

# Update



Proven leaders.  
Lifelong learners.  
Changing lives.

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

## “Red Flagging” the Red Flag Rules

“Is the government forcing yet another overhaul of my practice operations through these FTC Red Flag Rules?” ACFAS has been fielding a lot of questions such as this as the August 1 compliance date looms. The College wants you to understand both the “why” and the “how” of the red flag rules to help you comply with these rules with minimal disruption.

### Why?

The rules are designed to prevent identity theft: they require “creditors” to implement written policies and procedures to identify “red flags” that could signal identity theft. The FTC has made it clear that health care providers who accept credit cards for payment must comply, while also promising to issue additional guidance for small businesses such as physician practices.

Complying with the rules is mandatory but also benefits the practice. Compliance protects practices from losing revenue through fraud and minimizes the possibility that an unscrupulous employee might steal the identity of a patient.

### How?

The FTC recently issued “The Red Flag Rule: What Health Care Providers Need to Know About Complying with New Requirements for Fighting Identity Theft.” You can access this document at [acfas.org/redflag](http://acfas.org/redflag).

In addition, ACFAS recommends taking the following minimum steps by August 1:

- Appoint a staff member responsible for compliance.
- Implement a written policy that requires

staff to obtain a photo ID from each patient at each visit and verify that the photo ID, insurance card and credit card match the patient.

- Do not photocopy any credit card or driver’s license.
- Shred any existing photocopies of credit cards or drivers’ licenses.

The rules outline steps that should be taken when a “red flag” is discovered, including notifying the credit card company and the patient. ACFAS is closely monitoring any new developments and will communicate them through the weekly e-newsletter, *This Week @ ACFAS*, as well as in future issues of *Update*. ■

## ACFAS Launches Multicenter Trial on Hallux Rigidus Procedures

Taking a leadership role in outcomes research, the College is embarking on the first multicenter retrospective trial investigating the efficacy of three surgical procedures used in the treatment of end-stage hallux rigidus. The study, involving six sites and approximately 300 patients, will examine the long-term outcomes of joint resection, joint fusion and hemi-metallic first MTP joint implants. Data collection began in June and will continue for 12 months.

“This is the first trial of its kind examining these three techniques, utilizing a multicenter approach. While the literature is replete with small reports and non-comparative studies, this marks the first study

that looks at the long-term efficacy trends nationally,” says Paul J. Kim, DPM, the study’s project director. “The trial will directly compare and contrast the three most commonly utilized surgical approaches for a common foot problem.”

The study will serve several important purposes, including helping surgeons achieve better patient outcomes. “The primary goal of any clinical study is to refine our techniques and provide the best treatment outcome for our patients,” remarks Kim. “There’s a lot of conflicting data on these procedures in the literature and anecdotally, and this study will hopefully help clarify some of those issues.”

*continued on page 7*

### Inside This Issue

Learn how to take advantage of government incentives for PQRI. [Page 4](#)



A strong advocate for more patient outcomes research, Paul J. Kim, DPM, heads the College-sponsored multicenter study on three hallux rigidus procedures.



## The Future of CME

By Mary Crawford, DPM, FACFAS President

What's happening to continuing medical education (CME) across the country and worldwide? Clearly, CME is changing dramatically in terms of who provides it, what it entails and how it's delivered. The future of CME will greatly affect ACFAS members, natural lifelong learners who have achieved Board certification. With state licensing boards steadily increasing our CME requirements, we should all be aware of the global forces having an impact on how we continually enhance our skills.

### High-Speed Internet: Changing the "How" of CME

The most obvious factor in delivery of CME is the Internet, and perhaps equally important, high-speed transmission. To younger physicians, online CME is no different than online dating or shopping; they grew up with the Internet and know nothing different. But for older physicians, the transition to online CME has taken some adjustment. None of this would have happened, however, if Internet download speeds had not increased. High-speed transmission has made it possible to enrich online CME with audio and video that would have been impossible in the "dial up" days.

ACFAS has leveraged this new technology to enrich its educational offerings with a variety of CME and non-CME programs. The CME Surgical Techniques Series (available both online and on DVD) and the CME Scientific Sessions videos have been enthusiastically received, and the non-credit podcasts have been downloaded more than 50,000 times. New video courses and podcasts are launched monthly, so be sure to check [acfas.org/eLearning](http://acfas.org/eLearning) periodically.

