Hindsight may be 20/20, but as we look ahead to ACFAS 2020, February 19–22, 2020 in San Antonio, our vision is clearer than ever.

Thanks to your valuable feedback from ACFAS 2019, we are working hard to bring you a phenomenal program featuring blended learning, a diverse slate of instructors from different medical specialties and back-to-back clinical sessions with a Texas twist, including:

- Trauma Debates the Size of Texas
- Charcot: Getting Patients Back to the Texas Two-Step
- Houston, We Have a Problem: Salvaging the Failed Ankle Replacement

The HUB will return with a fresh lineup of trending topics, plus you can expect more interactive surgical workshops, lively panel debates and audience participation.

We are also building on the success of the 2019 Residents’ Day to deliver yet another great event filled with valuable tips and inside advice not often revealed in residency. Both Residents’ Day and our popular preconference workshops will be held on Tuesday, February 18, 2020 to give you a head start on the excitement in store.

Save the date now for ACFAS 2020, and watch acfas.org and ACFAS Update for the latest conference details.
To answer that question, it’s important to know from where we have come and how we got here. Our 75th anniversary history book, *Evolution of a Profession* describes the aggressive timeline of transforming chiropody to today’s foot and ankle surgeon. Generations of leaders had a common vision of a profession—where they wanted to take it and how they wanted to get there. I doubt any of them would be surprised at where we are today. Why? Because all along, our leaders were steadfast in their beliefs and never deviated from a set of shared values.

That said, we still have one unmet goal—professional parity. While the concept of parity within the medical profession means something different to everyone, the definition in its purest form is the state of being equal. To me, as a foot and ankle surgeon, that concept can be as high level as the definition of physician or equality within the local medical staff.

Every day we make progress toward parity. Every day a DPM gains new privileges or a hospital’s barriers are removed. It IS happening, albeit slowly and at times painfully. But how do we get over that “goal line?”

I wish I had the answer, but we do have the wisdom of our past leaders to follow and stay true to our standards. For instance, in 2006 ACFAS President Gary Jolly said, “Fellowship in the American College of Foot and Ankle Surgeons is a privilege, which is earned through hard work, scholarly efforts, extensive training, and successful completion of an arduous certification process—leading to Board Certification by the American Board of Foot and Ankle Surgery (ABFAS).” ACFAS remains the only surgical association requiring board certification for full membership status and ABFAS is the only recognized board certifying organization in foot and ankle surgery.”

As our members articulate the standard of excellence as board-certified foot and ankle surgeons and ACFAS Fellows, they do so with many of the same opportunities as our allopathic and osteopathic colleagues. Our members are congressional leaders, CEOs of health systems, partners in orthopaedic practices, chiefs of hospital surgical departments, and educators at university centers. Merit matters, qualifications matter, and never deviating from a set level of excellence is essential to our progress toward parity.

On its merit, ACFAS has fought and won countless hospital professional discrimination and state scope of practice battles. The ACFAS standard of excellence has afforded its leaders to be instrumental in the current ACFAS/APMA/AOFAS/AAOS task force—where common ground on the many clinical and policy initiatives that mutually benefit all the groups, and most importantly our patients, is being found. Issues that I personally hope this task force will agree on are avenues to eliminate state scope of practice battles and set a standard measure for privileging across all specialists performing foot and ankle surgery. One echoing message across these conversations is that a common baseline must be set and a specialty certification process, such as the American Board of Foot and Ankle Surgery, is paramount.

So, where are we going? We are headed towards goals which must be reached and then adapted to reach even further. ACFAS is a collegial society focused on education and furthering the profession in the surgical arena. It is also in part providing avenues for its members and the profession at large to obtain parity. ACFAS members have demonstrated the knowledge, skills and professionalism to provide safe, high-quality patient care and it does so by remaining steadfast and never wavering from the standards set by its founders, the standard of board certification in foot and ankle surgery by one board — The American Board of Foot and Ankle Surgery.

I urge you to wear your Fellow pins with pride—you earned it! Also, realize there is a lot of pressure to succeed, but pressure is a privilege. We can remain steadfast in our mission, continue to pull in the same direction, and waving the same ACFAS flag as proven leaders and lifelong learners, all with the common goal to change lives.

*1 Available online at acfas.org/evolution or in print by writing the ACFAS office.*

**Questions for Dr. Reeves? Write him at president@acfas.org.**
Don’t Miss New Lab-Intensive Revision Surgery Course

Join us this fall for our brand-new advanced course, Revision Surgery: Managing Operative Challenges, October 26–27, 2019 at the MERCI Lab in Park Ridge, IL, conveniently located near O’Hare Airport.

Demo-perform-repair-repeat is the name of the game as you work in pairs on your own cadaveric specimen. Perform a variety of reconstructive procedures and then repair the failure for each with the chance to practice most of these procedures twice.

Also enjoy one-on-one personalized instruction, short case-based videos and a fireside chat with roundtable discussions of controversial topics not always addressed in the current literature.

Visit acfas.org/skills to view the full agenda and to register now.
Is a Practice Merger or Acquisition Right for You?

Mike Crosby, president of Provider Resources, LLC in Nashville, provides consulting services to DPMs who are considering practice mergers or acquisitions. Here, he shares his advice and expertise to help you decide if a merger or acquisition is the right choice and how you can best navigate the process.

Deciding Whether to Merge or Acquire

You must first determine what makes the most business sense from a market standpoint. “Are you looking to reduce costs and staffing, increase revenue, offer more services to patients or cut back to one technology system?” asks Crosby. Answering these questions at the start of the process will put you in a better position to decide if a merger or acquisition is the right move for you.

