



# ACFAS Update

VOLUME 18 ISSUE 8

NEWS from the AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS

## Fall Board Meeting Highlights



The ACFAS Board of Directors' annual fall board meeting was held November 11–12, 2011 at ACFAS headquarters in Chicago.

The key event of the meeting was approval of the 2012 operating budget of \$5.3 million allowing for increased activity in:

- Credentialing, privileging, and scope of practice advocacy
- patient/consumer education
- member and practice surveys
- research outcomes database
- clinical practice guidelines
- enduring medical education materials
- residency development
- practice management
- mobile apps and website improvements



*(continued on page 10)*

## Grant Winner Seeks to Advance Flatfoot Treatment

The 2011 Clinical and Scientific Research Grant has been awarded to Naohiro Shibuya, DPM, MS, FACFAS, who proposes to formulate global grading systems for adult flatfoot to help physicians decide the best treatment for patients.

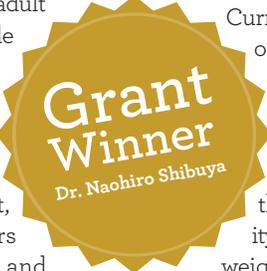
Joined by co-investigators Daniel Jupiter, PhD, and Javier La Fontaine, DPM, MS, FACFAS, Shibuya's project, "Assessment of Risk Factors Associated with Symptomatic and Non-symptomatic Flatfoot Deformity," builds on past research about the causes, symptoms, and treatment associated with the condition. Researchers will take their findings a step further by expanding criteria used in the grading system, and identifying risk factors.

"Ultimately, I want to create a grading system that helps physicians and foot and ankle

surgeons to determine the most advantageous, cost-effective treatment for flatfeet," Shibuya says.

Currently, many grading systems only take into account a few criteria such as flexibility and MRI findings about the tibialis posterior tendon. Shibuya's team proposes to take factors that influence function and quality of life for patients, such as age, weight, occupation and gender, and integrate them into the classification system.

Past studies Shibuya and others conducted relied on self-reported data from patients that was part of the National Health Interview Survey (NHIS). Using a cohort of 180 patients from Central Texas, the current study will gather data through patient examination to objectively assess their conditions and eliminate mistakes or bias. *(continued on page 10)*



### Welcome to the New Update

This issue of ACFAS Update unveils a fresh new look for your member newsletter from the American College of Foot and Ankle Surgeons!



### E-voting for Board of Directors

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### INTERVIEW with BARRY SCURRAN

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perspective

## PROFESSIONAL EVOLUTION



**One of the basic principles of Darwinism is that populations evolve, individuals do not.**

The goal of any species is to reach the equivalent of the evolutionary winners podium. It would seem this should hold true for organizational and professional evolution as well. This belief or attitude that a select group of people with specialized training or experience, or other distinctive attributes — are those whose views on a matter are to be taken the most seriously or carry the most weight; whose views and/or actions are most likely to be constructive to society as a whole; or whose extraordinary skills, abilities or wisdom would render them especially fit to lead the climb up that evolutionary ladder.

Is it wrong to want to be a winner? How would you feel about living in a society that eliminates the “exceptional” among us in favor of producing homogenous populations of mediocrity where we cater to the lowest common denominator and where no one is left behind? Is that how we advance as a people or even as a profession? Clearly, we don’t want a society that is punitive or that assumes each success must be balanced with a failure. Rather, for any given segment in society we should have regulations and standards in place that are attainable with hard work and whose finish line yields tangible rewards. This is especially true when we are talking about medicine and surgery. The key word is “Standards,” for

this is the bar that best ensures a degree of safety and expertise when you, I or anyone else enters into the doctor-patient relationship as the latter.

The hero of Charles Dickens’s novel “Martin Chuzzlewit,” just off the Liverpool steamer and landed at the port of New York, knows virtually nothing about America, but he learns a little something about it when he attends his first boarding-house dinner. “There were no fewer than four majors present, two colonels, one general, and a captain, so that he could not help thinking how strongly officered the American militia must be; and wondering very much whether the officers commanded each other; or if they did not, where on earth the privates came from.”

