

Update



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A Strong Start to 2010

ACFAS rang in the new year with record membership numbers and record pre-registration for the Annual Scientific Conference — a sign that our podiatric surgical community continues to be strong, supportive of each other and passionate about the College's mission to advance the competency of members and the care of patients.

New Education Opportunities

2010 brings a new slate of continuing medical education from the College. Foot and ankle surgical skills courses will be offered in arthroscopy, trauma, and tendon repair. These are joined by practice management seminars in May and October to help you stay up-to-date on the latest in coding and practice management strategies.

ACFAS e-Learning offers valuable, comprehensive coverage of foot and ankle conditions to speed your search for the information you need to perform your best. Podcasts, videos and DVDs offer you a wide range of topics and formats at acfas.org/eLearning.

New Outreach Tools

The College has just released two new tools to help you provide the most up-to-date foot and ankle health information to current and prospective patients.

The second edition of Patient Education on CD-ROM may now be ordered at acfas.org/patientCD. All 50 topics on the five CDs have been thoroughly peer-reviewed and redesigned, with professional illustrations that make it easy to explain your patients' conditions. Use the CDs to print only the copies you need, when you need them.

The official ACFAS consumer web site, FootPhysicians.com, now has a new design, improved navigation and a new name — FootHealthFacts.org. Direct your patients to the only non-commercial consumer web site totally dedicated to foot and ankle care. Enhance your practice web site by linking to FootHealthFacts.org. And, help patients get the advance information they need by completing your



online profile with office hours and up to three locations at acfas.org/profile.

In addition, ACFAS continues to reach out to the medical community with the planned publication of two Clinical Practice Guidelines (CPGs) as supplements to issues of the *Journal of Foot & Ankle Surgery*. The Heel Pain CPG, originally published in 2001, has been revised with new references and added illustrations, and is scheduled for May/June 2010. A new CPG on ankle disorders is planned for the fall.

continued on page 6

Integrating Research and Practice



Emily Cook, DPM, MPH, is Director of Extern Education at Beth Israel Deaconess Medical Center in Boston, Mass., and active staff at Harvard Medical School. She is also a 2009 recipient of the ACFAS Scientific and Clinical Research Grant for a proposed study on which her husband

Jeremy Cook, DPM, MPH, is a co-investigator. Update recently spoke with Dr. Emily Cook about their research and the significance of receiving this grant.

Q: What do you hope to achieve with the study you've proposed?

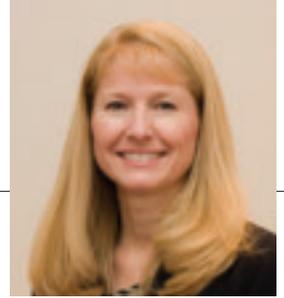
A: We're hoping to answer the very important question of whether ketorolac inhibits or delays bone healing. NSAIDs are very commonly used with patients post-surgically, and some research has indicated a healing delay, although results are mixed. Anecdotally, we have not seen this problem, so we want to determine clinically whether there may be one. Our study will be a randomized, double-blind, placebo-controlled trial, where we'll be working with a board-certified radiologist to help evaluate the degree of healing.

continued on page 7

Come as you are!

On-site Annual Scientific Conference registration is open February 22-25.

For details visit acfas.org/lasvegas



As the Ship Sails On

By **Mary E. Crawford, DPM, FACFAS**
President

From our annual conference last year in Washington, D.C., to this month's meeting in Las Vegas, my tenure as president of the American College of Foot and Ankle Surgeons has been challenging, exciting and successful.

It has been a great honor to have served as the College's president and work closely with a dynamic board of directors. As I stated in my acceptance speech a year ago, I envisioned my duty to be like the captain of a ship — yet just one of many people who are equally as passionate about our mission and future.

I would like to personally thank you for allowing me this privilege. Like all good captains, my job was to help guide the ship to the next port of call, knowing that another captain (Dr. Michael Lee) will soon guide our team of volunteer leaders to yet another port. Leadership does not begin or end with one person. It is a continuum, just as is our direction toward the future of the College.

ACFAS undertook many important and successful projects this year that helped provide strategic guidance for our future. One of the most important was two surveys performed last summer that focused on member success and challenges and also practice economics and insights. These two surveys provided valuable information from our members about what their needs are as foot and ankle surgeons and how their practices operate on a daily basis. As a result, our Strategic Compass (Plan) underwent extensive revision, based on the data you provided.

