resident surveys have shown that graduating general orthopaedic surgeons feel their program was deficient in foot and ankle surgery and that they are least prepared to treat the foot and ankle upon entering into private practice.
- The American Board of Podiatric Surgery (ABPS) certifies foot and ankle surgeons (DPMs) who have successfully completed an intense certification process comparable to that of individual MD and DO specialties.
- The critical advantage Board Certified Foot and Ankle Surgeons (DPMs) have over Board Certified Orthopaedists (MD/DOs) is that the ABPS certification process involves proving experience specifically in the performance of foot and ankle surgical procedures, whereas the MD/DO certification does not.
- Hospitals and surgery centers authorize surgeons to perform specific surgical procedures. DPM, MD and DO surgeons all apply and are granted credentials and privileges in the same way.
- Only Foot and Ankle Surgeons (DPMs) are required to attend foot and ankle specific courses, whereas orthopaedists may complete their Continuing Medical Education requirement entirely in areas outside the foot and ankle.