In “Everyone’s a Winner,” sociologist Joel Best notes in passing that the inflation of military rank is still very much with us, but his survey of America’s self-congratulatory culture concentrates primarily on contemporary suburban life. Everywhere the author turns his gaze—from bumper stickers that boast about “my kid the honor-roll student” to boosterish “employee of the month” awards — Mr. Best sees a proliferation of prizes that seems to arise from a desperate desire to exclude fewer and fewer people from the winner’s podium.

This tendency is evident in the broader cultural realm. Last spring I was so proud to

learn that my nephew was the Valedictorian of his graduating high school class, imagine my surprise when I learned that he was one of 15 Valedictorians!

Personally, I don’t want to live in a society where everyone is a winner, where rewards are granted with no regard to effort, study and risk.

For example, I want my pilot to be certified by the FAA, I would be very concerned if my pilot was able to fly after obtaining certification from a second-tier organization. I ask the same of my personal physician. My own standards are in line with those of most, if not all, hospital credentialing committees. Whereby hospital privileges require that the physician is certified by the predominant certifying body for their given specialty. This standard should be no different for the foot & ankle surgeon. Whether you are a Fellow or an Associate of the ACFAS, you should be proud of your ABPS board certified/qualified status. Those letters speak volumes to your training and experience. Does this make you an expert? A leader? Or perhaps, at the end of the day it just means you’re the same kind of physician you would be comfortable sending your family, friends and colleagues to . . .

A handwritten signature in blue ink, appearing to read "Glenn Weinraub". The signature is fluid and cursive.

**Dr. Glenn M. Weinraub, DPM, FACFAS**  
ACFAS President

Questions for Dr. Weinraub? Write him at [president@acfas.org](mailto:president@acfas.org).

education

## Don't Miss the Main Event!

MARCH 1-4, SAN ANTONIO

**It's your profession's premier gathering of the year, so plan to be at the ACFAS Annual Scientific Conference to improve your clinical skills and reunite with colleagues.**

As the #1-rated foot and ankle surgical conference, ACFAS 2012 will feature a multitude of education sessions and exhibitions involving diagnosis, treatment, surgical techniques, and guidance on business issues. The conference will prove valuable for all practitioners from students to veteran surgeons.

From March 1-4, workshops, seminars and exhibitions will be presented to sharpen skills in innovative procedures, decision-making, product selection, and ethical dilemmas, amongst a host of other

share a common goal to improve patient care and research.

As past attendees attest, you will return to your practice a better surgeon.

With its early 1800s roots and fabulous River Walk, history and modern day meet in San Antonio. Famous for its Spanish missions, the city is among the top fastest-growing large cities in the nation. Visit the iconic Alamo, dine on sophisticated, international cuisine at top restaurants, hike into the adjacent hills, or visit a renowned artisan's colony.

Registration, hotel bookings, and program information are now available online. Register before January 20, 2012 to take advantage of early-bird fees. Visit [www.acfas.org/sanantonio](http://www.acfas.org/sanantonio).



## 2012 EDUCATION PROGRAMS

February 29, 2012

### 2012 Preconference Workshops

San Antonio, TX

March 1-4, 2012

### ACFAS 2012 Annual Scientific Conference

San Antonio, TX

June 1-2, 2012

### Practice Management/Coding Workshop

Portland, OR

June 15-16, 2012

### Arthroscopy of the Foot & Ankle

Rosemont, IL

August 11-12, 2012

### Arthroscopy of the Foot & Ankle

Rosemont, IL

October 12-13, 2012

### Practice Management/Coding Workshop

Arlington, VA

November 2, 2012

### Surgical Complications of Foot & Ankle Surgery (Forefoot)

Jersey City, NJ

November 3, 2012

### Surgical Complications of Foot & Ankle Surgery (Rearfoot)

Jersey City, NJ

November 10-11, 2012

### Trauma of the Foot & Ankle

Rosemont, IL

December 15-16, 2012

### Arthroscopy of the Foot & Ankle

Rosemont, IL

**Information on 2012 Regional meeting dates coming soon, plus the Diabetic Surgical Seminar and Workshop!**

**DISCOVER**  
KNOWLEDGE | SKILLS | SAN ANTONIO



topics. Forums encourage discussion and debate in order to critically examine common practices and improve treatments.