One of the clearest messages in the member survey was to continue our never-ending march toward parity with other medical specialties. To this end, ACFAS launched its first multi-center research project on the

first metatarsophalangeal joint. How does this help our drive for parity? Research is paramount to the credibility of the surgical procedures performed by foot and ankle surgeons. Everyone, including insurance companies, government, and other medical specialists, validates the art and science of medicine and surgery with outcome studies and evidence-based medicine. This has been sorely lacking in the field of podiatric medicine and surgery. It is critical that our profession be able to document our findings and outcomes, and ACFAS has undertaken the first of hopefully many projects that will

Leadership does not begin or end with one person. It is a continuum, just as is our direction toward the future of the College.

provide some of the data essential for the advancement of foot and ankle surgery. The results of this study should be published in the *Journal of Foot & Ankle Surgery* early next year.

Our updated Strategic Compass also reaffirmed our commitment to both students and residents. We recognize the importance of supporting the future of our profession, so resources to students, our student clubs, and residents have been upgraded. For an example, see special sections of our new web site dedicated to these young practitioners.

And new resources are continually being developed to help students and residents successfully traverse the pathway from podiatric student; to finding a top-notch residency program and gaining acceptance; to preparation for board exams in order to complete them successfully. As students and resi-

dents begin their medical training, the right contacts and connections can help them on their way to a successful career. The ACFAS community is committed to providing that support to our successors, to ensure that the bar is continually raised as to the skill and expertise of the next generation of foot and ankle surgeons.

If you don't keep up with the rapid pace of electronic and digital communication, you will soon find yourself left behind. This is true in the educational arena, with our e-Learning programs, but also in your daily practice with the growing mandates for electronic medical records and e-prescribing. ACFAS more than kept pace this year with a completely redesigned web site, acfas.org, and consumer web site, FootHealthFacts.org. The new sites are truly something worth looking at! Both web sites are now vastly easier to navigate, with a wealth of resources at your fingertips. These are just a few of many new services delivered to you this past year.

It has indeed been an extraordinary ride, and one of the proudest moments of my professional career. To the board of directors, thank you for your tireless efforts and steadfast loyalty to the College. To our magnificent committee volunteers, speakers and authors, you are the unsung heroes of our organization. To the College staff, thank you for your passion and unique perspectives to ensure we "delivered the goods" on time, on budget and with keen accuracy. And most importantly, to you — over 6,000 members — thank you for allowing me this unique privilege. I will soon turn the wheel of this ship over to Dr. Lee, who I know will safely guide this great organization of proven leaders, lifelong learners and life changers through another year of progress and success. ■

PATIENT OUTREACH

Free Tools Help Members Attract Patients

Nicole D. Hancock, DPM, of Denton, Texas, sends ACFAS' Fill-in-the-Blanks Press Releases to her local media to reach new patients and educate the community.

"The ACFAS web site has a multitude of marketing tools that are so easy to assimilate into our practice. We love having the ability to click on the web site and with a few keystrokes, we have a customized article or newsletter that helps market our practice and educate our patients at the same time," says Dr. Hancock.

Victoria M. Foley, DPM, of Long Beach, Calif., offers FOOTNOTES, the ACFAS patient newsletter, on her Foley's Feet blog to educate her patients and potential patients. According to Dr. Foley,

she is always looking for good, reliable information to put on her blog and finds that information with the tools ACFAS offers members.

Philip Wrotslavsky, DPM, of San Diego, Calif., uses Fill-in-the-Blanks Press Releases to communicate to readers on his monthly blog. "ACFAS marketing tools have been very effective for my practice in helping reach new patients via the Internet and my web site. I have added releases onto my blog and have posted FOOTNOTES permanently on my web site. Patients are amazed at the wealth of information given to them, all thanks to ACFAS," says Dr. Wrotslavsky.

How will you use your free ACFAS marketing tools? For a complete library of these and other member practice market-

ing tools, visit acfas.org/marketing.

Enhance Your Online Profile

FootHealthFacts.org, the official ACFAS consumer web site, gives foot and ankle patients valuable tools to understand their health needs. One of the most important is the "Find an ACFAS Physician" search, which helps consumers easily locate an ACFAS member in their area.

Make sure current and prospective patients get the information they need about your practice by completing your online professional profile — now with space for up to three locations! It takes only a few minutes to increase your visibility to patients at acfas.org/profile. ■



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"724 new patients!"

