Poised for Change
Members Provide Critical Input in Two Surveys

ACFAS is committed to bringing members the educational programs and tools they need to excel in their podiatric foot and ankle surgery practices in a changing environment. One way we do this is through periodic surveys of members. ACFAS recently sent two online surveys—the Practice Economics and Insights Survey and the Member Success and Challenges Survey—to a random sampling of members, and they conveyed important feedback about their practices and their professional needs, opportunities and obstacles.

The surveys showed that podiatric foot and ankle surgeons are thriving and generally optimistic about the future. Around 60% expect the number of patients they see and total surgeries they perform to increase in the next three years. One of the most telling findings is a gradual shift to self-identification as “surgeon” rather than “podiatrist,” particularly among young members.

A Profile of Members and Their Practices
Other highlights from the Practice Economics and Insights Survey include:

- Forty-two percent of respondents are in solo practice, while 39% are with a single-specialty podiatric group practice. Eighteen percent work for a multispecialty practice.
- Members are highly trained, with 64% having spent two or three years in residency.
- Net professional income in 2008 versus 2007 increased for more than 50% of respondents and remained the same for about 15%.
- On average, respondents provided 69% surgical care and 31% non-surgical care.

Annual Scientific Conference Will Raise Your Professional Stakes
Fortune will surely be smiling on members attending the 2010 ACFAS Annual Scientific Conference on February 22-26 in Las Vegas. From top-flight educational sessions to networking opportunities morning, noon and night, the Annual Scientific Conference will start off the new decade just right—offering everything you need to elevate your expertise, and have a good time!

The Right Mix
You’ll find plenty of choices in topics and learning modalities. Panel discussions, video-based sessions, lively debates, hands-on workshops, scientific presentations, case analyses, interactive programs, poster exhibits, and more—they’re all part of the program for 2010.

In addition, you can explore the latest products and services for enhancing your practice. Each day you visit the Exhibit Hall you’ll learn something new, and can enjoy complimentary refreshments, too. You also won’t want to miss the social events planned.

What’s New, What’s Hot
Do you have a difficult case that cries out for input from your peers? Now you can have it addressed by a panel of experts at the new “Curbside Consult,” an innovative session debuting at the 2010 Annual Scientific Conference. For details on how...
How Do We Develop the Annual Conference Program?

By Sean T. Grambart, DPM, FACFAS
Chair, ACFAS Annual Scientific Conference Committee

In just a few months, ACFAS members will be heading to Las Vegas for our 68th Annual Scientific Conference. Imagine: 68 years of annual conferences! As chair of the 2010 Annual Scientific Conference (ASC) Committee, I can tell you that represents countless hours of brainstorming, planning and fine-tuning. The targeted outcome, of course, is education that expands members’ knowledge and benefits their practice and patients.

Recently Michelle Butterworth, DPM, the Board liaison to the ASC Committee, had this to say after attending our development meeting: “I wish every member could witness a committee meeting so they can begin to understand the level of work and thought that goes into development.” With that in mind, I’d like to give you a behind-the-scenes look at how the ASC Committee puts together the annual program.

An Intensive Planning Process
Each year, the launching pad for creating the conference program is a two-day development meeting held in the spring. But weeks before this intensive meeting, committee members are charged with providing critical input—assessing what worked and what didn’t at the previous conference, and suggesting new ideas. This input is then addressed at the development meeting.

I guess I’m not surprised Dr. Butterworth was impressed with our weekend meeting. As I’m sure is true with other College committee meetings, energy soared, ideas flowed, new concepts were probed and numerous details were hashed out. By the end of those two jam-packed days, we had accomplished our goal—creating a working grid of 50 sessions and all the necessary specifics: carefully chosen time slots, titles that communicate well, breakout topics for various sessions, and the right speakers for the job.

Some Inevitable Hurdles
It’s always a challenge to arrive at ways to breathe new life into popular topics from previous years. That’s why thinking “outside the box” is encouraged in our deliberations. One strategy for keeping things fresh is to present sessions in different formats.

