ACFAS leaders and members alike were disappointed that in June 2010 the Texas Supreme Court chose not to hear an appeal from the Texas State Board of Podiatric Medical Examiners (BPME) and the Texas Podiatric Medical Association (TPMA) on their lawsuit with the Texas Orthopedic Association (TOA) and Texas Medical Association (TMA) involving the legal authority of BPME to interpret the laws regulating the podiatric medical profession.

“The effect on the practice of podiatrists in Texas is unknown at this point,” says Bruce Scudday, DPM, PA, a Fellow of the College who intervened on the side of the BPME and TPMA in the lawsuit filed by TMA and TOA against the BPME. “Potentially, the TMA and the TOA will use this to assert that podiatrists should not be allowed to treat the ankle in any way, surgically or not.”

At issue is a rule issued by the BMPE in 2001, which defined the foot as “the tibia and fibula in their articulation with the talus, and all bones to the toes, inclusive of all soft tissues (muscles, nerves, vascular structures, tendons, ligaments and any other anatomical structures) that insert into the tibia and fibula in their articulation with the talus and all bones to the toes.”

The TMA and TOA asserted that this definition constituted an expansion in the scope of practice for podiatry, a view that was confirmed in an opinion issued by the state’s attorney general. A 10-year legal battle ensued, in which the Supreme Court’s June decision is only the latest development.

“My feeling,” says Scudday, “is that there may be interest on both sides of this case in negotiating some sort of agreed legislation that would define podiatry as treatment of the foot and ankle, but would require those who treat the ankle surgically to be board-certified in Reconstructive Rearfoot/Ankle Surgery (RRA).”

“My greatest concern is that either all Texas podiatrists will lose the right to treat the ankle, or that older DPMs who have been practicing on the ankle will lose that right because they’re not RRA-certified. If no pathway is provided for them by the law, they’ll lose a part of what has been their practice,” concludes Scudday.

On July 30, the Supreme Court denied TPMA’s request for a rehearing.

Texas Supreme Court Refuses Scope-of-Practice Case

Celebrate the end of a long winter with the finest education under the sun at the ACFAS Annual Scientific Conference, March 9–12, 2011. You can have it all in the popular destination location, lovely Fort Lauderdale, Fla.

The education program will open with an address from keynote speaker Robert M. Pearl, MD, executive director and CEO of the Permanente Medical Group. As an educator and a published author, Pearl is a frequent lecturer on healthcare and is an advocate for the power of physician-led, integrated medical delivery systems to provide superior quality of care.

When you’re not learning in lectures, debates and labs, you can relax on pristine beaches, and stroll and shop on Las Olas Boulevard, a sophisticated mile of fashion, art and sidewalk cafes. Or, explore the cultural attractions of the Riverwalk Arts and Entertainment District in the heart of downtown Fort Lauderdale.

At the conference you’ll have the option of two first-class hotels to serve your needs — the historic Hilton Fort Lauderdale Marina, a short walk from the conference site at the Fort Lauderdale/Broward County Convention Center, or the Marriott Harbor Beach Resort, only a few minutes further away on the ocean shore.

Come for the education, stay for the sun! For more information and to reserve your lodging, visit acfas.org/ftlauderdale. And keep your eye on the ACFAS website for the complete program, coming soon.
It’s hard to believe that summer is over and students everywhere are headed back to school. This time of year is special to anyone who has children or remembers being a student. There are school supplies to buy, new clothes, the fear of a new teacher and the excitement of reuniting with old friends. From kindergarten to podiatry school, the anxious moments and anticipation are the same.

This fall, a new class of 540+ students will start classes in nine podiatric medical schools — the class of 2014 — all of them fearful of the unknown, uncertain of their future, yet excited about the day.

What most of these students don’t realize is that their collective future has never been brighter. The education they will receive has never been better and will provide students access to online educational materials, including podcasts and other eLearning opportunities. We have also provided a complete tool box of ideas for the clubs to use and guide them through their year.

• Reduced pricing for the Annual Scientific Conference and some other programs offered by ACFAS. In Las Vegas we saw a significant increase in student attendees. As part of our scientific conference Poster Contest, the student clubs have their own category and awards. Students are also invited to the Young Members Forum and Reception where they can interact with their peers.

• A subscription to This Week @ ACFAS and access to the Update newsletter online, keeping them abreast of changes in the world of healthcare and our specialty.

