



ACFAS Update

VOLUME 19 ISSUE 8

NEWS from the AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS



**From Start to Finish,
ACFAS 2013 Will
Educate, Stimulate,
Enlighten**

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**Hospital-Owned
Practice in an
Academic Setting**



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**SOCIALLY
ENGAGE
YOUR
PATIENTS**



**Book now for a
chance to upgrade
your room!**

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MOVING FORWARD AN ACFAS PERSPECTIVE



When we conducted this past summer's member and practice surveys, there were a few open-ended questions, including one which allowed members to suggest any activities we currently are not pursuing. Of the hundreds of responses, many asked about ACFAS' relationship with APMA since the College's 2008 decision to allow its members the freedom to choose their own professional affiliations (namely, no longer requiring APMA membership as a condition of continued ACFAS membership after admission into the College).

I thought I'd take this opportunity to respond and thank those who asked this question. I am happy to see that our members want the two organizations working together. I am also pleased to report that while we haven't publicized our activities in recent years, we have been working to collaborate with APMA and other organizations to move our profession forward.

Our bylaws and policies are the same as they were in 2008 -- we require APMA membership for admission into the College, but our members thereafter can voluntarily decide to continue either or both membership(s). We also still have an official policy that encourages College members to maintain their APMA memberships throughout their careers. I am happy to report that since 2008 both organizations have prospered. In fact,

ACFAS membership is today at an all-time high with over 6,800 members.

That said, there are many projects that could benefit our profession which require the sharing of significant resources (manpower and financial) of both ACFAS and APMA. Examples include scope of practice and professional parity advocacy, multi-center research studies, reimbursement equality and resident education, just to name a few. Unfortunately, these types of partnerships cannot move forward because APMA's bylaws only allow them to work with affiliated organizations. We would suggest that the APMA bylaw provision is antiquated and should be reconsidered in the best interest of the profession. If the AMA can work with its many independent medical organizations, there's no reason podiatry can't do so as well.

In the meantime, we are actively working with other organizations and focusing on our mission and members' needs. We have donated to and are represented on the American Association of Colleges of Podiatric Medicine's Residency Balance Committee. ACFAS was the first organization to help fund the California Podiatric Medicine Association's venture with that state's medical and osteopathic associations to create a joint license enabling their graduates to become licensed physicians and surgeons just as the MDs and DOs. We continue to

work with state associations on credentialing, privileging and scope of practice battles. We have also renewed our participation via a liaison position in the Council of Teaching Hospitals. Our executive director meets annually with the American Society of Podiatric Executives and ACFAS exhibits each year at APMA's annual meeting under the direction and presence of the Board of Directors. I have also personally served on the APMA Vision 2015 Committee, including a student recruitment task force, during President Michael King's administration.

So, as you can see, we have been busy and we will continue working with any and all organizations to advance our profession and, ultimately, the care of our patients. In my opinion, the ideal relationship between ACFAS and APMA is an alliance where the two organizations work together side by side, each organization focusing on their areas of specialty. Such an alliance would align our forces, eliminate duplication of efforts, and combine resources for the betterment of our entire profession. It's no secret that alliances and coalitions are how other medical associations get things done collaboratively, especially in the legislative and regulatory arenas. Podiatry should do so as well.

A handwritten signature in blue ink that reads "Michelle L. Butterworth". The signature is fluid and cursive.

Michelle L. Butterworth, DPM, FAFAS
ACFAS President

Questions for Dr. Butterworth? Write her at president@acfas.org.

ACFAS 2013 Las Vegas

PRE-CONFERENCE WORKSHOPS

Sunday, February 10, 2013

- **Perfecting Your Practice: Coding, Physicians' Employment Models, and Contracts**
- **Advanced Tendon Fixation and Tendon Transfer/Repairs**
- **Diabetic Deformity: Master Techniques in Reconstruction**
- **Juvenile/Adolescent Flatfoot Reconstruction**

For more information on these valuable pre-conference programs, visit acfas.org/lasvegas



NEW PODCASTS

End Stage Fuse & TAR Ankle Management

Moderator: Benjamin Overley, DPM

Osteomyelitis – Diagnosis and Treatment

Moderator: Laurence Rubin, DPM

How to Prepare for Externships

Moderator: Robby Amiot, DPM

Hear these and 100 other podcasts at ACFAS.org/eLearning

ACFAS by the Numbers

21% Of ACFAS members' practice revenue comes from DME sales (e.g., orthotics, shoes, splints, braces)



