New College Documents on Truth in Advertising; AHCs

At its July meeting, the ACFAS Board of Directors approved a new position statement on truth in advertising. Because presenting accurate and reliable information to the public is especially important in healthcare professions, this position statement addresses the need for members of the College to represent themselves and their abilities in a truthful and trustworthy manner at all times.

Foot and ankle surgeons, as valued members of the healthcare team, should put their patients’ needs first and help them to make informed choices about their healthcare needs. Foot and ankle surgeons should also subscribe to high standards in regard to publicity about their services and their colleagues.

The board also approved a new white paper on academic health centers (AHCs). ACFAS supports foot and ankle surgeons as an integral part of our nation’s AHCs. This white paper, developed by a special task force, advocates change in professional cultures, organizational structures, clinical partnerships, research activities, admissions, accreditation, and funding models in order to support the expansion of collaborative education effectively.

Including board certified and board qualified foot and ankle surgeons in the expansion of a collaborative and integrated academic model is the key to creating an efficiently functioning healthcare team that generates clinical benefits and ensures patients will receive quality care.

The sooner you apply, the more quickly you can enjoy all the benefits of membership. For questions or an application, contact membership@acfas.org.
The Ant and the Grasshopper

By Glenn M. Weinraub, DPM, FACFAS
President

One of Aesop’s fables, “The Ant & the Grasshopper,” concerns a grasshopper who has spent the warm months singing while the ant worked to store up food for winter. When the winter season arrives, the grasshopper finds itself dying of hunger and upon asking the ant for food is only rebuked for its idleness.

The story is used to teach the virtues of hard work and saving, and the perils of improvidence. Some versions of the fable state a moral at the end, along the lines of “Idleness brings want,” “To work today is to eat tomorrow,” and so forth. In my own life I always remember a sign that hung over the door of the Mammoth Mountain ski patrol office. It said, “Adapt or Die.” These lessons should be part of our daily philosophy as we prepare for and adapt to the changing face of healthcare.

Although the Patient Protection and Affordable Care Act of 2010 is the law of the land, the fact remains that it will continue to face legal interpretation, and what lies ahead from a regulatory and administrative standpoint is yet to be defined.

As foot and ankle surgeons we need to be at the forefront of reform and change. Clearly we do not want to be in a position of having to play catch-up with regulations passed by bureaucrats who in reality have no true skin in the game. In short, we need to think like the ant!

Medicare provider payment reform is a key aspect of the Affordable Care Act. This reform allows the Secretary of Health and Human Services to develop new payment methods, such as shared savings arrangements with accountable care organizations (ACOs).

The concept of the ACO is a type of payment and delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients. A group of coordinated healthcare providers form an ACO, which then provides care to a group of patients. The ACO is accountable to the patients and the third-party payer for the quality, appropriateness, and efficiency of the healthcare provided. There seems to be three core principles for all ACOs:

1. Provider-led organizations with a strong base of primary care that are collectively accountable for quality and total per capita costs across the full continuum of care for a population of patients
2. Payments linked to quality improvements that also reduce overall costs
3. Reliable and progressively more sophisticated performance measurement, to support improvement and provide confidence that savings are achieved through improvements in care.

What this means is that future reimbursement will not hinge on the volume of surgical procedures you perform, but rather on the care employed to prevent those procedures and on the outcomes obtained when surgery is truly required. I firmly believe that ABPS board-certified foot and ankle surgeons are best qualified to provide this type of care.

The key to our being able to provide it will be inclusion, and for that we should again think like the ant! We need to recognize that the genesis of most ACOs will lie with large hospital organizations and moderate- to large-size physician groups who join together. Both of these will have at their foundation a strong cadre of primary care representation. In the future we will most likely see the end of “volunteer” physician staffs. Instead we will see hospitals employing large numbers of physicians as they build their ACO teams.

To be included in this will require that we continue to support and participate in research that elucidates the superior value and outcomes of the ABPS board-certified foot

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Facing the Future of Healthcare

Healthcare, especially healthcare financing, is changing day by day. We hear the buzz of new initiatives bringing additional acronyms, terminologies, potential policies and legislation to learn, but what does it all mean and how could it affect daily medical practice?