Submit your cases and your questions, and prepare for thoughtful analysis in "Curbside Consult," with surgeons who

### Preconference workshops Feb. 29

Space is limited for most sessions. Diabetic deformity, trauma treatment, practice management, and ankle arthroplasty topics will be covered.

## EASE THE PAIN OF PICKING AN EHR SYSTEM



**If you have not already started looking, it's time. The new government economic stimulus offers financial incentives and reimbursement for physicians to implement Electronic Health Record (EHR) systems. However, with more than 600 products on the market, the task of reviewing and selecting the right EHR for your practice can seem daunting—and that's only the first step. After you select an EHR, the thought of reorganizing your office workflow to fit the system sounds just as overwhelming. Without help, the entire project will take substantial time and income away from your practice.**



Facing this challenge, Brian Przystawski, DPM, FACFAS, started using Welch Allyn's Prep-Select to cull through vendors and help him select the best fit for his office. After working with Prep-Select for 10 hours, he narrowed down his choices to five.

Przystawski has two offices in the metropolitan Louisville, Kentucky area. This includes six employees who help him see about 30 patients a day. He and two office assistants are working together to select a vendor.

"I did not want to get into a situation where we spend a lot of money and end up with a program that we realized was not right for us once we got into it," he says.

He learned that costly lesson with another EHR program. The second time around,

he knew he needed to carefully assess what functions he needed and whether the vendor would fulfill its promises. He started with an ACFAS-sponsored webinar where Welch Allyn demonstrated how Prep-Select assists physicians in picking the right vendor.

### **Zeroing In on Your Needs**

Przystawski recalls how he logged on to Prep-Select's website, and then a consultant "took over" his computer to discuss and answer multitudes of questions that helped define the type of system that would work in his offices.

His top priorities include capabilities for billing, coding, transcription, records storage, and a real-time connection between both offices. He wants accurate and thorough records to facilitate insurance pre-certifications, and in the event of an audit. A Prep-Select consultant helped him realize other features he needed but was not thinking of. He also decided not to go with a system where he would be the first podiatry client.

"They forced me to think through implementation way before I am at that point so I could have a plan," Przystawski says. "Are you going to use tablets, laptops, or networked PCs in treatment rooms? Are you going to continue with online scheduling? Are you going to be scanning thousands of charts in, and who's going to do that?"



Another planning module helped him project ROI. Welch Allyn advises physicians that the number of patients they will see right after they start the system will decrease as staff becomes accustomed to it. As proficiency builds, those numbers will rebound. Prep-Select gave Przystawski what he calls a “very realistic estimate” of patient volumes over the next five years.

### Narrowing It Down Fast

Welch Allyn was able to recommend five companies worthy of serious consideration and get them to respond to Przystawski’s RFP. His goal is to have the system in place by January 1, so training can begin early next year.

Przystawski condensed a very tedious, complex search down in a month—quick progress he attributes to his motivation and his consultant, who went the extra mile to make sure Przystawski considered everything involved in this major conversion. Now, he feels extremely informed about what’s to come.

“When you first get into it, it’s a little overwhelming. But I think everyone is just going to have to face it and get through it,” Przystawski says. “By looking at what’s in store for you, you get very prepared.”

**For more information on Prep-Select or other ACFAS Benefit Partners, visit [acfas.org/benefitpartners](http://acfas.org/benefitpartners)**



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“When you first get into it, it’s a little overwhelming. But I think everyone is just going to have to face it and get through it.” — Brian Przystawski, DPM, FACFAS

# WORKING HARD AND GETTING LUCKY

by Barry L. Scurran, DPM, FACFAS



My father used to say the harder you work, the luckier you get. When I look where I am today, I feel very lucky.