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Hospital-Owned Practice in an Academic Setting



Since 2002, hospital-owned practices accounted for just 20 percent of the market. Today, that number is over 50 percent. During that same time, private practice ownership has declined by more than 65 percent. Current trends appear likely to continue as cost containment forces an increasingly integrated healthcare market. Adam Landsman, DPM, PhD, of Cambridge Health Alliance (CHA) in Cambridge, Massachusetts, belongs to a hospital-owned practice, a unique hybrid with aspects of private and hospital-based practice, mixing research, academics and community outreach. He benefits from the system's expertise in human resources, IT and marketing, but still has the freedom to consult, lecture and oversee a variety of clinical trials. While not without challenges, it is an arrangement that benefits Landsman, who is active in healthcare and academic initiatives around the country. He is pleased with the opportunities this practice model offers his patients.

"Whether we are seeing privately insured or public aid patients, we never base treatment on the patient's ability to pay. Because we participate in so many clinical trials, patients have treatment options that would probably not be possible in other locations," Landsman notes. Currently they are participating in a study of diabetic foot ulcers and another dealing with hammertoe implants. The system's multiple teaching affiliations with institutions such as Harvard Medical School make for even greater access to the latest innovations in healthcare. Landsman himself is an assistant professor of surgery at Harvard Medical School.

In addition to new developments in medicine, clinical trials attract a rich mix of patients, from across the campus at nearby Harvard University to locations around the U.S. and the world. "Our unique combination of quality care, academics and research have drawn patients from Texas, Illinois,

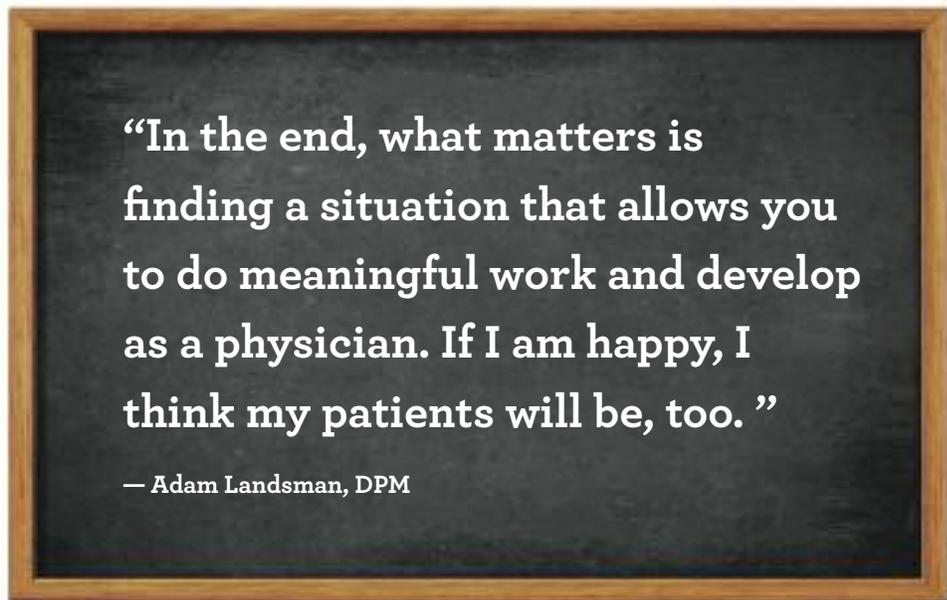
Maine, even China and India, requiring us as physicians to be at the leading edge of new developments in treatment. In a hospital-based practice, the reputation of both the organization and the physician make a significant difference in patient choice. It's a mutually beneficial relationship." CHA performs a number of procedures not found in other facilities as many as 100 miles away, another attractive feature. The system further increases its impact on the local community by serving as the Public Health Hospital for the City of Cambridge. Hospital outreach efforts create a unique bridge between "private" and "public" care, resulting in a diverse array of conditions facing Landsman and his colleagues.

"We realize that much of what we do might come to an end without the funding we receive from the state," says Landsman, "but we've worked hard in our practice to increase efficiency and ultimately reduce

"Whether we are seeing privately insured or public aid patients, we never base treatment on the patient's ability to pay. Because we participate in so many clinical trials, patients have treatment options that would probably not be possible in other locations." — Adam Landsman, DPM

our dependence on the state. By saving money on pharmaceuticals, screws, pins and plates, we can focus more on providing exactly the right treatment.” The system is transforming itself into an accountable care organization (ACO), with physicians and hospitals sharing responsibility for providing care to patients. While a traditional fee-for-service model tends to reward performing numerous procedures, in an ACO, fee-for-service remains but there are incentives for keeping costs down — for keeping patients healthy and out of the hospital. According to Landsman, physician compensation is “based on RVUs instead of collections, a further motivation to provide cost-effective care.” Some argue that physician compensation is limited in a hospital-based practice; most integrated systems offer incentives for teaching or for administrative responsibilities. Hospital-based physicians often find they have more time for academics and research than they did while in private practice.