During a recent strategic planning session, the ACFAS Board of Directors focused on external forces affecting the profession in order to consider how ACFAS and its members can adapt to be part of the future of healthcare in the United States. To encourage discussion, the board referred to the Society for Healthcare Strategy and Market Development (SHSMD) publication, FutureScan 2011: Healthcare Trends and Implications 2011–2016.

While the target readership for FutureScan 2011 is primarily hospital executives, the board found the publication to be beneficial for all members by providing a basic education on current trends in the healthcare industry in the U.S.

In cooperation with the SHSMD and the American Hospital Association, ACFAS will be sharing each article of the publication with you. Since its publication earlier this year, some articles may seem outdated in this fast-changing environment, but most of the information is still relevant.

To read FutureScan 2011 in its entirety, watch for upcoming abstracts in ACFAS’ e-newsletter, This Week @ ACFAS, or visit acfas.org/FutureScan.
**EDUCATION**

**Treat All Levels of Sports Injury**
Sports medicine isn’t just for professional athletes. On **Oct. 1–2, 2011**, you can learn techniques to treat every type of active patient by participating in the ACFAS Sports Medicine Surgical Skills Course at the Orthopaedic Learning Center in Rosemont, Ill. Through concise lectures, ample lab time and group discussion, this course will provide the latest treatment options for the most common and most difficult sports-related injuries.

The course also features a special presentation by Steven Paul Arnoczky, DVM, a pioneer in the use of platelet-rich plasma whose current research includes the investigation of overuse injuries in tendons, development of tissue-engineered tendons and menisci, and the evaluation of various synthetic bone grafts. Dr. Arnoczky will address participants during lunch and also join in Saturday evening’s Fireside Chat, a collegial exchange of ideas and dialogue.

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! For links to the complete brochure and registration, visit acfas.org/update.

**ACFAS Brings CME to You**
If you’re looking to expand your skills with hands-on workshops in your area, look no further! This fall the College’s first-rate continuing education will be coming to you with “1st MTPJ A-Z Workshop and Seminar.” Don’t miss this chance for CME when and where you want it.

ACFAS has teamed with Regional Divisions 1, 8, and 12 to bring this program to three new locations:
- Manhattan Beach Marriott, Manhattan Beach, Calif., Sept. 9–10
- Best Western Lehigh Valley Hotel and Conference Center, Bethlehem, Pa., Dec. 2–3

More information and online registration is available now at acfas.org.

**Your Online Classroom is Waiting**
Enhance your knowledge whenever you are ready with the library of foot and ankle health topics at ACFAS e-Learning. Tune in at your convenience for the latest podcast, “Healthcare – Future Leaders,” an inspiring interview with Robert M. Pearl, MD, on how physicians can shape the future of healthcare in the United States under PPACA.

ACFAS members can earn free continuing education contact hours with selected materials on the site. Visit often to check out new topics in video, podcast, and DVD at acfas.org/elearning.

**Latest Podcasts:**
- Physiologic Changes in the Foot During Pregnancy
- Orthobiologics and Bone Healing
- Healthcare – Future Leaders

**Latest Scientific Session Videos:**
- Ethical Issues in Surgical Decisions
- Complex Cases
- Surgical Misadventures

**Interested in attending a Foot and Ankle Arthroscopy Surgical Skills Course?**
Contact Maggie Hjelm at hjelm@acfas.org or 800-421-2237 x1321.
Board Nominations Now Open
Two 3-year director terms on the ACFAS Board of Directors are open for nomination this year. ACFAS Fellows who meet criteria for election are encouraged to submit a nomination application by Sept. 20. The Nominating Committee will announce recommended candidates to the membership no later than Nov. 3. Candidate information and ballots will be e-mailed to all voting members no later than Dec. 18. Electronic voting will end on Jan. 17, 2012.