In 1974, after completing my residency, I spent a very short time in private practice, but decided I wanted to practice in a multi-specialty medical group. I learned that The Permanente Medical Group was recruiting a podiatric surgeon and joined the growing medical group. But once I was hired, they did not know what to do with me. At that time, DPMs could not be partners in the medical group because the bylaws required all partners to be physicians.

The physician who hired me was very forward thinking and yet told me that I might at best eventually be classified as some type of administrator for better benefits or perhaps later as an associate physician. It seemed clear that no matter the quality of care I provided, I could never be a partner. This reality led me to fear that my unhappiness with the situation would last throughout my career. But a lifelong trait of mine is optimism and knowledge that everything is possible—never tell me never. Growing up, I was taught to believe nothing is impossible; some things just take longer.

I have been affiliated with Kaiser-Permanente and The Permanente Medical Group (TPMG) in northern California since 1974, and during this time have seen podiatric surgery rise as a respected medical specialty and podiatrists become shareholders in our

medical group. I personally have enjoyed many successes within TPMG, holding progressively more responsible positions, many of which I could not have imagined filling when I first began.

Throughout my career, I was respected for my clinical ability and the excellent care I provided to my patients. But not being equal to the physician members of my department in status and knowing there were some administrative roles I could not qualify for, made me resentful for the first part of my career.

I worked hard to change the situation at Kaiser Permanente, including building a strong department, hiring more DPMs, starting a surgical residency program and expanding the influence of the department.



I kept asking what it would take for DPMs to become partners, but the response was always that it was impossible. My fellow podiatric surgeons and I adopted a strategy of doing exceptional work and creating long-term relationships. Our hope was that by demonstrating value with those who would be future decision-makers, the situation might change.

Over time, change started to happen. The organization felt that to better coordinate care, podiatrists should be absorbed into the

procedures. And yet we still did not have the opportunity to become partners in the medical group. Some of us were angry, some were hurt.

During this period, I went to dinner one night with a good friend who told me something that completely changed my perspective. He said, "There are a lot of people who've been in similar situations, and you have three options: you can go to work the way you are and be unhappy every day, you can leave the organization, or you can put all of your energy into demonstrating value and

**You can go to work the way you are and be unhappy every day, you can leave the organization, or you can put all of your energy into demonstrating value and achieving change. Accept it, walk away from it, or change it.**

department of orthopaedics rather than remain as an independent department. After a year-long debate and discussion, the MDs and DPMs were combined into a single orthopaedic department. While this was viewed by some at the time as an uncomfortable loss of independence, time has proven this to be beneficial to coordination of patient care as well as advancing the scope of residency training.

This integration made our value as clinicians even more visible to our colleagues. We were able to take much of the volume of foot and ankle surgery off of the orthopaedics group, including some of the most complex adult and pediatric trauma and reconstructive

achieving change. Accept it, walk away from it, or change it." My wife said I woke up the next day a new person.

I thought I had been working hard toward a goal, but realized there was more I could do. I went back to work feeling that it may take a year, it may take five years, but I'm going to do all I can to change this situation and these policies. It took 10 years to be chosen for a major administrative role as an Assistant Physician-in-Chief. It took a new Executive Director and CEO, Robert Pearl, MD (the keynote speaker at our 2010 annual meeting) who understood the value of what we did and supported the goal of podiatrists becoming partners (now shareholders) in

the company and for our status to change. Finally we were owners.

These lessons, I believe are applicable to what many podiatric physicians, and physicians in general, are going through today. With the change in the healthcare laws, there's a lot of uncertainty and inaccurate rhetoric. We can't be sure of the exact role podiatric surgery will play in the future and there is disagreement among the doctors in our specialty. But once we sort it all out, people will have to make a decision: whether they want to stay where they are, walk away from medicine, or get in there and change what they do.

They will have to realize the change they want won't happen on its own and is not going to happen tomorrow. They will need a strategy and the courage to act on it. Ask yourself, what am I going to do in a year? What am I going to do in the next three to five years that can pave the way?