Today's economic climate also makes the timing of high-speed online CME fortuitous. New physicians have a large financial debt from school and residency, while estab-

lished practitioners may be facing declining reimbursements and revenue. These economic realities can preclude practitioners from leaving their practices to travel to CME programs far from home. Online CME programs are a more economical alternative, but online learning will never replace the camaraderie we enjoy at face-to-face meetings.

So, there is a continuing role for face-to-face programs as well. If CME were to be delivered only online, the loss of interaction would be a severe detriment to physicians and the College. We often learn as much during the breaks as we do in the classroom or lab. Also, many programs simply must be hands-on, such as the College's cadaver-based Surgical Skills Courses. So, as with other forms of education and communication, onsite meetings will not disappear—rather, they will be supplemented with CME that is appropriate for distance learning.

### Responding to the Demand for Reform

The government has also played a role in transforming CME. Significant pressure is being brought to bear by the U.S. Congress and segments of the medical profession itself to reform CME financing. There is no question that a large percentage of CME now available to all healthcare professionals would not be possible without grants from industry. This has raised concerns for Congress, physicians and medical associations themselves about possible conflicts of interest between the CME provider and grantor.

Calls for CME providers, including medical associations, to completely divest themselves of industry funding have appeared in federal legislation and even in the *Journal of the American Medical Association*. The good news is that the medical profession is taking bold moves to self-regulate through such documents as the Accreditation Council for

Continuing Medical Education (ACCME) "Standards for Commercial Support" and the Pharmaceutical Research and Manufacturers Association (PhRMA) "Code on Interactions with Healthcare Professionals."

ACFAS has always stayed abreast of this debate, and we follow or exceed many of the ACCME and PhRMA guidelines to ensure that our CME or non-credit programs are conceived, developed and delivered without industry bias. This movement, however, may spell the end of industry-produced non-credit programs.

With online CME there's little question about "attendance," but you will see increased attention on attendance verification at onsite meetings. Even today, attendance at most CME events is on the honor system, but abuses have occurred. Example: One state considered revoking the licenses of physicians who attended a CME event where attendance verification was inaccurately recorded. ACFAS is attuned to these concerns, and that's why we implemented twice-daily badge scanning at this year's Annual Scientific Conference. A bonus to scanning: you may now access your ACFAS CME records online at [acfas.org](http://acfas.org). Currently only the 2009 conference CME is online, but over the coming months all ACFAS CME will be accessible in this manner.

### The Best of Both Worlds

Fully appreciating the many forms that CME may take, the College is seizing opportunities to provide education that meets reform standards while also harnessing the best in technology, instruction and collegiality. From the ever-expanding e-Learning offerings to the Annual Scientific Conference and popular hands-on skills courses, ACFAS continues to ensure that members remain "proven leaders, lifelong learners, changing lives." ■

## Two Impressive Surgical Skills Courses Spotlighted This Fall

With two topnotch ACFAS Surgical Skills Courses slated for this fall, members have the opportunity to improve their surgical acumen through the ultimate in laboratory-focused, real-world instruction. Back by popular demand is the indispensable Flatfoot Surgical Skills Course, and making its debut this year is the innovative Complex Reconstruction Surgical Skills Course.

### Flatfoot Course: Keeping You at the Forefront

Updates and fresh insights will be featured at the Flatfoot Surgical Skills course scheduled for October 10-11. Providing instruction on the latest techniques in flatfoot surgery, an outstanding faculty will



D. Martin Chaney, DPM

give participants the guidance and extensive cadaver experience needed to keep them adept in the best approaches. “The course blends lectures, videos and high-energy discussions with many

hours of hands-on lab time that mimics the live operating room,” says D. Martin Chaney, DPM, Course Chairman.

“This course is ideal for surgeons who want to expand their current skills base so they can become more comprehensive in treating flatfoot conditions,” remarks Chaney. He notes that the course will enhance participants’ skills in both procedure selection and performance.

The site for the course is the state-of-the-art Scientific Education and Research Institute (SERI) in the Denver area. In addition to providing optimal equipment, the facility offers an ideal setting for close-up learning, questions and idea exchanges.

Drawing from the successes of

previous flatfoot courses as well as their own impressive expertise, the faculty is well-equipped to provide attendees with powerful take-home knowledge. Says Chaney: “Participants will discover new techniques and walk away fully understanding different surgical procedures—when to use them, how each is used, and how to physically perform them.”

### Complex Reconstruction Course: A New Concept in Learning

Heralding a great idea in education, the new Complex Reconstruction Surgical Skills Course introduces members to the benefits of a “destination course.” In this case, the destination is one of America’s top tourist venues: Las Vegas. The College gives you two choices: Sign up for either the Saturday or Sunday course, November 14 or 15—and enjoy the rest of the weekend on the town.