Another possible disadvantage of a hospital-based practice is the inability to participate in the decision-making process. Landsman has not found that to be the case. “We’re fortunate that our Chairman of Surgery is a strong proponent of collaboration and teamwork. In the Surgery Department, the podiatry division works closely with surgeons in other areas such as vascular and general surgery. Our chairman advocates that all be equally involved for the best



patient outcomes. Working as part of the larger system, we are more involved in cost containment efforts instead of just being at the mercy of whatever set of decisions is made.”

What other advantages has Landsman found in his hospital-based practice? “The academic/ research affiliation is helpful,” says Landsman. “Research is very rewarding. You distinguish yourself and become a healthcare destination. We try to publish 8-10 papers a year and give 20 or more lectures a year. In the hospital-based system, Landsman can rely on their six residents so that they can treat more patients without

significant increases in staff. “We typically will have one nursing assistant assigned to our clinic. If we were in a private office setting, we would need at least three or four.”

Landsman has found a model that meets his needs; research, academics, a role in decision-making and frequent patient contact. Landsman suggests understanding what your needs are and identifying the practice option with the best fit. “In the end, what matters is finding a situation that allows you to do meaningful work and develop as a physician. If I am happy, I think my patients will be, too.”

Complimentary Practice Management Webinars

Join ACFAS and Benefits Partner, Officite, for two upcoming complimentary practice management webinars.



Defending Against Bad Online Reviews

Wednesday, November 28, 2012

8pm CDT (9pm EDT, 7pm MDT, 6pm PDT)

Do you know what patients are saying about you online? With the rapid growth of Google Plus and other online review sites, patients have the ability to review your practice online in a matter of minutes. You can't control what patients say about you online, but you can take a proactive role in monitoring your online image and encouraging positive reviews from patients.

Maximizing Office Efficiencies

Wednesday, January 9, 2013

8pm CDT (9pm EDT, 7pm MDT, 6pm PDT)

A solid Web presence not only puts you in front of existing and future patients, but it can also help you achieve greater efficiencies in the office. Patient knowledge about treatments is improved and calls to the office are minimized with information available via your website around the clock.

All webinars are non-CME programs.

To register, go to www.officite.com/company/webinars. Space is limited, so reserve your seat now! After you register, you will receive a confirmation email containing further details about joining the webinar. Please note the computer system requirements for participating on the registration page.

45% of ACFAS members' patient base is treated for surgical care

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2013 SCIENTIFIC
CONFERENCE

Las Vegas

FROM START TO FINISH, ACFAS 2013 WILL EDUCATE, STIMULATE, ENLIGHTEN

PRE-CONFERENCE WORKSHOPS
SUNDAY, FEBRUARY 10, 2013

ANNUAL SCIENTIFIC CONFERENCE
MONDAY *thru* THURSDAY, FEBRUARY 11-14, 2013

Beginning with a day of insightful pre-conference activities and continuing through four days of power-packed “main event” sessions, every aspect of the ACFAS 2013 Annual Scientific Conference, February 11-14 in Las Vegas, is sure to be a big-time pleaser.

“Our goal in developing the conference was to give attendees an array of choices for unrivalled education on topics that greatly appeal to them,” says ACFAS Scientific Conference committee chair **Christopher L. Reeves, DPM**. “We wanted to make sure they would highly value what is offered to them each day, in every time slot.”

A glance at the program reveals that the committee is right on target. Thanks to careful planning and attention to members’ needs, every day of the conference—as well as the pre-conference day—is filled with stellar options for gaining new solutions and proven strategies to sharpen surgical skills, build your practice, and more.

Getting Off to a Flying Start

Those who arrive a little early in Las Vegas can capitalize on the enriching pre-conference programs. Offerings range from the comprehensive session on practice management, “Perfecting Your Practice,” to three hands-on surgical workshops, including “Diabetic Deformity: Master Techniques in Reconstruction” “Juvenile/Adolescent Flatfoot Reconstruction” and “Advanced Tendon Repair and Fixation”

Officially launching ACFAS 2013 on Monday morning will be the Opening General Session, where the spotlight will shine on a well-known speaker: **Ted Kennedy, Jr.** Attendees won’t want to miss this opportunity to hear Kennedy’s observations on the challenges facing healthcare delivery today.