Which brings me back to the beginning of this story? Throughout my career, I have worked hard and I got lucky. My father was right. At one time, it was beyond my wildest dream that I could be even an Assistant Physician-in-Chief. But since then, I have served as the Physician-in-Chief of one of our major medical centers and most recently chosen as the Chief Compliance Officer for the entire 7000 physician medical group. Now that all podiatric surgeons are shareholders, we can contribute to the maximum of our ability. I have seen how by being positive, by making the case for change, by meeting, knowing and becoming affiliated with innovative people, by demonstrating value and by taking excellent care of our patients, nothing is impossible. The bottom line is, you can accept the situation, you can leave it, or you can change it. In the end my colleagues and I changed the situation.

## ACFAS WORKS TO EDUCATE KENTUCKY ON PROFESSION

### Kentucky Medical Association Campaign Overlooks Podiatric Surgeons

ACFAS is working to correct misperceptions in the Kentucky Medical Association's (KMA) new campaign that fails to recognize qualifications of foot and ankle surgeons. The College recently sent editorial letters to key state newspapers and legislators informing them of the education, training and experience of ACFAS members.

Last August, KMA launched "MD ID—Know Who's Treating You," a public relations campaign designed to educate patients about the importance of care provided by MDs and DOs and urge them to seek treatment only from the "real MDs." Foot and ankle surgeons (DPMs) are not recognized in the campaign as the highly qualified surgeons that they are.

The campaign likely began in response to optometrists gaining laser privileges in the state scope of practice laws, rankling ophthalmologists, MDs and DOs. The American Medical Association is assisting states through its Scope of Practice Partnership (SOPP) designed to limit the scope of practice of all non-allopathic and osteopathic physicians.

In its campaign, KMA has a website [mdidky.com](http://mdidky.com) comparing the qualifications and education required of various healthcare providers—information that will also be spotlighted in newspaper and theater advertising, and on radio and television talk shows.

"ACFAS will always lend its voice when patients are being given misinformation on who podiatric foot and ankle surgeons really are, as we are experienced, educated and expertly trained to provide the finest care to all patients with ankle, foot and lower-extremity-related problems and injuries," says ACFAS President Glenn Weinraub, DPM, FACFAS.

ACFAS wants to educate the public and key stakeholders about the safe and effective care podiatric foot and ankle surgeons provide, and protect patients from misinformation that may limit their ability to select an appropriate physician for their foot and ankle-related ailments. "MDs do not own a copyright on the word, 'physician,'" the ACFAS' letter to the citizens and lawmakers of Kentucky states.

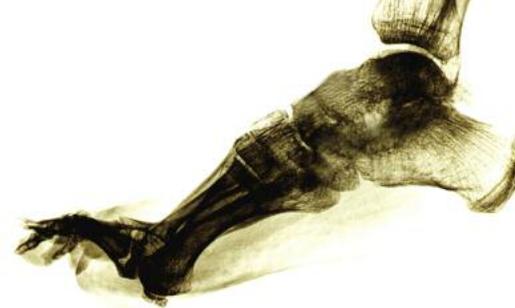
According to the KMA, it hopes to bring a legislative proposal requiring heavy scrutiny for healthcare providers who want to expand their scope of practice. ACFAS will continue to advocate for the truth and present all with correct information on members' training, experience, qualifications, and area of practice focus.

"As the Board liaison to the Professional Relations Committee, we are working to launch a new scope-of-practice advocacy campaign promoting who podiatric surgeons really are, and what they can offer to patients and the healthcare team at large," says President-Elect Michelle Butterworth, DPM, FACFAS. "Smear campaigns advocating

'MDs only' are not reflective of the current healthcare situation and its team-based approach."

Efforts to correct the KMA's campaign put into action ACFAS' Truth in Advertising policy adopted in July 2011. The policy guides members about how to truthfully portray their professional abilities, in addition to how they should be portrayed by others. It also states that ACFAS will intervene when foot and ankle surgeons are maligned.

Look for new developments on this issue in future editions of *Update* and *This Week*.