Another challenge we face truly epitomizes that old adage: “The devil is in the details.” With a program spanning so many sessions and speakers, scheduling can get complicated. Invariably, conflicts occur in assigned times for speakers, requiring shuffling and reshuffling until all is well-aligned. It’s an understatement to say that logistics play a big role in planning the conference!

Member Feedback: Vital to Development
To create a successful conference, it’s essential that the committee understands what ACFAS members want and don’t want. For that reason, we place huge emphasis on the evaluation forms completed by attendees after each session. If you ever wonder whether your ratings and comments have an impact, please know this: They do! Each committee member reviews your evaluations and considers them when developing the program.

Beyond the evaluation forms, we urge you to tap our shoulders at the conference and give us your feedback. Or email us when you return home. We welcome hearing about your programming ideas, needs and preferences.

Creating the Best Conference Possible
I’m sure every College committee aims to do its best to benefit members. That certainly holds true for the ASC Committee: We strive to provide the best possible annual conference.

Of course, to achieve excellence in anything the College undertakes, committee volunteers must commit time and talent to the work before them. That definitely is the case with my fellow committee members. I’m happy to report that their dedication, fresh ideas and diligence have paid off, crystallizing into a fine program for the 2010 Annual Scientific Conference.

You can look forward to many exciting sessions in February, including the brand new “Curbside Consult,” spotlighting members’ difficult cases.

I haven’t yet mentioned the work that lies ahead for the committee. Undoubtedly refinements will be made. Unforeseen glitches can certainly arise. Fast-track adjusting may be in store. So with all this effort required, why do we gladly serve on the committee?

I think I speak for the entire ASC Committee when I say the reward is in the finished product. When someone comes up to us at the conference and says, “I’ve been doing that procedure this way, but now I’ve learned a new pearl that will really benefit me,” that makes it all worthwhile. The most gratifying part of our work is knowing that our members are learning. View the list of committee members at acfas.org/committee/asc.

See you in Las Vegas in February!

Sean Grambart, DPM, has been a member of the Annual Scientific Conference Committee for the past four years, serving as chair since 2008.
ACFAS in the News
Skateboarding is still popular among children and young adults, but are they taking precautions for proper foot and ankle safety and health? Members have expressed concern over the increasing number of patients they treat for serious skateboard injuries and painful foot and heel conditions. ACFAS addressed the issue in a recent press release on skateboard safety and received excellent coverage throughout the national media.

Articles resulting from this release have appeared in more than 100 media outlets around the country including the Los Angeles Chronicle, Dallas Business Journal, KCOY-CBS 12 in Santa Maria, CA, Health News Digest and Medical News Today, as well as Internet news sites, skateboard enthusiast outlets, newswires (Associated Press, Reuters and PR Newswire), and social media outlets such as Twitter, Technorati and various blogs.

In other news:
• Skin, Inc., a publication tailored to the skin-care industry with a circulation of nearly 29,500 professionals, recently interviewed St. Louis foot and ankle surgeon Karl Collins, DPM, on MRSA being seen more in patients with minor foot problems.
• Boston’s Thanh Dinh, DPM, provided expert information on bunions to NailPro magazine. The article reached over 60,300 nail care professionals nationwide.
• An in-depth NBC-New York interview of Darryl Haycock, DPM, “The Nuts and Bolts of Nail Care,” was published on nbcnewyork.com, which averages 600,000 unique visitors a month.

Consumer Website Hits New Highs
Since the launch of the ACFAS consumer education website FootPhysicians.com in September 2007, the number of new visitors seeking trustworthy health information has steadily increased. In June 2009 FootPhysicians.com reached an all-time high, with 266,553 unique visitors a month.

The most frequently read topics on the site continue to be heel pain, broken toes, bunions, Morton’s neuromas and ingrown toenails. As an indication of the value of the information, increasing numbers of visitors are printing or sharing the information with others via email.

While the greatest number of visitors reach the site via search engines such as Google, others find it through numerous ACFAS consumer outreach strategies such as physician media interviews, press releases on timely health topics, and story placements in print, broadcast and online. ACFAS continues to implement new communication outreach strategies to drive visitors to FootPhysicians.com and help make the consumer website the preeminent source of foot and ankle health information on the Internet.