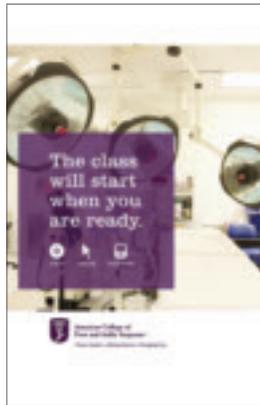
Mitchell Waskin, DPM, FACFAS, Richmond, VA

Class Will Start When You Are Ready

A valuable library of information on the diagnosis and treatment of foot and ankle conditions is at your fingertips at ACFAS e-Learning. You can research a procedure or simply browse areas of interest through a variety of audio and video resources when you visit acfas.org/eLearning.

The most recent scientific session video is “2nd MTPJ.” A panel of experts explores a full range of issues, including clinical examination, disease, instability, failed surgery and when more than one procedure is needed.

New materials are added frequently, so visit often!



The Latest Podcasts:

- Lateral Ankle Stabilization: Primary vs. Secondary
- When Not to Operate
- Surgical Management of the Athlete
- Lis Franc Pathology (release date: March 1)

New Scientific Sessions:

- 2nd MTPJ
- Musculoskeletal Tumors (release date: March 1)

Travel to Vegas and Find Support Back Home

Attending the ASC, and hoping to meet some foot and ankle surgeons from your neck of the woods? Make plans to attend your ACFAS Regional Division’s membership meeting. All 14 Divisions will meet with members from their area to share plans and solicit ideas for the coming year.

Division Membership Meeting Schedule

Tuesday, Feb. 23, 1:00–2:00

Division 3 — Southwest;

Room: Tradewinds E

Division 7 — Michigan;

Room: Tradewinds F

Divisions 9 & 10 — Greater New York & Upstate New York (shared meeting);

Room: Tradewinds C

Wednesday, Feb. 24, 1:00–2:00

Division 1 — Pacific;

Room: Tradewinds E

Division 4 — Desert States;

Room: Tradewinds F

Division 5 — Florida;

Room: South Pacific J

Division 8 — New England;

Room: South Pacific D

Division 13 — Ohio Valley;

Room: Islander I & E

Thursday, Feb. 25, 12:00–1:00

Division 6 — Midwest;

Room: Tradewinds E

Division 14 — Southeast;

Room: Tradewinds F

Thursday, Feb. 25, 12:30–1:30

Division 2 — Northwest/Canada;

Room: South Pacific J

Thursday, Feb. 25, 1:00–2:00

Division 11 — Mid-Atlantic;

Room: Tradewinds F

Division 12 — Tri-States;

Room: Tradewinds D

2010 CME Calendar

For information on upcoming programs go to acfas.org, or call (800) 421-2237.

May 14–15, 2010 (Fri/Sat)

Practice Management Seminar

Wyndham Chicago

Chicago, IL

15 continuing education contact hours

June 18–19, 2010 (Fri/Sat)

Arthroscopy of the Foot and Ankle Surgical Skills Course

Orthopaedic Learning Center (OLC)

Rosemont, IL

16 continuing education contact hours

October 1–2, 2010 (Fri/Sat)

Practice Management Seminar

Parc 55 Hotel

San Francisco, CA

15 continuing education contact hours

October 16–17, 2010 (Sat/Sun)

Trauma of the Foot and Ankle Surgical Skills Course

Scientific Education and Research Institute (SERI)

Denver, CO

16 continuing education contact hours

November 5, 2010 (Friday)

Tendon Repair Surgical Skills Course

Intercontinental Dallas Hotel and

Wright Mobile Lab

Dallas, TX

8 continuing education contact hours

November 6, 2010 (Saturday)

Tendon Repair Surgical Skills Course

Intercontinental Dallas Hotel and

Wright Mobile Lab

Dallas, TX

8 continuing education contact hours

November 20–21, 2010 (Sat/Sun)

Arthroscopy of the Foot and Ankle Surgical Skills Course

Orthopaedic Learning Center (OLC)

Rosemont, IL

16 continuing education contact hours

December 11–12, 2010 (Sat/Sun)

Arthroscopy of the Foot and Ankle Surgical Skills Course

Orthopaedic Learning Center (OLC)

Rosemont, IL

16 continuing education contact hours

Rapidly Unfolding Health Information Technology

By Christine E. Weikert, DPM, FACFAS

The American Recovery and Reinvestment Act of 2009 (ARRA) includes the electronic health record (EHR) stimulus package. The government has approved 30 billion dollars to give to doctors specifically for the purchase, implementation and meaningful use of an EHR program. Incentives are being offered to every podiatric physician who is not employed by a hospital.