**ACFAS remains vigilant in protecting patients by informing stakeholders about foot and ankle surgeons' ability to deliver safe and effective care to patients with ailments of the foot, ankle and related structures. It offers advocacy on a state, local and national level on behalf of its members. Watch for more health policy updates in *This Week*.**

research

## KEEN INVESTIGATORS WANTED *for* MULTICENTER STUDY

Here's your chance to contribute to ACFAS research! Sites are needed for a new multicenter retrospective study on predictive variables associated with successful and unsuccessful outcomes when performing subtalar joint arthroereisis in adults and children. Subjects and sites will be compensated for their time.

**Criteria for site selection includes:**

- One-year contract commitment by the investigative site
- Past participation in multicenter studies
- Professional reputation for scholarly activity
- Primary investigator at site in good standing with ACFAS
- Volume and variety of patients treated for symptomatic non-neuromuscular flatfoot with subtalar arthroereisis in the past 10 years

If you would like to participate, please complete and return the application on [acfas.org](http://acfas.org).



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## 2012 Dues Reminders in the Mail

It's that time of year again and dues reminders for the 2012 calendar year of membership have been mailed to all Associate and Fellow members. Dues can be paid online now at [acfas.org/paymydues](http://acfas.org/paymydues), or by mail or fax once your reminders arrive at your office or home. Payment is due by December 31, 2011.

Be sure to take advantage of all ACFAS has to offer, now and throughout the year. Visit the ACFAS Member Center on the ACFAS website to learn more about the benefits your membership provides. College membership brings you in contact with the best and the brightest foot and ankle surgeons in the world. Here's to another great year of value in your membership!

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## Join Now to Get a Member Discount!

One of the many benefits ACFAS members enjoy is reduced rates to ACFAS educational offerings—the gold standard in CME. Courses are available regionally, as hands-on workshops, as e-Learning through the ACFAS website, and at the ACFAS Annual Scientific Conference—and all have special rates available to members of the College.

Interested in joining? Visit [acfas.org/join](http://acfas.org/join) to access applications and requirements, or contact the College at [membership@acfas.org](mailto:membership@acfas.org) with questions or for more information.



## Current, New Volunteers Sought for 2012 ACFAS Committees

It takes diligent volunteers to make sure the College remains an effective voice for foot and ankle surgeons. Members always step up to fulfill that mission and are rewarded when they shape ACFAS' initiatives to advocate for members and patients. They join and grow with colleagues nationwide who are proactive in their profession.

Applications to volunteer in 2012 on ACFAS' 11 committees are now being accepted. Serving is a year-round commitment and open to Fellow or Associate members. If you currently serve on a committee, note that your role does not automatically carry over into next year, and you need to resubmit an application.

Committee members are responsible for attending meetings, and attending and promoting events within their purview. In between, they must keep up with committee activities.

Members giving their time is a testament to their dedication to ACFAS' mission. The College appreciates your consideration to continue serving, and welcomes new committee members.

Learn about more about the role of committee members and how to apply at [acfas.org/volunteer](http://acfas.org/volunteer). Application deadline is December 23.

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## In Memoriam

The College recently received word of the passing of ACFAS Fellow:

**James Revelas, DPM, Norwalk, Ohio**



## Watch for Your Electronic Ballot Email

Balloting to elect two new members of the ACFAS Board of Directors will be conducted electronically starting December 16.

Three candidate profiles and position statements are now posted at [acfas.org/nominations](http://acfas.org/nominations). If any candidate(s) are nominated by petition, their profiles will also appear. The three candidates recommended by the Nominating Committee are:

- Kris A. DiNucci, DPM, FACFAS
- Christopher Hyer, DPM, FACFAS
- Bruce A. Scudday, DPM, FACFAS

On Friday, December 16, all eligible voting members (Fellow, Associate, Life, and Emeritus members) will receive an email with a unique link to the election website operated by Intellicscan, Inc., an independent online election firm.