New officers and directors will take office during the ACFAS 2012 Annual Scientific Conference on March 1–4, 2012, in San Antonio, Texas. For details on the criteria for candidates and the application, visit acfas.org/nominations, or contact Executive Director Chris Mahaffey at 773-693-9300 or mahaffey@acfas.org. For questions regarding eligibility criteria, contact Nominating Committee Chair Michael S. Lee, DPM, at 515-440-2676 or mlee@dsmcapitalortho.com.

Your Board’s Summer Meeting Highlights
The ACFAS Board of Directors’ annual summer board meeting was held July 15–17 in Napa, Calif.

The first day of the meeting was a strategic thinking discussion on external forces affecting the profession, such as accountable care organizations, physician-hospital integration, quality-driven payment reforms, digital devices in healthcare, and information technology.

Briefing papers on these and other external forces, developed by the Society for Healthcare Strategy and Market Development of the American Hospital Association, have been posted as a resource for College members at acfas.org/FutureScan. (See also “Facing the Future of Healthcare.” page 2.)

The discussions were facilitated by Colin Rorrie, PhD, former CEO of the American College of Emergency Physicians. Outcomes from the discussions will be integrated into the College’s strategic and business plans.

Highlights of the subsequent business meeting include:
• Adoption of the Institute of Medicine’s standards for the development of Clinical Practice Guidelines as College policy.
• Minor modifications to the Delineation of Surgical Privileges document.
• Approval of the “Truth in Advertising” position statement and the “DPMs in Academic Healthcare Centers” white paper.
• Discussion of ACFAS’s May 10 meeting with the AMA board chair and executive vice president with the Coalition for Patient Rights.
• Updates on the AACPM Residency Balance Task Force.
• Approval of the 2010 financial audit, 2011 Nominating Committee members, and the 2010–11 CEO performance evaluation.
• Acceptance of a Fellowship Committee recommendation that the College not pursue direct funding of fellowship programs at this time.
• Review and updates of the Business Plan, including a review of the spring CME Gap Analysis Survey.

The next ACFAS board meeting will be held Nov. 11–12 in Chicago. Questions about these actions may be posed to ACFAS Executive Director Chris Mahaffey at 773-693-9300 or mahaffey@acfas.org.

In Memoriam
The College recently received word of the passing of ACFAS Fellow: Guy S. Kenion, DPM, Columbia, S.C.
Avoid E-Prescribing Penalties

By Douglas G. Stoker, DPM, FACFAS
ACFAS Coding Advisor

E-prescribing has been in the news recently because of the June 30 deadline for submitting 10 unique e-Rx patients to avoid a 1 percent penalty on all Medicare payments for 2012. Although this deadline has passed, there are proposed changes in the rules by CMS to exempt physicians from the penalty. The penalty increases to 1.5 percent in 2013. If you were not able to get the 10 patients or did not file for an exemption prior to June 30, pay particular attention to this new proposed rule, because there will be a limited time for you to file for an exemption or to get started with e-prescribing.

The four proposed exemptions are:
• Meaningful use participant. Your practice plans to participate in the Electronic Health Records Incentive program in 2011 by delayed buying and e-Rx system. (example: The practice wanted to rely on the e-Rx technology of an EHR system, but the vendor software is not yet compliant).
• Provider cannot e-prescribe due to state or federal law restrictions. (example: Physicians who largely prescribe narcotics, which are restricted from being electronically transmitted in some areas.)

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• You are an eligible professional who does not prescribe often.
• You prescribe frequently but only for ineligible types of visits. The e-Rx visit needs to be associated with evaluation and management encounters, not surgical procedures or at-risk foot care procedures.

Physicians qualifying under these exemptions would have until Oct. 1 to claim one of the exemptions under the proposed CMS rule. CMS is proposing a web-based tool to allow you to claim these exemptions when the rule is passed.

All physicians who plan to claim any of these exemptions need to watch carefully and act swiftly when the rule passes to avoid the penalty.

These rules and penalties will continue, so it would be advisable to get an e-Rx system in place. There are free-standing systems that do not require an electronic medical record system to operate, just the Internet, so those who are waiting to purchase a medical record system do not need to wait on the e-prescribing portion.