“This one-day seminar is fully packed and as fast-paced as Vegas,” says Kris DiNucci, DPM, Course Chairman and head of the 2009 Surgical Skills Committee. Lectures will comprise only 90 minutes, enabling participants to concentrate on performing foot and ankle procedures. They’ll rotate to different stations, choosing from an array of first ray, rearfoot, and tendon techniques.

The course is called “complex reconstruction” because the procedures go beyond basic ones. “But this does not mean it is only for advanced surgeons; it provides exposure for all to the latest surgical tools and techniques,” states DiNucci. “The course caters



Kris DiNucci, DPM

*continued on page 7*

## 2009 Education Programs Calendar

Online registration for Surgical Skills courses and Practice Management seminars is now open at [acfas.org/meetings/education+calendar](http://acfas.org/meetings/education+calendar).

**July 9-11, 2009**

**Diabetic Foot and Ankle Surgical Symposium**  
Hyatt Vineyard Creek  
Santa Rosa, CA

**September 25-26, 2009  
(Friday-Saturday)**

**Practice Management and Coding Seminar**  
Allerton Hotel  
Chicago, IL

**October 10-11, 2009**

**Flatfoot Surgical Skills Course**  
Scientific Education and Research Institute (SERI)  
Thornton, CO

**November 14 or 15, 2009**

**Complex Reconstruction Surgical Skills Course**  
Red Rock Casino/Wright  
Medical Mobile Lab  
Las Vegas, NV

**December 12-13, 2009**

**Foot and Ankle Arthroscopy Surgical Skills Course**  
**Sold Out**  
Orthopaedic Learning Center  
Rosemont, IL



**February 22-26, 2010**  
**Mandalay Bay Hotel**  
**Las Vegas, NV**

## PQRI: How Can My Practice Participate?

By Christine E. Weikert, DPM, FACFAS

CMS' Physician Quality Reporting Initiative (PQRI), which became a permanent program in 2009, allows physicians to take advantage of a governmental incentive for reporting quality of care items on Medicare patients. Physicians choosing to participate in PQRI will receive confidential feedback about their practice, which can not only give insight into the practice but can also improve their clinical practice performance. PQRI is a voluntary program that provides a 2% incentive to participants who successfully report quality of care measures for services provided to Medicare Part B patients under the Medicare Physician Fee Schedule (PFS).

Medicare Part C (Medicare Advantage) patients are not included in claims-based reporting of measures or measures groups.

### Process for Reporting PQRI

To be eligible for the 2% incentive, physicians must report at least three applicable quality measures on at least 80% of their Medicare Part B cases for which the measures are reportable. To get started reporting PQRI, physicians need to notify their billing software vendor of their participation in PQRI. Physicians should then choose a reporting method (claims-based, registries, measure groups) and review the PQRI quality measure specifications for that method and the reporting period selected. For claims-based reporting (the method that will be used by most ACFAS members), physicians must report the three selected measures by submitting the specified codes on claims for covered

services paid under the PFS and provide these codes for each encounter during the reported period.

All measures must be submitted no later than two months after the end of the 2009 reporting period. If fewer than three quality measures are reported, they will be subject to a measure-applicability validation (MAV) process. The MAV process determines whether quality codes should have been submitted for additional measures. Physicians who report less than three quality measures are still eligible for the 2% incentive payment as long as the quality-data codes for all applicable measures are submitted through claims.

If your practice has multiple physicians, CMS will provide confidential feedback reports for each member reporting. These feedback reports contain reporting and performance information at both the Individual National Provider Identifier

*continued on page 5*

**ADD  
POWER  
TO  
MediNotes**

Buy **PodiatryTemplates™** today and dramatically increase your time-savings and bottom line.

See all its features and what other doctors say at

[www.podbillspec.com/power](http://www.podbillspec.com/power)

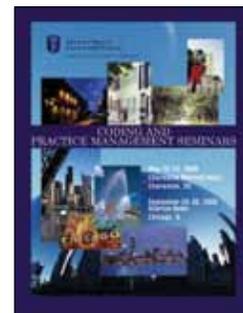
**PodiatryTemplates™**  
**877-POD-DOCS**

## Seminar Gives Tips for Improving Your Bottom Line

In a changing economic and technological environment, the “most successful will be the most adaptable,” according to Douglas Stoker, DPM, who presented recently at the highly-rated ACFAS Coding and Practice Management Seminar. Stoker walked participants through an array of coding challenges, including new codes and programs for diabetic debridement. He also covered the opportunities and traps presented by the federal government PQRI and e-prescribing programs. Said Stoker: “2% here, 2% there—before you know it, it starts to add up to some real money.”