After logging in, members will first see the candidate profiles and position statements. The official ballot will appear below this information. Members can vote for one or two candidates. Write-in candidates are permitted. Eligible voters without an email address will receive paper instructions via US mail to vote online. There will be no paper ballots, which is permitted by law.

Balloting ends at 11:59 pm EST, on January 17. The newly elected Board members will be announced in the January 18, 2012 issue of *This Week @ACFAS*. They will begin their three-year terms at the Annual Scientific Conference held from March 1-4 in San Antonio, Texas.

Electronic voting was supported by 95 percent of members who voted in a straw poll on the 2010 ballot. Electronic voting with save the College at least \$3,000 per year.



## Grant Winner Seeks to Advance Flatfoot Treatment

(continued from cover)

Shibuya notes that treating flatfoot more effectively holds greater implications, since the deformity often leads to other conditions such as hip and knee problems, bunions or hammertoes, and even poor overall health. Another component of the study—identifying risk factors—could help prevent flatfoot and associated conditions.



Shibuya and his team in the ACFAS-funded study have published multiple studies before, including a secondary analysis of the NHIS to identify factors associated with flatfoot deformity. Among his other research, Shibuya's team has received funds from the American Diabetes Association, NIH (R01) support, and several intramural grants.

"I've focused a lot of my research on flatfoot because it's prevalent and has tremendous impact on one's function and quality of life. We are not at the point yet where therapy is optimal. This grant helps us move in that direction," he says.

Shibuya practices at the University of Texas A & M Health Science Center, where he is an associate professor of surgery. Following his postdoctoral training, he earned a master's degree in clinical investigation from the University of Texas Health Science Center at San Antonio. He also serves as a research editor for the *Journal of Foot & Ankle Surgery*.

Shibuya adds that he believes the public realizes flatfoot can be treated successfully with surgical and non-surgical therapies because members of the college have been doing an excellent job treating this condition for long time.

The ACFAS Research Committee awards research grants annually to qualified members. For information on applying contact Kristin Hellquist, director of health policy, practice advocacy and research, at [kristin.hellquist@acfas.org](mailto:kristin.hellquist@acfas.org).

## Fall Board Meeting Highlights

(continued from cover)

In other business, the board:

- Approved support for the California joint task force of DPMs, MDs, and DOs to review the education and training of California DPM graduates with the eventual goal of a common state physicians and surgeons license.
- Approved changes to the existing ACFAS model practice act, education and training position statement, honorary membership requirements, whistleblower policy, and record retention policy.
- Approved new practice management competencies.
- Selected Jerome Noll, DPM, as recipient of the 2012 Distinguished Service Award for his tireless work on the Division Presidents Council, as the College's historian and archivist, and service on the Board of Directors.
- Reviewed the College's business plan, the investment portfolio with the investment advisory firm of Wood & Associates, and the 2011 JFAS Readership Study.
- Reappointed Stephen Silvani, DPM to the Council for Journal Management.
- Requested the Research Committee to prepare a clinical consensus paper on DVT prophylaxis.



The next ACFAS board meeting will be held February 29, 2012, preceding the ACFAS 2012 Annual Scientific Conference in San Antonio, Texas. Questions about these actions may be posed to ACFAS Executive Director Chris Mahaffey at 773-693-9300 or [mahaffey@acfas.org](mailto:mahaffey@acfas.org).



# ACFAS Update

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Benefits Partner

Get details about these member services at [acfas.org/benefitspartners](http://acfas.org/benefitspartners).



## in this issue

### EASE THE PAIN OF PICKING AN EHR SYSTEM



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### ACFAS WORKS TO EDUCATE KENTUCKY ON PROFESSION

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## ASC MARCH 1-4, 2012 CATCH A PREVIEW, BOOK A ROOM



Look no further! All the materials you need to prepare for the ACFAS Conference in San Antonio, Texas, are now online at [acfas.org/sanantonio](http://acfas.org/sanantonio). Reserve a room online at one of three hotels offering discounted rates to members or view preconference workshops set for February 29. Print copies of the program have been mailed to members.

[acfas.org/sanantonio](http://acfas.org/sanantonio)