ACFAS is Tweeting!
In an effort to engage reporters and consumers in discussions about foot and ankle health and generate additional media placements, ACFAS is tweeting on Twitter at @FootHealthFacts. Share the address with your patients and local media and join in the conversation!
Have you implemented the Medicare Therapeutic Shoe Program in your office yet? To participate in this program, which provides quality footwear to the diabetic population, providers must have an active DME number. I encourage you to offer this program because of its benefits to the patient and the podiatric practice. The program allows patients with diabetes to receive one pair of depth-inlay shoes with three pair of inserts or one pair of custom-molded shoes with three pair of inserts per calendar year.

If implemented correctly, the Medicare Therapeutic Shoe Program can run efficiently and be cost effective.

Your office can obtain thorough guidelines from the Centers for Medicare & Medicaid Services to help ensure proper implementation.

Avoiding Common Errors
When asked to review claim denials for in-house billing offices, I often find inappropriate completion of the claim to be the reason for denial. Errors regarding the name of the referring provider and his or her NPI number is a typical cause for claim denial. Office staff should not list the podiatrist in this section. The provider that signed the Statement of Certifying Physician for Therapeutic Shoes is usually the doctor treating the patient’s diabetes. Therefore, information pertaining to the certifying physician is needed in the appropriate section of the claim. This certifying form indicating the patient qualifies for the program must be received and filed in the patient’s record.

Diagnosis information is another area offices often fail to complete correctly. While diabetes is the primary diagnosis code, one of the following conditions must also be reported: history of partial or complete amputation, history of previous foot ulcerations, history of pre-ulcerative callus, peripheral neuropathy with evidence of callus formation, foot deformity or poor circulation. The treating physician should inform you that the patient has diabetes as well as one of more of these conditions.

Ordering Shoes and Inserts
As for the business aspects of this program, ordering the shoes and inserts should start only after your office has conducted thorough research on the products. You do not need to order the shoes and inserts from the same company. Quality, service and cost should be foremost concerns when choosing a shoe and insert company.

To keep program implementation organized and consistent, develop office policies and procedures for staff. Also, have the patient sign a statement verifying receipt of the diabetic shoes and inserts from the office, and keep this in the patient’s record.

According to the American Diabetes Association, 23.6 million people in the United States have diabetes and the number continues to increase. Many of these individuals will develop foot problems due to this disease. I encourage you to become advocates for these patients by utilizing the Medicare Therapeutic Shoe Program.

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

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Apply Now for ACFAS Clinical and Scientific Research Grant
If you’re interested in applying for this year’s ACFAS Clinical and Scientific Research Grant, be sure to submit your application by October 15, 2009. To be considered, proposals must meet evidence-based medicine levels of evidence 1, 2 or 3. For other details and instructions on how to apply, visit acfas.org.
Poised for Change  continued from page 1

- Forefoot reconstruction was the most commonly reported surgical procedure (18%).
- More than 50% of respondents have practice websites, most of which provide information about foot/ankle conditions, new patient forms and more.
- Respondents reported, on average, that 50% of their patients pay for services through government programs (Medicare, Medicaid and Workers Comp).
- The Internet is used for a variety of purposes beyond accessing professional and medical information. About 60% of respondents indicated they use online CME (for themselves or staff), imaging, and patient education.
- The most common marketing strategies reported include networking with local physicians, followed by advertising in telephone directories. Half of respondents also participate in or sponsor community events.

What Members Want and Need

ACFAS is using the survey results to inform all of our programming so that we provide the best continuing medical education, practice management and other tools to help our members achieve their professional goals—including achieving the respect of the larger medical community, which 40% of respondents listed as an important definition of success. More results will be published in future issues of Update.

Survey Participants Win iPhones

The names of four lucky ACFAS members have been randomly drawn to receive a new 3GS iPhone (or comparable technology) for participating in either the Member Success and Challenges Survey or the Practice Economics and Insights Survey conducted in May-June.

The winners are: Lisa G. Kornely, DPM, Germantown, WI; Marnell P. Moore, DPM, Cresskill, NJ; Joel L. Nichols, DPM, Troy, NY; and Amanda K. Westfall, DPM, Bend, OR. Thank you to all ACFAS members who participated in these important surveys.