Also presenting was Karen Zupko, national coding consultant, who emphasized that “practices can't run on the same old business assumptions; everything must be put on the table,” Zupko provided very specific strategies to help podiatric practices weather the recession, including collections approaches, harnessing technology and effective marketing techniques.

Registration for the September 23-24 Coding and Practice Management Seminar is now available online. For more information or to register, view the seminar brochure at [acfas.org/meetings/education+calendar](http://acfas.org/meetings/education+calendar).



## RESEARCH

(NPI) level and at the Taxpayer Identification Number (TIN) level.

### Measures for 2009

The 2009 PQRI contains 153 measures, of which about 20 are relevant to foot and ankle physicians. For example, measures 126 and 127 apply directly to diabetic foot and ankle care. There are also universal measures such as measures 114 and 115, which relate to questions about tobacco use.

ACFAS encourages members to participate in PQRI. To learn more about the program, including a full list of measures, go to <http://cms.hhs.gov/PQRI>. You can also call the PQRI Help Line (open 7am to 7pm EST) at 886/288-8912.

*Christine E. Weikert, DPM, FACFAS is a practicing podiatrist and President and CEO of The Podiatric Billing Specialists, LLC. ■*

### 2009 Clinical and Scientific Research Grant Application Now Online!

As a leader in advancing foot and ankle surgery, ACFAS annually awards grant monies to ACFAS Fellows and associates to fund research. The 2009 online grant application process is now underway. Only proposals meeting evidence-based medicine levels of evidence 1, 2 or 3 will be considered. Deadline for applications is **October 15, 2009**. For more information, visit [acfas.org](http://acfas.org).

### Take Advantage of ACFAS Research Resources

ACFAS is committed to promoting research and evidence-based medicine. In addition to the College's grant program and new multi-center trial on hallux rigidus procedures, ACFAS has several resources for physicians, including nine "modules" outlining approaches to evidence-based medicine for common conditions and tools to help members get started with clinical research projects, including performing scientific literature reviews. Explore these resources at [acfas.org/pubresearch/articles](http://acfas.org/pubresearch/articles). ■



If you build it,  
they will come.

Websites starting at  
**\$995**

### Websites That Deliver New Patients!

**"1,269 new patients!"**

— Greg Renton, Orlando, FL

**"724 new patients!"**

— Dr. Mitchell Waskin, Richmond, VA

**"1,089 new patients!"**

— Dr. Robert J. Abrams, Newhall, CA

**"447 new patients!"**

— Dr. James Petko, Falls Church, VA

**888.748.6632**

**Officite**

[www.dpmwebsites.com](http://www.dpmwebsites.com)



## ACFAS Offers New Residents Complimentary Membership

Through a recent initiative proposed by the College's Division Presidents Council (DPC) and approved by the Board of Directors, first-year podiatric surgical residents will receive complimentary ACFAS membership for their first year of membership in ACFAS. "We realized this was the best way to expose them to all that the College has to offer," says Marc Kravette, DPM, Chair of the DPC.

Part of the DPC's mission is to further the education and promotion of the highest educational standards at a grassroots level. "This offering provides a tremendous opportunity for new residents throughout the country to access a variety of ACFAS resources and benefits—including the journal, online publications, the ability to

interact with more seasoned members, and eligibility to attend the Annual Scientific Conference with member pricing," explains Kravette.

The initiative begins this month, with the College communicating with first-year podiatric surgical residents, informing them of the offer of the benefits of membership with dues waived for one year, beginning October 1. This represents a direct value of \$112, plus additional savings through member pricing on conferences, products and services.

Historically, the DPC sponsored a "Young Members Reception" recognizing students, residents and new members attending the College's Annual Scientific Conference. Since the popular reception will continue in future years with other sponsors, the DPC decided to more directly assist the younger members with dues relief for first-year residents. Says Kravette: "We know that once new residents get a taste of what's available to them as ACFAS members and how it can help them shape their career in a positive way, they'll stay on through the rest of their residency and fellowship, and after they finish their training."

