ACFAS Comments on ACOs to CMS

On June 2, ACFAS submitted comments to the Centers for Medicare and Medicaid Services on its proposed regulations for implementation of accountable care organizations (ACOs). The College’s 12 comments focused on the fact that podiatric foot and ankle surgeons provide patients with high quality, efficient and effective healthcare, and should therefore be included in the definition of an “ACO professional” or healthcare provider.

Among specific points in the letter from ACFAS President Glenn M. Weinraub, DPM, to Secretary of Health and Human Services Kathleen Sebelius were:

• Podiatric foot and ankle surgeons (DPMs) are and want to continue to be an active and supportive part of the new patient-centered care delivery model, aimed at improving patient care quality, efficiency and savings.
• DPMs provide proven value in this equation through the provision of highly effective and efficient care, treating disorders related to the foot, ankle, and related structures.
• DPMs perform timely surgical interventions that salvage limbs, correct adult and pediatric deformities, advanced wound healing techniques, and correct issues related to bunions, hammertoes and forefoot conditions. This care is integral in reducing hospital stays, keeping patients active and helping to bring overall healthcare costs down.
• Outcomes data shows DPMs provide high-volume, quality, safe, and cost-effective care, especially related to chronic conditions like diabetes. Since more of the U.S. population is expected to be diagnosed with diabetic mellitus (the CDC says 1 in 10 adults currently have it and that number could triple in 40 years), peripheral arterial disease and other high risk lower extremity ailments over the coming years, DPMs will continue to be a valued partner in delivering primary and specialty care to this growing chronic disease and other at-risk populations.
• Many DPMs currently practice in multidisciplinary group practices with MDs and/or DOs, so limiting the ability of all the providers to function efficiently would not be in keeping with the spirit of ACOs and the type of care they aim to provide patients.

ACFAS’ full comments on ACO implementation can be found at acfas.org/update.

Q: What does your team hope to achieve with this study?
A: What researchers at the Weil Foot-Ankle and Orthopaedic Institute have observed over the last 10 years is that diagnosing plantar plate injury is an evolving thing; there are no evidenced-based ground rules and no evidence-based gold standard. There’s a lot of controversy over different diagnostic modalities such as ultrasound, MRI, or arthrography. What we’d like to determine is, once we have a clinical diagnosis, whether MRI can produce a high correlation, sensitivity, and specificity for a diagnosis.

Q: How did you become interested in pursuing research?
A: I’d say it was my mentors. David G. Armstrong, DPM, PhD, was a professor at Scholl who ingrained in us the importance of advancing not only the profession but also ourselves and our understanding. During my residency at the University of Pittsburgh Medical Center, my interest was further encouraged by Patrick R. Burns, DPM, and Dane K. Wukich, MD, who is the orthopaedic foot and ankle chief. From there I came to the Weils, who really nurtured my hunger for research and encouraged
Okay, after many bowls of pho, multiple bun cha’s, untold numbers of banh mi’s and enough cafe sua da (Vietnamese coffee) to wake the dead I am back in San Francisco where it can start all over again!

Those of you who know me also know what a “foodie” I am. When Meagan M. Jennings, DPM, and I were honored last month to join a surgical mission to Vietnam, I was certain of the interesting and varied foods we would encounter, yet I was keeping a wait and see approach to what the nuts and bolts of the mission would hold. Wow, what an eye opener! What I encountered in the operating room really changed my perspective on the usual daily concerns.

Did you complain yesterday in the O.R. that your favorite sagittal saw was replaced by a loaner? Is it frustrating that you can’t use name brand suture and are instead forced to use the generic stuff? Did you hit the roof when the circulator handed you a needle driver without a tungsten smooth jawed grip, despite the fact you have made the staff aware of your preference countless times? Did they actually make you use stainless steel when your surgical diet calls for titanium?

You think you have it bad sometimes in the O.R.? Well, welcome to Vietnam. Where saws are replaced by osteotomes that could double for the same chisels used by Michelangelo; where screws are replaced by homemade staples from donated K-wires; where intra-operative imaging is replaced by the picture in your head and where post-op pain meds are limited to acetaminophen and ibuprofen . . . on a good day. This is a place where you would rather have a MacGyver assisting over a DeBakey!

Despite all that, this was perhaps the most rewarding days of my surgical career thus far. Granted, going off to an exotic, underserved location to donate medical services is becoming commonplace, but what is not common are the incredible people you meet along the way.