Workshops, In-depth Panel Discussions, and More

Throughout the conference, attendees can hone their surgical skills by attending the

College’s popular hands-on workshops led by top-notch faculty. Six workshop choices are scheduled: flatfoot, ankle fracture, plastics, flatfoot stage II, arthrodesis, and forefoot.

Each day will also feature stimulating panel discussions, where experts will delve into hot topics and share their perspectives. Just a few examples include: “End Stage Hallux Rigidus”; “Science of Bone Healing”; “Complex Trauma”; “2nd MTPJ Pathology”; “The Truth About Charcot Outcomes”; “Simplifying the Complex”; “First Ray Complications”; and “Complications That Keep You Up at Night.”

Another highlight will be “Doctor’s Lounge,” a riveting, attendee-driven session where members will present interesting cases that proved to be diagnostic dilemmas or management quagmires. Offering an eye-opening view of your colleagues’ most memorable cases, this one-of-a-kind learning experience will equip you with valuable lessons to take home.



START YOUR VEGAS WINNING STREAK EARLY!

Book Your Hotel Now

Don't gamble on not having a hotel room for the Annual Scientific Conference 2013. Winning hotel rates are still available but you must make your reservations by January 9, 2013. Reservations are processed on a first-come, first-served basis so be sure to register early to get your first choice of fabulous hotels.

Options include:

Mandalay Bay Resort and Casino

3950 Las Vegas Boulevard South

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THE Hotel at Mandalay Bay

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Single/Double: \$169

Luxor Las Vegas

3900 Las Vegas Boulevard

Single/Double: \$59

Walk or tram to meeting room.

To register, go to acfas.org/lasvegas or fill out the form in the program booklet you received in the mail.

**REGISTER
TODAY!**

Finishing Up with All-Time Favorites

Showcased on the last day of ACFAS 2013 will be enduring favorites that consistently capture high marks from attendees. Back by popular demand are two fascinating panel presentations: "Lights, Camera, Action/Techniques Caught on Video" will lend visual instruction on a variety of surgical techniques, and "If I Had a Mulligan" will give you an inside look at what experts would do if they had the chance to rework a past case.

To obtain additional details on these and many other conference sessions and to register, go to acfas.org/lasvegas. But hurry—ACFAS 2013 is just around the corner!



SOCIALLY ENGAGE YOUR PATIENTS

Use Social Media to Increase Patient-to-Practice Interaction

Looking for ways to boost your social media outreach to your patients and potential patients? ACFAS has some tools to help!

The College is active in keeping the conversation going within the social media arena with accounts directed towards consumers and the media on both the Twitter and Facebook platforms. You can become a part of the conversation and share the valuable information we post daily with your followers to help increase awareness and promote your practice and the profession.

Twitter

To get started, visit the ACFAS patient-focused twitter account at twitter.com/FootHealthFacts and become a follower. Once you're a follower you can view, quote, reply and re-tweet (send to your followers) ACFAS posts written for patients. Topics include the latest news and facts about foot and ankle health and conditions, the latest research, what's happening with favorite athletes' or celebrities' foot and ankle injuries and even tips for preventing and recognizing foot and ankle ailments.

Re-tweet, reply, what's all that about? With so many options, it can be confusing. But, one great way to use the ACFAS Twitter feed to your advantage is to click the re-tweet button on any @FootHealthFacts tweet to broadcast the exact same post only under your own name or practice name.

Another option is to “reply” to a @FootHealthFacts tweet by hitting the reply button and commenting on the daily tweet. This can show your patients your personality, knowledge and credibility as an expert on the topic.

Once you've chosen and sent out your tweet, you can also click on the star icon to “favorite” it. This will place the tweet into a list that is visible when patients access your Twitter page and click on “Favorites” in your side bar. By favoring any @FootHealthFacts tweet, your patients will have access to important, helpful information that can be viewed at any time.



Visit Facebook.com/FootHealthFacts and click “Like.”

Keep in mind, though, in either option you only get 140 characters per tweet in Twitter. Best practice is to keep your tweets brief and to the point to allow for others to add comments, links or new contact to them.