• A liaison to each school from the ACFAS Board of Directors. We make it a point for each school to be visited annually by a board member. In many cases the liaison or another board member visits several times during the year.

• ACFAS-provided funds to each student club to offset costs for suture labs, fixation courses, or in some cases a few pizzas! Also, many of our Regional Divisions visit the schools, provide mentoring opportunities, and provide scholarships for club leaders to attend the scientific conference.

• And finally, this fall we will introduce the student lapel pin. If you have ever had a student rotate through your practice you have certainly noticed that they love their lapel pins. It seems only fitting that they have something to demonstrate their dedication to foot and ankle surgery and their goal of becoming a Fellow of the College.

These benefits are already making their mark with the students. More importantly, we are building a professional and lasting relationship with our future members. Just as in your professional life you turn to ACFAS for quality CME, research, health policy and advocacy, and networking and mentoring, so too will the 540+ students that just walked onto a podiatric medical campus. All of this because ACFAS is going back to school, too!
ACFAS Credit Union a Wise Business Choice

No matter what your business focus, you need a financial institution that can support your mission and operating strategy while strengthening your business for the long term. While pessimistic news dominates nearly all areas of the financial markets, a different story can be told about healthcare affiliated credit unions.

HealthCare Associates Credit Union, an ACFAS BenefitsPartner, enjoyed a very positive financial performance for the year. As of March 31, 2010, the credit union’s return on total assets was in excess of 0.41 percent, which exceeds the peer average of 0.33 percent. Year-end capital was a strong 13 percent of assets, which exceeded the peer comparison of 10 percent.

What all that means is there are still business models that are working and making sense. Credit unions have not put their members or their members’ investments at risk — unlike many banks that are not financially sound, yet continue to conduct business the same way they always have.

Credit unions such as HealthCare Associates are actually increasing their portfolios of commercial loans, while their bank counterparts are retreating. Physician group practices that are growing and consolidating have an increasing interest in developing close capital partners, yet physicians have seen their pool of lending resources shrink.

For established healthcare professionals needing a loan, credit unions are a viable alternative. Some things you should know are:

• Credit unions are not-for-profit.
• Boards of directors volunteer their time.
• Ownership is by the members, not by stockholders.
• Dividends are paid to members, not to stockholders.

Historically, the perception of credit unions has been one of small car loans and Christmas club depositories. Today, credit unions offer a full array of products and services that are competitive with the country’s largest financial institutions but at more desirable rates and terms. Credit unions continue to offer lower than market loan rates on commercial real estate loans, equipment financing, lines of credit, and practice acquisition loans. They generally pay above-market savings rates as well.

ACFAS Fellow Laurence G. Rubin, DPM, says, “HealthCare Associates Credit Union has beaten the rates offered to me by traditional banks while having lower, and in most cases no, fees for those services that I used. They have exceeded all of my expectations.”

“We are actively lending to healthcare professionals nationwide,” says Todd Niedermeier, vice president of lending for HealthCare Associates Credit Union. “While our bank competitors are tightening their belts, we have stayed true to our members and to the policies and procedures that will keep us out of the current bailout of the financial services industry.”

Since 2003, HealthCare Associates Credit Union has helped ACFAS members secure more than $5 million in loans, offering extremely competitive loan rates and other services such as high-rate money market accounts, vehicle loans, home mortgages and home equity loans, refinancing of existing loans, and low rate credit cards.

For more information, contact Norma Cantrell at 630-276-5730, e-mail ncantrell@hacu.org, or visit hacu.org.

In Memoriam
The College recently received word of the passing of the following Fellow:
• Godfrey V. Viegas, DPM, Crystal Lake, Ill.
Enhance Your Skills in Foot and Ankle Trauma

ACFAS Surgical Skills Courses offer foot and ankle surgeons the opportunity to improve their surgical acumen through the perfect blend of proven techniques and cutting-edge knowledge.

The Trauma of the Foot and Ankle Surgical Skills Course, October 16–17, 2010, will update practicing surgeons with focused lectures, video presentations and lab exercises. Highly skilled and experienced faculty will explicate specific treatment recommendations and areas of controversy, and provide personal interaction while attendees participate in life-like surgical scenarios using fresh cadaver specimens.

“The goal of this course is to help physicians effectively evaluate and manage patients with fractures and dislocations of the foot and ankle,” says course chair Jordan P. Grossman, DPM. “They should achieve a comfort level in decision-making on procedures, techniques, surgery and fixation.”