“724 new patients!”
Mitchell Waskin, DPM, FACFAS, Richmond, VA

“1,269 new patients!”
Greg Renton, Orlando, FL

“1,089 new patients!”
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President
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Member and Practice Surveys Dominated Summer Board Meeting

The results of the ACFAS triennial member opinions and practice economic surveys (see page 1) dominated the agenda of the College’s summer Board of Directors meeting held July 10-12 in Seattle. The two surveys, conducted in May through early June, each garnered an exceptional response rate and took approximately 30 minutes to complete.

Following extensive analysis and discussion of the survey results, the Board immediately put to use member input from the surveys by reprioritizing the College’s strategic plan and adjusting the 2009 budget. Other highlights of the meeting include:

- A review of plans for Clinical Practice Guidelines, including a new Ankle CPG and revisions of Heel Pain, First Metatarsophalangeal Joint, and Adult and Pediatric Flatfoot guidelines.
- Appointment of Lawrence Osher, DPM, as a Journal of Foot & Ankle Surgery Section Editor, Tumors/Pathology.
- Approval of the nine-month “2008 stub year” financial audit, necessitated by the fiscal year change from March 31 to December 31. The deficit of $13,793, due to lack of an annual conference in the stub year, was less than the expected $66,138. Revenues were $2,791,861 and expenses were $2,805,653. The College’s net assets (financial reserve funds) now stand at $3,521,522, well above industry benchmarks.
- Approval of new policies on:
  - Exhibitor attendance at clinical education sessions
  - Creation of an Industry Ambassador
  - Non-member DPMs as faculty in College programs and initiatives
  - Non-members who use FACFAS on their practice websites
  - Auditor term limits and selection
- Reaffirmation of the policy on the sale of advertising and exhibit space.
- Directive that the College will serve as a clearinghouse for philanthropic surgical missions, with information to appear on acfas.org.
- Approval of plans to revise the ACFAS Scoring Scale in 2010.

In addition, the Board conducted the annual CEO performance evaluation, revised Board liaison assignments to ACFAS student clubs at podiatric medical schools, reviewed negotiations on a new JFAS publishing contract, and appointed Drs. Giurini, Noll and Stoker to serve on the Board’s Subcommittee on Conflicts of Interest.

The next ACFAS Board of Directors meeting will be held October 2-3 in Chicago. If you have any questions regarding the July or October Board meetings, please contact Executive Director Chris Mahaffey at 773/693-9300 or mahaffey@acfas.org.

Student Clubs Off to a Flying Start This Fall

In keeping with the College’s expanded focus on outreach to tomorrow’s podiatric foot and ankle surgeons, liaisons from the ACFAS Board of Directors will help students start off the academic year right by visiting ACFAS Student Clubs at each of the nation’s podiatric medical schools. This initiative was suggested by student club presidents who said an ACFAS presence in early fall would help them kick off their year by increasing awareness and helping with recruitment efforts.

There are now nine podiatric medical schools in the U.S., including the new Western University of Health Sciences School of Podiatric Medicine, in Pomona, CA, whose first class will matriculate this fall. Speaking at this new site will be ACFAS President Mary Crawford, DPM. As with other Board liaisons, she will talk with students about how to get the most out of being a student in working toward obtaining a residency position. The College plans to provide at least one more lecture at each club later in the year.

Joining an ACFAS student club provides several advantages, including access to scholarships, funds and support. In addition, student club members can now enjoy several e-benefits at no cost, such as online access to JFAS, the weekly e-newsletter, clinical practice guidelines, member pricing on various offerings and Members Only information on acfas.org.

Another new initiative—a mentoring program under development by the ACFAS Regional Divisions—underscores the College’s emphasis on helping future podiatric foot and ankle surgeons. Through this program, ACFAS members will be available to mentor student club members as they prepare to apply to residency programs. No doubt the time spent with a practicing foot and ankle surgeon will give students valuable insight and experience.