Facebook

If you'd like to see information at a more leisurely pace, Facebook is the right social medium for you. To view ACFAS' patient-centered Facebook page called Foot Health Facts, visit Facebook.com/FootHealthFacts and click “Like.” In order to be able to post, comment or share, you first need to “Like”

the page. Please be sure to review the guidelines for posting on this page. These can be found by clicking on the word “About” just underneath and toward the left side of the cover photo.

Once you've connected with our Facebook page, you can comment on, “like” and share posts we put on our wall on your own wall for your followers to see. In order to share a post and add your own comments, hover your mouse over the bottom left side of any individual wall post and click “share.” From here, you should have the option to share on your own Facebook wall. Go ahead and add your own comments in the box that says, “Write Something,” and click “Share Link.” Viola! Now you have valuable Foot Health Facts information that's tailored to you and now lives on your practice's Facebook page!

If you're savvy with your smart phone, Facebook and Twitter mobile apps are also great ways to show people what you're up to. If you're in class, at a scientific conference, out for a run, (you get the gist) snap a picture, add a comment to let people know what you're doing, and post it to Foot Health Facts' wall! This, too, can be shared on your practice's wall for your followers to read.

Get in the conversation with ACFAS' help today—log on, visit @FootHealthFacts on Twitter and Foot Health Facts on Facebook, and start posting, tweeting, re-tweeting and favoriting today!



1,065 Followers and Growing!

Thanks to you, @FootHealthFacts on Twitter reached and surpassed our recent goal of 1,000 followers, and we keep adding new followers daily! Let's not stop there—let's keep the conversation going by continuing to share Foot Health Facts on Twitter, Facebook and the Web by telling your patients, family, friends and office staff about this useful tool that posts the latest news and facts about foot and ankle health.

By continuing to spread the word about @FootHealthFacts, we can keep everyone updated on what's happening in the world of foot and ankle health and continue to share the great work you do for your patients!

To follow, visit twitter.com/FootHealthFacts and click "follow."



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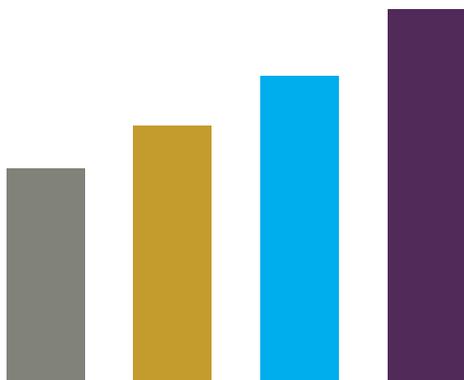
ACFAS by the Numbers

21%

of ACFAS members are in solo practice (compared to 42% in 2009)

The Business Side of Practice

MEMBERS DESCRIBE THEIR PRACTICE, MARKETING APPROACHES, AND MORE



In addition to painting a picture of how members provide their services, results from the 2012 ACFAS Practice Survey are shedding light on the business side of a podiatric surgical practice. Not surprisingly, some changes have emerged since the College previously surveyed members in 2009.

HOSPITAL PRIVILEGES AND CLINICAL ASSISTANCE

Some progress has occurred in hospital surgical privileging during the past three years. According to the 2012 survey:

- Arthroscopy is now allowed by 72 percent of respondents' hospitals (up from 57 percent in 2009), and ankle surgery is allowed by 63 percent of hospitals (up from 52 percent). The most common procedures that hospitals allow members

to perform remain forefoot surgery (97 percent) and nonreconstructive rearfoot surgery (93 percent).

- About 57 percent of respondents said their hospitals base surgical privileging on years of residence training. The greatest percentage of respondents (37 percent) indicated they had completed three years of residency.
- Most respondents (78 percent) were allowed to take emergency room calls, and 67 percent of those who were allowed did take ER calls.

When asked whether their practice had physician assistants (PAs), the vast majority of respondents (92 percent) said they do not employ PAs, nor do they foresee doing so (93 percent).

FINANCIAL ASPECTS

Regarding fiscal matters, 2012 survey participants indicated:

- Most of their patients pay for their services through an HMO/POS/PPO (34 percent) or Medicare (30 percent). This was similar to 2009 survey results.
- On average, practices received 21 percent of their revenues from sales of orthotics, shoes, splints, braces, and other durable medical equipment. No data on this was obtained in the previous survey.

GROWING THE BUSINESS

Most patient referrals come from primary care physicians (45 percent), survey participants said. The second most common source of referrals was their own marketing efforts (23 percent).