“This course is ideal for surgeons who want to expand their cognitive and motor skills as well as improve their outcomes in these challenging cases,” continues Grossman. “The level of the education they’ll experience will be transformative.”

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

And the intellectual interactions won’t stop there. Saturday night will bring a dinner and fireside chat at the hotel. This popular forum for case discussion and dialogue is known for the intensity of the debate it can stimulate, and is considered a highlight of the course by many.

Don’t miss out on this world-class program. For more information and to register, visit acfas.org/education.

continued on page 8
On January 3, 2011, healthcare providers may see denied claims due to their failure to enroll in the Provider Enrollment, Chain and Ownership System (PECOS). Are you and your referring physicians prepared?

PECOS, online at https://pecos.cms.hhs.gov, is an electronic system to enroll physicians and eligible professionals in the Medicare program. If you are a Medicare-eligible physician who enrolled before November 2003 and have not updated your file since then, you will need to re-enroll with Medicare by completing the correct CMS 855 application, the CMS 588 electronic fund transfer form, the CMS 460 participating provider form and all required documentation.

The Centers for Medicare & Medicaid Services (CMS) hopes that this system will update active, eligible providers in the Medicare program and close down the possibility of fraud and abuse by ineligible providers and practices.

Some podiatry offices have begun checking the PECOS website to verify a referring physician’s enrollment. What they have found is that there are still many providers who have not enrolled.

Even if you are registered on PECOS, your referring physician’s failure to register will affect your bottom line. If you are a provider of diabetic shoes and inserts, you know that Medicare requires verification from the primary care physician to permit the patient to participate. If that referring physician is not on PECOS, your claim will be denied and payment will not be issued.

In October 2009, CMS announced new rules which authorize Medicare to reject claims if an ordering or referring physician is not identified in PECOS. This served as a warning to providers that they needed to comply by re-enrolling in Medicare. Although this created some misunderstanding, it did provide a better awareness and alerted providers to the realization of re-enrollment. Currently, enforcement of the PECOS enrollment requirement is delayed until January 3, 2011.

The CMS website at cms.gov offers many FAQs and instructions about PECOS, as well as tips to facilitate the Medicare enrollment process. Any time a change takes place in your practice, such as adding a location or provider, retiring from your practice, or changing your tax identification number, you need to update your Medicare files.

We encourage you and your staff to begin checking PECOS enrollment. Ensure your registration is finalized. Check your referring physicians’ enrollment in PECOS. If you find your referring physicians are not enrolled, send them a friendly reminder now. Enrollment can take as long as 60 to 90 days to process.

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

Gain Skills for the Business of Medicine

The medical practice environment is constantly changing. Gain the knowledge to position your practice for success at the ACFAS Coding and Practice Management Seminar in San Francisco, October 1–2, 2010.

Physicians and staff can learn together from experienced faculty, who will coach you through changes in EMR and CPT, coding and documentation tips and pitfalls, Medicare payment issues and more. They will break down complex topics into easily managed information so you return to your practice ready to implement changes that can increase your revenue.

“Once doctors understand that they are in the business of medicine,” says seminar participant Brian S. Harley, DPM, “they can approach their practices from a different point of view, and capitalize on the valuable resources that ACFAS offers to help them be more successful.”

Come to the City by the Bay and leave with new skills to guide your practice. For more information and to register, visit acfas.org/education.
PATIENT OUTREACH

ACFAS News Shines Spotlight on Foot and Ankle Surgeons
“Build consumer awareness about the specialized training and expertise of ACFAS member foot and ankle surgeons and the conditions they treat.” – ACFAS Consumer Education Committee mission statement.

Working hand-in-hand with reporters and print, broadcast and internet media, the ACFAS public relations department and Consumer Education Committee are reaching millions of consumers. In year-to-year comparisons, June 2010 experienced a 41 percent increase in media visibility.

207 media outlets across the nation have picked up a July news release based on a study published in the Journal of Foot & Ankle Surgery. The story explains how treatment and prevention of adult flatfoot can help reduce the incidence of other painful foot maladies.

Over 7.5 million readers were reached with a USA Today article on the strain extra weight puts on feet. The story, featuring quotes from ACFAS media spokesperson Darryl M. Haycock, DPM, continues to be re-published in newspapers across the nation.

The popularity of marathon running, and the resultant increase in repetitive stress injuries, was the focus of a June news release emphasizing the importance of proper training to prevent foot injuries. Media outlets across the nation have picked up this story, which has also proven popular among bloggers.