Douglas G. Stoker, DPM, FACFAS, is a fellow of the American College of Podiatric Medical Review, diplomate of the American Board of Quality Assurance and Utilization Review Physicians, and a past chairman of the APMA Coding Committee. He has served on the ACFAS Board of Directors and taught coding and billing at the College’s practice management seminars. He offers free coding advice to members of the College as ACFAS’ official coding and billing consultant; send your questions to coding@acfas.org.

Follow ACFAS on Twitter
ACFAS is tweeting to alert you to the latest news in professional development, education, health policy and more from your College and around the nation. Follow the feed at twitter.com/ACFAS.

For news you can use to educate your patients, send them to the College’s consumer news at twitter.com/FootHealthFacts — or retweet timely topics yourself.

Don’t miss out; join the conversation today!

Douglas G. Stoker, DPM, FACFAS
Report on the California Physicians’ and Surgeons’ Project

By Stephen C. Wan, DPM, FACFAS

In California, MDs and DOs receive a “physicians and surgeons certificate” to practice medicine with a plenary license, conferring no limitation on the scope of practice. In daily clinical practice, this is supplemented by the respective professional liability insurance coverage to enable specialists to practice to the scope of their post-graduate specialty training and experience. As an illustration: an ophthalmologist is first and foremost a physician and then receives further training as a “medical and surgical specialist of the eye.” Therefore s/he is not only licensed to treat the eyes but can also provide medical advice on ophthalmologically-related and non-related medical issues, should s/he choose to do so within proper patient care.

DPMs in California are granted a license to practice podiatric medicine and surgery. This limited licensure has led to incidences of confusion and interruption in the delivery of quality patient care due to an artificial delineation of anatomical boundaries of licensure and clinical practice. Despite consistent improvement in education, training and experience commensurate with specialists, California DPMs continue to face periodic battles involving scope, regulations, reimbursement, and so forth, due to overt and covert acts of omission and commission from different sources, be they related to hospitals, regulatory agencies, third party payers or others. Though each such episode stands alone as its own entity, the common factor is that DPMs are viewed as “not physicians.”

To address this issue, the California Podiatric Medical Association (CPMA), the California Medical Association (CMA) and the California Orthopedic Association (COA) are embarking on a project to evaluate podiatric medical education and training, with the goal to eventually enable DPMs in California in the future to receive the physicians and surgeons certificate.

In June 2011, the three associations issued a joint media release on their historic agreement in forming a new task force that will review podiatric education and training to determine potential pathways to enable podiatric graduates to become licensed physicians and surgeons. It must be pointed out that this project is focused on the plenary license and contains no plans for a professional degree change, contrary to rumors and misinterpretations that have started to percolate outside of California.

Find links to the full announcement and more information at calpma.org or at acfas.org/update.

Stephen C. Wan, DPM, FACFAS, is a past president of the California Podiatric Medical Association and has served on ACFAS’ Professional Relations Committee, Fellowship Task Force and Project Parity Task Force.

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JFAS Delivers Solid Impact

The Journal of Foot & Ankle Surgery was recently found by Thomson Reuters to have a 2010 Journal Impact Factor (JIF) of 0.76, the best of the podiatric journals in their list.

The JIF is a measurement of a journal’s influence based on its citation frequency data. A journal’s impact factor varies with, among other characteristics, the number and type of articles published in each issue. This is the first time JFAS’ impact factor has been calculated, and puts it squarely in the mainstream with other medical and scientific journals.

“The JIF is the industry standard for measuring a journal’s influence in its discourse community,” explains JFAS editor D. Scot Malay, DPM, MSCE, “although it is just one of several accepted metrics. General medical journals like JAMA, The Lancet and others have very high JIFs, ranging from 5 to 30, and specialty journals like JFAS are doing well if their JIFs range from 0.5 to 2. I’m very pleased that our first JIF is this high, and as we continue to attract quality research and a diversity of authors, I expect future JIFs will be even better.”

JIFs are published annually in Thomson Reuters’ Journal Citation Reports® for more than 9,100 scientific journals in approximately 230 disciplines from 78 countries.