When asked to indicate how they position themselves in their marketing materials and signage, respondents indicated "foot and ankle surgeon" most often (47 percent). About one quarter of respondents said either "podiatric surgeon" or "podiatrist."

A variety of marketing strategies are used, according to respondents:

- Networking with local physicians (58 percent) and having a practice website (56 percent) led the list, followed by advertising in phone directories (41 percent).
- Other top approaches were advertising in local publications (29 percent) and advertising on the Internet through Google Adwords or other media (26 percent).

GOING ONLINE: PRACTICE WEBSITE, SOCIAL MEDIA

Practice websites were reported by more than half of the respondents, who provided these details on their website features:

- More than 50 percent of practice websites provide office hours and location, patient education about foot and ankle conditions, and names of insurance plans accepted.
- New patient forms appear on 44 percent of websites.
- On about 27 percent of websites, patients can submit questions and make an appointment.
- About 12 percent of websites have an online newsletter, podcasts or videos, and ordering capabilities for durable medical products.

Social media were also examined in the 2012 survey, with these results:

- About 25 percent of respondents participate in or access LinkedIn for professional or personal reasons or both.
- Facebook is more commonly used for professional and/or personal reasons (45 percent) than LinkedIn, but only 26 percent of respondents indicated their practice had its own Facebook page.

Additional survey findings—specifically those relating to the ACFAS 2012 Member Survey—will be spotlighted in the next issue of Update.



Watch for Your Electronic Ballot Email

Balloting to elect two new members of the ACFAS Board of Directors will be conducted electronically starting November 29.

Three candidate profiles and position statements are now posted at acfas.org/nominations. If any candidate is nominated by petition, his or her profile will also appear. The three candidates recommended by the Nominating Committee are:

Sean T. Grambart, DPM, FACFAS (Incumbent)

Paul Dayton, DPM, FACFAS

Christopher Reeves, DPM, FACFAS

On Thursday, November 29, all eligible voting members (Fellow, Associate, Life, and Emeritus members) will receive an email with a unique link to the election website operated by Intelliscan, 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 December 29. The newly elected Board members will be announced in the January 2, 2013 issue of *This Week @ACFAS*. They will begin their three-year terms at the Annual Scientific Conference held from February 11-14 in Las Vegas.

Electronic voting was first conducted last year with the same participation rate as with paper ballot. The College saves over \$3,000 by using electronic voting.

news from the college

ACFAS LAUNCHES STUDENT- AND RESIDENT-FOCUSED NEWSLETTER

For decades, aspiring young foot and ankle surgeons have looked to the College and its members for authoritative information as they strive to emulate and grow in the profession. Now, ACFAS students and residents will be receiving a new publication aimed solely at meeting their particular needs. The new *ACFAS Student and Resident Update* is making its debut in December, marking the College's first-ever newsletter written specifically for those on the threshold of their career.

The quarterly newsletter will be sent to more than 2,200 individuals who comprise the College's resident membership as well as members of the nine ACFAS student clubs located at the nation's podiatric medical schools. The newsletter's purpose is to supplement what students and residents already receive from the ACFAS. That means that in addition to learning about practitioner concerns by receiving *Update*, they now also receive specific information created by the College that will help them ascend the career ladder and become a successful, established practitioner.

The first *ACFAS Student and Resident Update* will present insights on accessing acfas.org and the Journal, getting the most out of the Annual Scientific Conference from the student and resident perspective, and capitalizing on podcasts of special interest to fledgling foot and ankle surgeons. Content provided by students and residents will be welcome for future issues, opening the door to conveying valuable perspectives from young colleagues.

membership

2013 DUES REMINDERS IN THE MAIL

It's that time of year again and dues reminders for the 2013 calendar year of membership have been mailed to all Associate and Fellow members. Dues can be paid online now at acfas.org/paymydues, or by mail or fax once your reminders arrive at your office or home. **Payment is due by December 31, 2012.** And good news — there's no dues increase from last year.



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!

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, 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 to access applications and requirements, or contact the College at membership@acfas.org with questions or for more information.



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ACFAS Update

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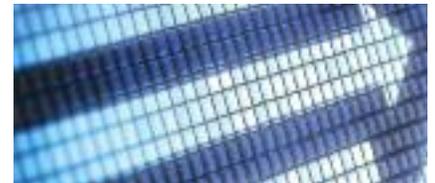
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The Business Side of Practice

MEMBERS DESCRIBE THEIR PRACTICE, MARKETING APPROACHES, AND MORE



Complimentary Practice Management Webinars