Socially Speaking
ACFAS consumer information is taking the Internet by storm! In year-to-year comparisons, social media coverage of ACFAS consumer news has risen 85 percent, due in part to its posting on blogs. Members have been using the ACFAS Fill-In-The-Blanks Press Releases and FOOTNOTES patient newsletter — both available to members at no charge on acfas.org/marketing — as content for their blogs, expanding the reach of ACFAS consumer information to an increasingly broad audience.

continued on page 8

A New WEBSITE Equals NEW PATIENTS

“1,975 new patients!”
Greg Renton
Orlando, FL

“1,089 new patients!”
Robert J. Abrams, DPM, FACFAS
Newhall, CA

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

Websites starting at $995
www.dpmwebsites.com
877.898.4024

Social Networking Available
The New Patient Website People
5 Top Tips for Research Grant Applicants

Are you interested in pursuing a research project, but not sure where you can secure funding? Apply for support for your research 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.

If you’re uncertain of how to begin the application process, or anxious about what might be required, you’re not alone. To help answer these common concerns, Update asked 2006 grantees Monica H. Schweinberger, DPM, chair of the 2010–11 ACFAS Research/EBM Committee, and Thomas S. Roukis, DPM, PhD, a member of the 2010–11 ACFAS Board of Directors, what they wish they had known when they applied. Here is their best advice for new applicants:

1. **Budget enough time** for independent review board (IRB) approval and other necessary processes.
   
   “Having a good understanding of the IRB process can expedite approval of your study,” says Schweinberger. “You should talk with an IRB representative at your institution about what is required. This will help create a realistic timeline for completion of your project.”

   “You should be realistic,” adds Roukis, “with your time frame not only for IRB, but also for data collection, patient enrollment and statistical analysis.”

2. **Know your topic.**
   
   “You should do a detailed systematic review of the topic,” advises Roukis. “Additionally, I recommend some form of pilot data since this can be helpful in determining the feasibility of completing the study on a larger scale, and allow for more accurate determination of the number needed to treat and time frame to complete the study.”

3. **Justify your interest** in your proposed study.
   
   “You should provide a good background and rationale,” says Schweinberger.

   “Demonstrate exactly why the question you are attempting to answer is important or relevant to members of ACFAS,” says Roukis, “and not just of personal interest.”

4. **Write a detailed budget.**
   
   “You need to ensure that the grant money available will cover the expenses of your study,” advises Schweinberger.

5. **Be realistic in what you can accomplish.**
   
   “Complete the application in full,” says Schweinberger, “and ask an experienced researcher to review it and provide feedback.”

   Adds Roukis, “If you spend too much time plodding through a study with multiple delays, then the enjoyment that comes from answering a clinical/surgical question can be lost and the study not likely to be completed — which is not the desired endpoint of a funded research grant.”

The deadline for submission is October 15, 2010. Only proposals meeting evidence-based medicine levels of evidence 1, 2 or 3 are considered. This year the research committee is also requesting that its members and 2010 grantees take a course in human subjects training. For more details and to download an application, visit acfas.org/grant.
ACFAS eLearning is Your Online Archive

Refresh your knowledge and resolve your clinical challenges with the resources at acfas.org/eLearning. Reliable information on the diagnosis and treatment of foot and ankle conditions is at your fingertips in this online archive. And, ACFAS members can earn free continuing education contact hours with selected materials on the site.

Visit often, because new resources are added frequently. Here are a few of the latest:

**New Podcasts:**
- Gearing Up for Residency
- Chronic Ankle Pain: Arthrodiastasis
- Arthroscopy of the Foot & Ankle: Use and Abuse
- How to Write a Grant Proposal

**Scientific Session Videos:**
- Ankle Arthritis
- The Dysfunctional Forefoot
- Pediatric Deformities (release date: September 1)
- Workers Compensation (release date: November 1)

Over a Half-Million People Can’t Be Wrong!

Where do millions of potential patients go each year for reliable foot health information? The answer is clear: FootHealthFacts.org! In fact, in May and June 2010 more than 500,000 unique visitors used the site to search for answers to their foot and ankle health questions and to look for an ACFAS member in their area.

Take a look at what they’re finding, including the expanded profiles of 1,000 ACFAS members featured on the site’s “Find an ACFAS Physician” search. Take advantage of this no-cost marketing tool by expanding your online profile with office hours and additional information at acfas.org/profile.