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We’re Out There!
Talking with members and seeing what’s happening at the regional level is important to the College. With that in mind, the past few months have taken ACFAS on the road to the exhibit halls of three American Podiatric Medicine Association conferences: The Midwest, The Western and The National. This has enabled the College to meet face-to-face with members attending the meetings and to build partnerships between organizations. For example, at the well-attended ACFAS Division 1 meeting held during The Western, the Division and the California Podiatric Medical Association discussed ideas for collaboration. As one tangible outcome of this discussion, they plan to jointly sponsor a session at next year’s Western conference.

International Interest Grows
Applications for ACFAS International Affiliate status are streaming in from members of the Australasian College of Podiatric Surgeons and the Faculty of Podiatric Surgeons in the United Kingdom. This interest was spurred by articles each organization sent to their members to inform them of the College’s welcoming new International Affiliate category.

The new category, approved by the Board earlier this year, was created to enable like-minded surgeons who are non-DPMs practicing outside the U.S. and Canada to engage in activities and dialogue with ACFAS members. Colleagues with International Affiliate status receive several e-benefits, including access to the electronic version of the Journal of Foot & Ankle Surgery.

The College hopes that by fostering global relationships, new and unique perspectives can be shared cross-culturally, growing the collective wisdom of our specialty in North America and overseas. As ACFAS President Mary Crawford, DPM, wrote in an earlier issue of Update: “A global College is a win-win for every ACFAS member, our new International Affiliate colleagues, and ultimately the patient … in every corner of the world.” In addition to the new affiliates from Australia and the U.K., the College has already approved such status for practitioners in Japan and Germany.

In Memoriam
The College has recently received word of the passing of the following Fellows:
• Aaron Katz, DPM, Pottstown, PA
• Coe J. Parker, DPM, Wilder, ID

Annual Scientific Conference continued from page 1

Las Vegas: The #1 Place to Meet
Las Vegas is a mighty magnet—it always draws huge attendances to conferences. For example, the City of Lights recently attracted a record number to the 2009 American Association of Orthopedic Surgeons meeting. And the highest-ever attendance recorded by the College took place the last time we convened in Las Vegas—at the same beautiful Mandalay Bay Hotel and Conference Center where the 2010 conference is slated.

With all there is to enjoy in Las Vegas—including a legendary nightlife with fabulous entertainment—it’s little wonder it reigns as a favorite destination. So mark your calendar and plan to meet your colleagues in Las Vegas in February. Look for more details and registration information in the next Update and at acfas.org.

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Medicare’s E-Prescribing Initiative: Prepare for the Future

As part of our advocacy efforts, ACFAS is committed to providing you with information to assess how policy changes may impact your practice. In the last issue of Update, Christine Weikert, DPM wrote about Medicare’s Physician Quality Reporting Initiative (PQRI) program. In this issue, we discuss Medicare’s e-prescribing initiative. Together the PQRI and e-prescribing programs offer participants a potential of 4% in incentive payments.

E-prescribing refers to the transmission of prescriptions through electronic media. By encouraging—and ultimately requiring—e-prescribing in Medicare, the federal government hopes to increase administrative efficiency and reduce errors. While the e-prescribing program is currently voluntary, beginning in 2012 a penalty will be assessed for failure to participate.

For 2010, physicians who comply with the program are eligible to receive a 2% incentive payment based on Medicare Part B allowed charges. To participate, physicians must use a qualified e-prescribing system and report prescribing data on 50% of eligible patient visits during the year. In addition, to be eligible, 10% of a patient’s Medicare charges must be based on a list of Healthcare Common Procedure Coding System (HCPCS) codes.

To see a list of HCPCS codes and obtain details about coding for the e-prescribing initiative, as well as additional information on PQRI, visit ACFAS.org.

More Red Flags Rule Resources Available: New Nov. 1 Deadline

The FTC has extended the deadline for enforcement of its Red Flags Rule to November 1.

If you’re looking for help in complying with the Red Flags Rules of the Federal Trade Commission (FTC), ACFAS has made additional resources available to you. These include an FTC toolkit titled “Complying with the Red Flag Rules: A Do-It-Yourself Prevention Program for Businesses and Organizations at Low Risk for Identity Theft,” and a sample policy developed by the American Medical Association and made available to all providers. You can access these resources at ACFAS.org.