ACFAS member Thomas J. Kaschak, DPM, from Kaiser Permanente in Fresno, Calif., has been organizing this mission to the Da Nang Orthopaedic and Rehabilitation Hospital for almost 10 years now. He has done this without fanfare and at his own cost. Tom is truly a foot and ankle surgical hero.

His main contact in Vietnam is Do Van Thanh, MD, an orthopaedist who is not lacking in skills and knowledge, but who does lack funding and technology. Then there are the patients, a group of hard-working, poor, but incredibly optimistic people. The circumstances by which these patients find their way to the clinic are often heartbreaking. There is simply no greater gratification than taking what the patient or parent perceives to be an insurmountable situation and converting it in the O.R. into a positive life-altering result.

So, what is the take-home message here? Clearly it is that we are all fortunate to be trained in the Western world where we have access to the best products, instrumentation, facilities and professional staffs. The next time an inconvenience occurs in your operating room, just remember how much different it could be!

The second message is that we are in a position to help, so I would ask that in the future you think about donations to any of the well-known and well-administered foreign medical missions. This could include outdated equipment, suture, blades, dressing supplies, and especially any retained hardware that you might remove which is still in good condition. Most organizers of these missions will be happy to accept your donation.

Remember, the more you give, the more you get.

Questions for Dr. Weinraub? Write him at president@acfas.org.
San Antonio to Host 2012 Scientific Conference

Discover knowledge, skills and San Antonio at the ACFAS 2012 Annual Scientific Conference. You can have it all in this popular destination that combines the excitement and diversity of a major metropolis with the ease and intimacy of a small city.

When you’re not learning in lectures, debates and labs, you can stroll San Antonio’s streets full of color, pride and passion. Whatever leisure you prefer, you’ll find it within easy walking distance. Enjoy great food and live music, absorb the beauty of the River Walk, or visit the cool stone interior of the Alamo and four other missions on the historic Mission Trail. You’ll also find a thriving artists’ colony in this town that houses five major art museums and many galleries.

Add to your skill set in the camaraderie of your peers and relax in the attractions of the heart of Texas. Mark your calendars now for preconference workshops on Feb. 29 and ACFAS 2012 on March 1–4. And keep your eye on the ACFAS website for the complete program, coming soon.

2012 Manuscript Competition Now Open

Become part of the education at ACFAS’ Annual Scientific Conference by submitting your research manuscript or poster for consideration. Selected manuscripts and posters will present the most current research and demonstrate the advantages of evidence-based practice to your peers in foot and ankle surgery.

- Manuscript submission deadline Aug. 15, 2011
- Poster submission deadline Oct. 12, 2011

A recent analysis of oral manuscript presentations at ACFAS conferences from 1999 to 2008 finds that more than 65 percent were ultimately published in peer-reviewed medical journals – a publication rate on par with allopathic specialties. Add your original research to this prestigious company! For links to the analysis and submission guidelines, visit acfas.org/update.
Find Excellence in ACFAS Surgical Courses

Make your plans now to expand your clinical knowledge with an ACFAS Surgical Skills Course this fall! These courses combine lecture, discussion, hands-on cadaver lab and one-on-one instruction to provide the perfect blend of proven technique and cutting-edge innovation.

- **Sports Medicine Surgical Skills**
  If you want to reduce recovery time for sports injuries and confidently return your athletic patients to their game, then you belong in this course! Attend Oct. 1-2, in Rosemont, Ill., to learn nuanced approaches to treat the athletic patient. This course will provide the latest options for the most common and most difficult sports-related injuries.

- **External Fixation Workshop**
  “Complex Foot & Ankle Applications of Circular External Fixators,” Oct. 28–30, in Scottsdale, Ariz., is a comprehensive experience encompassing external fixation techniques specifically for the foot and ankle surgeon. Spend three days exploring foot and ankle procedures using monolateral and ring fixation techniques, and reinforcing the concepts of pathology correction and frame construction.

- **Forefoot Intensive Arthrodesis**
- **Rearfoot Intensive Arthrodesis**
  Experience emerging techniques and exceptional instruction in these one-day immersion courses, Nov. 4 or Nov. 5 in Jersey City, N.J. Get hands-on guidance in new surgical techniques and topics including fixation alternatives, managing bone deficiencies, and avoiding or correcting complications.

Visit the ACFAS website today for the full brochure and online registration.