When can you begin participating in ARRA and receive incentive payments? Incentive funds are set to be available as early as 2011. The time to prepare is now. Organizing an implementation plan is the key. The sooner you begin your process the more likely you will be qualified to meet the criteria for meaningful use. Podiatrists may collect as much as \$44,000 over a five-year period. There is a 10 percent increase in incentive funds for physicians practicing in Health Professional Shortage Areas, allowing these physicians to collect a maximum of \$48,400.

Choosing an EHR program and vendor is extremely important. The verification of the EHR meeting specific criteria and qualifying as meaningful use, as well as having the ability to integrate, is crucial. On December 30, 2009, Agencies of the Department of Health and Human Services published two rules covering the meaningful use provisions of the HITECH Act within ARRA, with a 60-day period for public comment. The lengthy (169-page) proposed rule from the Centers for Medicare and Medicaid Services defines "meaningful use" to qualify for incentive payments. It provides a series of measures to collect and report data to

		Payment Year						
		2011	2012	2013	2014	2015	2016	Total
Meaningful use date	2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000		\$44,000
	2012		\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$44,000
	2013			\$15,000	\$12,000	\$8,000	\$4,000	\$39,000
	2014				\$12,000	\$8,000	\$4,000	\$24,000
	2015							
	2016							

ARRA Incentive Table

Per Medicare you will receive incentive payments annually equal to 75 percent of your Medicare allowable charges, with a cap of \$44,000 over five years. Annual caps are listed above. This means, for example, that if your Medicare allowable charges for 2011 are greater than or equal to \$24,000 you will receive an incentive payment of \$18,000 for that year.

Source: The Podiatric Billing Specialists, LLC.

government agencies.

A 33-page rule from the Office of the National Coordinator for Health Information Technology sets initial standards, implementation specifications and certification criteria for EHR technology. Another yet-to-be-established rule will provide specifics for the EHR certification program requirements.

In order to receive the maximum incentive payments, you must implement a certified EHR program and be using it meaningfully no later than 2012. By 2015 eligible providers not using EHR are expected to be penalized by reducing reimbursement amounts.

The ARRA incentive program is just getting underway and is rapidly gaining speed. The majority of the funds are available early on. Get started now to take advantage of the full benefits ARRA has to offer.

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

continued on page 8

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Board of Directors Election Results

In balloting that concluded on January 12, ACFAS members elected two new members to the ACFAS Board of Directors:

- Richard Derner, DPM, of Lake Ridge, Va., for a three-year term
- Sean Grambart, DPM, of Champaign, Ill., for a three-year term

Also pursuant to the bylaws, the Division Presidents Council selected Kimberly Eickmeier, DPM, to serve as council chair for 2010-2012. This position also serves as an ex-officio member of the board of directors.



Derner



Grambart



Eickmeier

At the February 24 Honors and Awards Ceremony during the Annual Scientific Conference, these new members will join the 2010–11 board. For more information, visit acfas.org/2010board.

In Memoriam

The College recently received word of the passing of the following members:

- John E. Bell, DPM, San Jose, Calif.
- Gary P. Jolly, DPM, New Britain, Conn.
ACFAS Past President, 2004-2005
- Benjamin Kauth, DPM, New York, N.Y.
- Howard W. Ritchlin, DPM, Penfield, N.Y. ■

A Strong Start to 2010 continued from page 1

ACFAS in Your Back Yard

ACFAS' 14 Regional Divisions continue to provide education and networking closer to home. In January, Florida sponsored two programs at the 2010 SAM Symposium, New England held its annual Complications Conference, and Mid-Atlantic held a successful Ultrasound Seminar. In the next few months, Greater New York will sponsor three events at no cost to ACFAS members.

Three Divisions are seeking new volunteers for grassroots leadership: Midwest, Southwest, and Mid-Atlantic. Two Divisions, Desert Valley and New England, have started mentoring programs for students, residents and young members just starting a career.

If you'd like to attend a local program, get involved in Division leadership, or offer your services as a mentor, find more information on your Division's website at acfas.org/Physicians/Divisions.

Finally, to bring top-notch education directly to members the College will roll out "ACFAS Coming to You," a pilot program to be hosted by five Divisions: Northwest/Canada, Midwest, Florida and Southeast (co-hosting), Michigan and Ohio Valley. Watch for more details of this program, scheduled for spring and fall 2010.

College membership allows you to rub shoulders with the best and the brightest foot and ankle surgeons in the world. Now, more than ever, ACFAS is your professional partner. Stay tuned for a full slate of activities as together we advance the future of podiatric medicine. ■



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Q: Have you participated in other research studies?