## Website Enhancements on the Horizon

Members can look forward to big online improvements this fall, when the College unveils major overhauls to both ACFAS' main and consumer websites. Among other advantages, the redesign will boost users' ability to easily find what they want when they log on to [acfas.org](http://acfas.org) and [FootHealthFacts.org](http://FootHealthFacts.org) (the forthcoming new name for the consumer site). For example, the easier-to-navigate main site will enable members to perform more robust and specific searches. Customization capabilities will be introduced along with new features that will provide greater benefit to members.

Using feedback obtained from member surveys, ACFAS has been working



Shown left to right, Melissa Matussek and Helen Jameson are recent additions to the ACFAS staff.

closely with website professionals who specialize in designing and developing sites for medical associations. All aspects of the redesign have been driven by an all-important goal of improving the member's online experience.

## New Staff Joins ACFAS Headquarters Office

ACFAS welcomes two new staff members to the headquarters office:

Helen Jameson, JD, Director of Health Policy, Practice Advocacy and Research, will apply her 14 years of experience with the American Medical Association to serve ACFAS members. She is your resource for all matters regarding practice management, scope of practice, credentialing and privileging, coding and reimbursement, and state and federal regulations and legislation. Helen recently became acquainted with ACFAS members at the Coding and Practice Management Seminar in Charleston, SC, and looks forward to meeting others at September's seminar in Chicago.

Melissa Matussek is the College's new Public Relations Manager. In addition to her media outreach activities, Melissa will manage the ACFAS consumer website and produce ACFAS practice marketing tools such as the *FOOTNOTES* newsletter and customizable news releases. With a perspective gained from working in hospital public relations over the past 13 years, Melissa understands the healthcare media arena and brings a fresh perspective to her position with ACFAS.

A directory of all ACFAS staff, including areas of expertise and contact information, is available at [acfas.org/about/contactus](http://acfas.org/about/contactus). ■



**HealthCare Associates  
Credit Union**

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

**Safe, Secure  
& We're Still Lending**

If "banks" can't help, it's good to know... HealthCare can.

- Practice acquisition & owner buy out
- Building: office, clinic, surgery center
- Equipment purchases
- Working capital lines of credit



Contact Norma Cantrell today at  
630.276.5730 or  
800.942.0158 x 5730



291 ©HACU 04/09

to all levels, and there will be enough procedures offered that each surgeon, no matter his or her skill set, will bring home new pearls and techniques from the course.”

Because of the course’s streamlined format, the faculty is geared up for minimizing idle time and getting attendees through the technique so that they’re well-versed and know it completely. “That’s our objective,” DiNucci explains. “We want attendees to learn some techniques—and also enjoy a mini-vacation on the side.”

*For more information and to register for these courses, go to [acfas.org/meetings/education+calendar](http://acfas.org/meetings/education+calendar)*

### ACFAS E-Learning: A Variety of Options Just a Click Away

Log on to [acfas.org/eLearning](http://acfas.org/eLearning) and you’ll find a host of distance learning opportunities from the College. Podcasts, Scientific Sessions, and the Surgical Techniques Series are all available online to broaden your knowledge, sharpen your skills, and delve into current trends and controversies.

Frequent participants in ACFAS

e-learning know that new topics are added on a regular basis. Two new offerings for July include the podcast on “How to Critically Evaluate a Peer-Reviewed Journal Article” and the clinical session on “EBM Principles in Clinical Scenarios.”

Check these out, along with the myriad of other e-learning options that can be so easily accessed—literally anytime, virtually anywhere. ■

### Quick Reference Guide to ACFAS E-Learning Resources

	Media	Cost	Frequency	CE Credit?
<b>Podcasts</b>	Audio	Free	New podcast 1st of each month	No
<b>Scientific Sessions</b>	Online Video	Free	New session every two months	Yes, members only
<b>Surgical Techniques Series</b>	Online Video or DVD-R	Visit site for fee structure	Complete set now available	Yes, with purchase of complete set

### Call for Manuscripts

If you’d like your research to be considered for presentation at the 2010 ACFAS Annual Conference, be sure to submit your manuscript by **August 3, 2009**. Accepted manuscripts will be presented orally, followed by open floor discussion. Winners of the ACFAS Manuscript Awards of Excellence will divide \$10,000 in prize money provided through a generous grant from the Podiatry Foundation of Pittsburgh. Policies on manuscript preparation and submittal must be strictly followed, so go to [acfas.org/meetings/NV](http://acfas.org/meetings/NV) for information and instructions.

### ACFAS Launches Multicenter Trial on Hallux Rigidus Procedures *continued from page 1*

College members have expressed the need for research that can guide them in selecting the optimal approach for their patients with hallux rigidus. This investigation will yield such data, as well as provide evidence supporting reimbursement for some of these techniques. “Hopefully the data will uncover trends and identify specific factors that result in higher patient satisfaction,” says Kim.