Congratulations Class of 2011! 1st Year of Membership is On Us

The ACFAS Regional Divisions continue their support of first-year podiatric surgical residents by providing complimentary first-year membership in the College. This offer gives new residents:

- Dues waived for one year — a direct value of $114
- Member pricing on conferences, products and services
- Access to the College’s top-notch educational offerings
- Connection to a community of your peers, the best and brightest foot and ankle surgeons in the country
- A subscription to the *Journal of Foot and Ankle Surgery*

Residents who join now will get an additional three months of membership, through September 2012. Links to the application and more are available at acfas.org/update. The ACFAS Regional Divisions look forward to welcoming new residents to the College!

Interested in attending a Foot and Ankle Arthroscopy Surgical Skills Course? Contact Maggie Hjelm at hjelm@acfas.org or 800-421-2237 x1321.

Mark your calendar for free ACFAS/Welch Allyn webinar, “Taking Your EHR Selection Process from Confusion to Confidence,” Tuesday, July 26. Details at acfas.org!
Marketing Your Practice in a Digital Age: Start with a Web Presence

By Glenn Lombardi

The first step in building your online presence is your practice’s website. According to a study from BIA/Kelsey, nearly 90 percent of people are using Internet search engines to find local service providers. If you don’t have a website, you lose credibility and visibility with people searching online for pediatric care.

Your website acts as a 24/7 storefront to existing and potential patients. A strong online presence also gives you opportunities to market your practice through a variety of web-based media, including search engines, patient education, social networking, and patient reviews.

If You Build It, Can They Find It?

Once your website is up, make sure potential patients can actually find it. Search engine optimization (SEO) is essential to any website’s marketing plan. SEO involves fine-tuning the internal and external components of your website to improve its ranking in the search engines. It requires a deep understanding of search engine ranking algorithms — the factors that determine website ranking. With an ongoing commitment, you’ll reap long-term benefits.

Pay per click advertising is another way you can position your site on search engines. This type of campaign allows you to market specific services or specialties to prospects outside of your practice’s physical location. Campaign performance can be measured at every step for refinement and tracking ROI.

Patient Education is the Key to Treatment Acceptance

We all want to be knowledgeable about the health conditions we face. The Internet is a powerful resource when it comes to learning about symptoms and treatment options. Include valuable resources on your website, such as a patient library or engaging videos. Your expertise will help build patient trust. Educated patients are also better equipped to make informed decisions regarding their health.

It’s a Social Web — Start Connecting

Social networking has become widely used by people everywhere. Popular social platforms such as Facebook and Twitter allow users to easily connect and share. It’s a referral network, and with every contact you make, your online presence is exposed to that individual’s entire network of followers.

Executing a social media strategy can seem like an overwhelming task. A medical website provider can streamline the process, integrating your entire social network with your website for seamless maintenance. If you don’t have time to make regular new posts, contacts and blog entries, you can designate a Web-savvy staff member to manage your social media sites, or turn your campaign management over to your website provider.

Take Responsibility for Your Reputation

When it comes to the Internet, your digital footprint may be at risk for harmful reviews, whether you have a website or not. That’s because patients are talking about you and your practice on review sites and directories such as Yelp, Insider Pages, Citysearch and Google.

You can’t entirely prevent negative reviews, but you can take responsibility for your online image. Start by doing a search for your practice name every week. You can also encourage your most loyal patients to review your practice. Your website provider can equip you with the tools you need (such as patient review instruction cards, review pages, and staff training) to garner new positive reviews each month.

It’s no longer a question of whether patients are looking for you online. How many more patients are you going to turn away because you haven’t established an online presence? Make sure your website is the cornerstone of your practice’s marketing plan, the foundation from which all other communications extend.

When you work with a website provider who specializes in Internet marketing for healthcare practices, you’ll find that launching an integrated, all-encompassing website and online marketing plan is both easy and highly effective for growing your practice.

Glenn Lombardi is president and co-founder of Officite, LLC, an ACFAS BenefitsPartner. ACFAS and Officite have partnered to offer professional website development and Internet marketing at a members-only rate. To learn more visit officite.com/acfas or call 800-908-2483.

www.acfas.org
The Need for More Podiatric Residencies, and How You Can Help

The College recently received a letter from Carol Jensen, director of the American Association of Colleges of Podiatric Medicine’s (AACPM) Office of Graduate Services, on the importance of creating sufficient residency positions for the graduates of podiatric schools of medicine. As Jensen points out:

- Schools and colleges of podiatric medicine prepare graduates for residency training, not for unsupervised practice, and in today’s world graduates must have residency training in order to be successful as podiatric physicians.
- Without enough training experiences for podiatric graduates, enrollment will fall. With too few podiatrists graduating from residency training, patients will go to other medical providers for their care and treatment.
- Without new podiatrists entering the profession, you may not be able to sell your practice upon retirement. Public recognition of what a podiatrist is and their value to medical care will shrink.
- With the combination of general population growth, an aging population, growing obesity, diabetes and sports-related injuries, more podiatric physicians are needed, not fewer.