A: Yes, I'm involved with several clinical trials, as well as a few epidemiology and public health projects. We're very interested in clinical effectiveness outcomes research, which involves looking at a procedure used in a population and seeing if it is effective. How you define effectiveness depends on your perspective; we're very focused on the patient perspective.

Q: What made you decide to pursue a master's degree in public health?

A: Well, it was initially not my goal. Jeremy and I took a seminar in clinical research at a conference in Switzerland. We then took more research courses at the Harvard School of Public Health (HSPH), and it gave us an entirely new perspective on our careers. We were very fortunate to be accepted together at HSPH, where our emphasis was on clinical effectiveness, but we also focused on study design and biostatistics.

Q: How has this education affected your practice?

A: It's had a significant impact. I get to integrate research and evidence-based medicine into my clinics, surgeries and with residents. Residents at Beth Israel are encouraged to come up with their own research projects for the ACFAS Annual Scientific Conference, and I enjoy using the posters to teach them the foundations of study design, ethics and how to interpret results. Jeremy and I have also taught these principles to first-year students at Harvard Medical School. Our goal is to teach them how to interpret medical literature appropriately.

We have a very practical approach. It's not just what the best study is. Evidence-based medicine is very important as a guide, but you have to incorporate your clinical judgment and adjust for the patient in front of you. We hope that our students and residents come away able to recognize quality research and use it to change the way that they practice.

Q: Has being ACFAS members helped your education and practice?

A: I've been a member since I was a first-year student. It's the national organization, and that's how you network and share experience. Jeremy and I have had opportunities through the College to work with people, to help design studies and assist projects we're not even part of. We've also been reviewers for *JFAS*, where we have the opportunity to help people who have great ideas and important information to share, but may not have the research training. It's very rewarding to be able to help work something out and not just turn away a manuscript.

Receiving this grant has been a great honor. No doubt there were many well-qualified applicants, and we're very thankful we were accepted. We're excited to conduct this study, which would not be possible without the ACFAS grant. We hope to provide ethical and meaningful information through it. ■

A 2009 Clinical and Scientific Research Grant was also awarded to Lawrence A. Ford, DPM, and Christy King, DPM. Look for Q&A with Drs. Ford and King in a future issue of Update.

The ACFAS Clinical and Scientific Research Grant

The Clinical and Scientific Research Grant funds research with either direct or indirect impact on issues of interest to members of ACFAS. This research may be clinical or laboratory based, with clearly defined research goals meeting all submission criteria.

"It's important," says Paul J. Kim, DPM, chair of the ACFAS Research/EBM Committee, "that whether you are in an academic or nonacademic environment, the need for research is appreciated. The purpose of research is not only to add to the body of knowledge, but to challenge established dogma. Ultimately, this leads to better and more predictable patient outcomes."

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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.



HEALTH POLICY

Medicare Physician Fee Schedule Fix

ACFAS continues to closely monitor and report on developments in Washington, D.C., in our weekly e-newsletter, *This Week @ ACFAS*, including efforts by physician advocates to avert a 22 percent cut in physician Medicare reimbursement in 2010. In December, Congress voted to delay implementation of the 2010 fee schedule and associated cuts through February 28. At press time, it is unclear whether a temporary fix for the rest of 2010 will be part of any final health reform law, but ACFAS fully expects that Congress will take separate action to avert the cut for all of 2010. It is very unlikely that in 2010 physicians will obtain a permanent fix to the flawed “sustainable growth rate” formula that has created the problem. Watch for updates in *This Week @ ACFAS*.

PRACTICE MANAGEMENT continued from page 5

PQRI and E-Prescribing Program: 2010 Update

ACFAS members should encourage key practice staff to learn about the Centers for Medicare & Medicaid Services (CMS) Physician Quality Reporting Initiative (PQRI) and E-Prescribing Program early in the year and determine whether it is worthwhile to participate for 2010. The two programs combined offer a potential 4 percent bonus of a practice’s total Medicare Part B payments, payable in early 2011. In addition, e-prescribing will be required beginning in 2015, and a reduced-payment penalty will be assessed to practices that do not comply.

The requirements of both programs can seem daunting, especially to smaller practices. But now is the time to position the practice to participate in these programs, both in terms possible financial benefit and the long-term prospect of a financial penalty.

Your staff can get a start on the PQRI and E-Prescribing programs for 2010 and find links to additional resources at acfas.org/Medicare. ■