The study’s methodology will include subjective assessment for pain, function and satisfaction as well as objective data including radiographic evaluation and physical examination. Adverse events associated with the three surgical techniques also will be documented. The College anticipates that this is the first of many future clinical trials that will be of benefit to its members and the patients they serve. ■



**Simple. Brilliant.**  
Your Scheduling Solution

Eppointments is the premier appointment scheduling software. It is flexible, fully customizable and extremely easy to use.

- In-Office and Web-Based Scheduling
- Patient Online Features from your Web Site, including:
  - complete patient registration information
  - online appointment scheduling
  - automatic email reminders

Visit our Web site for more details or contact us now for a product demonstration and start seeing more patients today!

866.376.7070 | [www.eppointments.com](http://www.eppointments.com)

# ACFAS Corporate Sponsors

**Platinum Level**  
Wright Medical  
Technology, Inc.

**Gold Level**  
PICA  
SBi (Small Bone  
Innovations)

**Silver Level**  
ACFAS Division  
Presidents Council  
Arthrex  
DePuy

**Bronze Level**  
BioPro, Inc.  
Integra Foundation  
Merz Pharmaceuticals, LLC  
OsteoMed Corporation L.P.  
Podiatry Foundation of  
Pittsburgh

**Pewter Level**  
ArthroCare Corporation  
Biomet Trauma  
DOX Podiatry  
NeuroTherm  
Officite

Smith & Nephew, Inc.  
– Orthopaedic  
Stryker Orthopaedics  
Synthes  
The Podiatric Billing  
Specialists



Get details about these member services at [acfas.org/membership/benefitspartners](http://acfas.org/membership/benefitspartners).



## Update

Volume 16, Issue 4  
This issue was mailed July 1, 2009

American College of Foot and Ankle Surgeons  
8725 West Higgins Road, Suite 555  
Chicago, IL 60631-2724

*Update* is published 8 times per year by the American College of Foot and Ankle Surgeons (ACFAS), 8725 West Higgins Road, Suite 555, Chicago, IL 60631-2724, phone (773) 693-9300 or (800) 421-2237, fax (773) 693-9304 or (800) 382-8270, e-mail [info@acfas.org](mailto:info@acfas.org). *Update* is provided as a benefit of membership in the College, and is not available by subscription. Copyright © 2009 American College of Foot and Ankle Surgeons. All rights reserved. No portion of the newsletter may be copied or distributed without permission.

*The ACFAS vision is to serve society as the preeminent source of knowledge for foot and ankle surgery. Our mission is to advance the competency of our members and the care of our patients.*



Prsrtd  
US Postage  
**Paid**  
Chicago, IL  
Permit 9711

## HEALTH POLICY

### Stimulus Funds for EHR: Many Questions Remain

The HIT component of the so-called “Stimulus Bill” signed into law earlier this year is drawing a lot of interest—and confusion—among providers. Under the legislation, providers who adopt “certified” electronic health records (EHRs) with e-prescribing capability by 2011 can receive \$44,000 in total incentive payments between 2011 and 2015, with the largest payment of \$18,000 available in 2011.

The law requires “meaningful use” of the EHR. There is a great deal of uncertainty over the standards for certification of an EHR and “meaningful use,” and

draft regulations are not due until the end of the year. However, the Department of Health and Human Services Office of the National Coordinator intends to provide guidance on “meaningful use” as early as July. ACFAS will provide regular updates on developments.

### Privileging Toolkit Provides Helpful Documents

ACFAS has developed a toolkit for DPMs facing challenges in hospital staff privileging. The kit contains several documents, including ACFAS position statements, Centers for Medicare and Medicaid Services (CMS) guidance on privileging, CMS final rule on DPM performance of history and

physicals, and suggested protocol for handling privileging problems. The toolkit is available electronically at [acfas.org/toolkit](http://acfas.org/toolkit), and hard copies can be obtained by contacting Helen Jameson, Director of Health Policy and Practice Advocacy, at [Helen.Jameson@acfas.org](mailto:Helen.Jameson@acfas.org)

### Health Care Reform: Keep Informed

New developments in health system reform are emerging daily, making it more crucial than ever to stay abreast of what’s happening on Capitol Hill. ACFAS is committed to providing members with the most current information. Watch for updates on legislative matters in the weekly *This Week @ACFAS*. ■