Jensen describes what practicing podiatric physicians like you can do to help provide the needed resources for future graduates.

If you are too busy to start a residency program, you can contribute by:

- Volunteering to be included in the podiatric faculty of a current residency program.
- Offering to lecture, providing a workshop or inviting residents to participate in a community event or career fair.
- Partnering with the residency director at your local program to support their efforts.

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me to continue with it. They were already doing research on plantar plates and had taken MRIs, but hadn’t focused on them. I asked the question, “How do we know that the MRIs actually correlate?”

Q: What did you think of the application process for the ACFAS grant?
A: I really liked the streamlined process. I kept thinking there had to be more, or that I had forgotten something. It can’t be just a three-page application!

The blinded format that the ACFAS Research Committee uses helps them to choose a recipient not based on reputation or friendship, but rather based on merit. It was encouraging to know that anyone, not necessarily someone who’s established and has a reputation, can get recognition for the work they’ve done.

Q: Is there any advice you’d give to prospective applicants?
A: Find good mentors. Mentors are essential for anyone doing research. I’ve been lucky to have great mentors, many of them Fellows from the College who have guided me and taken me under their wing. In addition to those I mentioned earlier, I’ve been inspired by ACFAS President Glenn M. Weinraub, DPM, whom I met on Facebook and spoke with at ACFAS 2011 in Fort Lauderdale, and my friends Jeremy J. Cook, DPM, and Emily A. Cook, DPM, who are heavily into research. They gave me notes that helped me improve my proposal, and they’ve helped me develop a better understanding of the process of research.

Q: What do you value most about your membership in the College?
A: Absolutely, the community. The other members in ACFAS have been very encouraging and very supportive in the things that I would love to do in my career. And it’s reassuring to talk with them and discover they’re just regular people. You can hang big titles on them, but at the end of the day they’re willing to have a beverage and just chit-chat about life. The College is an inspiring community, and I’m very glad to be a part of it.

Attention Researchers!
Do you have an idea that would contribute to advancing the science of foot and ankle surgery? ACFAS is awarding up to $20,000 to a principal investigator and team through the 2011 Clinical and Scientific Research Grant. For an application and more information, visit acfas.org/grant. Application deadline is Sept. 1, 2011.

The Need for More Podiatric Residencies, and How You Can Help
If you are considering developing a residency program, here’s how you can get started:
• Go to cpme.org under “Residencies” and scroll to “CPME 309” to review the requirements for application.
• Browse CPME’s 320 document for “Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies.”
• Call AAPCM’s Council of Teaching Hospitals at 301-948-9764 for immediate assistance, with tools including PowerPoint presentations and sample materials for every requirement of the CPME 309, and the “Provisional Application for a Podiatric Residency Training Program” that can be customized to your particular institution.

With the implementation of the latest CPME 320 on July 1, surgery is a major component of developing residency competence. As an ACFAS member, you have an opportunity to make an important contribution to the training of residents. You’ll be able to share your knowledge, skills and attitudes with residents, and your influence can be tremendous.

Jensen’s entire communication can be found at acfas.org/update.
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**ACFAS Offers Support for NY Scope Legislation**

ACFAS President Glenn M. Weinraub, DPM, has written New York legislative leaders in support of podiatry scope-of-practice reforms that have thus far been approved by the New York state senate.

In his letter Dr. Weinraub says, “New York law is out of step with 37 other states, including all of your neighboring states, by not including the ankle in the podiatric scope of practice act. Since many conditions which affect the foot originate in soft tissue beyond the permissible treatment zone, the current law should be amended to remove this stumbling block which impedes proper podiatric service. This impediment to prompt treatment usually proves frustrating to the patients whom the podiatrists are forced to advise to go elsewhere for more treatment of the suspected conditions ranging above the patient’s foot.”

**ACFAS Applauds CPMA on Joint Statement with COA & CMA**

The California Podiatric Medical Association (CPMA), the California Medical Association (CMA), and the California Orthopaedic Association (COA) recently formed the first-ever joint task force of its kind to review the education, curriculum and training of California’s podiatric medical schools. Their ultimate goal is to achieve accreditation as full-fledged allopathic medical schools and enable their graduates to become licensed physicians and surgeons.

The president’s letter, the CPMA joint statement and much more are available at acfas.org/update.