Pros & Cons

Besides reducing costs, Crosby notes that merging or acquiring a practice can allow you to have a greater collegial exchange with other doctors in the practice and to more easily share ideas and perspectives on cases—which ultimately leads to enhanced patient care. “Another pro is more coverage from additional physicians,” he says. “Nothing needs to stop if you go on vacation.” Consistent office coverage can also help improve your practice’s branding and marketing ability, he notes, because someone is always there to represent or speak on behalf of the practice.

However, any merger or acquisition comes with a certain amount of control that you will need to surrender for the good of the group. “You must be willing to trust your partners because you now have a shared liability,” Crosby stresses. “You also need to agree to share costs and to compromise on how things are done,” he says, “which might make you realize that bigger is not always better.”

Steps to Take Beforehand

If you do not know why you want to merge or acquire a practice, do not do it. “Identify the ‘why’ with clear goals and objectives. And the ‘why’ should never be about money,” says Crosby.

Once you know the “why,” he recommends that you:

- Research the professional history of those with whom you will be working
- Determine how alike or dissimilar your current practices are
- Conduct a financial analysis to better understand the other practice’s cost structure and coding and billing process
- Review the other practice’s HIPAA compliance program
- Find out if the other practice had or is facing any lawsuits

“Many times, I’ve worked with clients who wanted to merge with their ‘friend’s’ practice, but the two couldn’t have been more different in their approach to running a business,” Crosby recounts. “It’s best to figure this out early on rather than after you’ve already closed the deal.”

Protect Yourself Legally & Financially

Crosby suggests working with a team of advisers throughout the merger or acquisition process to ensure that everyone is starting

“You can ask others who have merged or acquired practices what they learned from their experience, but in the end, you need to follow your instincts and do what is right for you.” — Mike Crosby, president of Provider Resources, LLC in Nashville
from the same place. The advisers should thoroughly research the other practice’s legal and financial history for you and should also draft nondisclosure and confidentiality agreements, which are “a must,” according to Crosby.

Do What Is Right for You
Above all, Crosby emphasizes that if you decide to merge or acquire a practice, you should do it in a way that works best for you. “Your situation isn’t the same as everyone else’s,” he says. “You can ask others who have merged or acquired practices what they learned from their experience, but in the end, you need to follow your instincts and do what is right for you.”

Questions to Ask Yourself Before Merging or Acquiring a Practice
- Do I want to put in the time, effort and energy to do this?
- Am I willing to make the investment necessary to be successful?
- Am I willing to work with a group of people to accomplish what I cannot do on my own?

Crack the Code Behind Maximum Reimbursement

Accurate coding and billing procedures can make all the difference in how you are reimbursed for the care you provide. Register now for the seminar, Coding & Billing for the Foot & Ankle Surgeon, September 20–21 in Teaneck, New Jersey, and take a hands-on approach to improving your coding and billing process.

Work in tandem with your fellow attendees as you code and bill for a week’s worth of clinics, surgeries, calls, office procedures and complex cases typically seen in a foot and ankle surgical practice. Get the latest on new codes that have taken effect this year and learn how to best use modifiers to avoid denials and win appeals.

The seminar will close with a special breakout session focused on private and multispecialty practices. Don’t leave money on the table when it comes to your practice—visit acfas.org/practicemanagement to register and to view the agenda.

In Memory

Jens F. Birkholm, DPM, FACFAS
Santa Maria, CA

Aprajita Nakra, DPM, FACFAS
Gilbert, AZ

John L. Schrader, DPM, FACFAS
San Bernardino, CA
Don’t let a neuroma get in the way of your patients’ summer plans. Download our latest free PowerPoint presentation, *A Pebble in Your Shoe? It Could Be a Neuroma*, from the ACFAS Marketing Toolbox and use it to educate your patients on the signs and symptoms of this common condition.

This newest release outlines how neuromas develop and why early diagnosis and treatment are so important. An easy-to-follow script and customizable slide for your office’s contact information are included with the file.

Run the presentation on a loop in your waiting or exam rooms, use it when speaking at community health events this summer or share it on your website and social media channels.

Access the complete library of PowerPoint presentations at [acfas.org/marketing](http://acfas.org/marketing) plus many other free marketing resources, such as the seasonal *FootNotes* patient education newsletter, colorful infographics and *Take a New Look at Foot & Ankle Surgeons* referral tools.
patient outreach

Extend Your Marketing Outreach with Summer FootNotes

With FootNotes on hand to help you market your practice this summer, you’ll be made in the shade. Download the latest issue from the ACFAS Marketing Toolbox at acfas.org/marketing, customize the editable space on page 2 with your office’s contact information then use it to recruit and educate patients.

Articles in the summer edition include:
- Keep Your Kids’ Feet and Ankles Safe This Summer
- Get Your Feet Ready for Sandal Season
- Are Popular Sandals Causing Foot Problems in Men?

To take full advantage of FootNotes:
- Post this issue on your practice website and social media pages
- Leave printed copies in your exam and waiting rooms
- Distribute copies at any health fairs you are scheduled to speak at this summer

FootNotes is just one of many free resources available in the ACFAS Marketing Toolbox located at acfas.org/marketing. Access infographics, presentations, referral tools and ready-made press releases to give your practice its place in the sun.

Before You Put a “For Sale” Sign on Your Practice...

Thinking about selling your practice? Before you seal any deals, refer to ACFAS’ new Checklist for Physicians Selling a Practice on acfas.org to guide you through the process and the legal documents involved in a sale.

The checklist breaks down the steps you will need to take before developing pre-purchase and purchase agreements with the buyer and outlines the items you will need to have in place during each phase of the sale.

While the checklist is not intended to provide legal advice or opinions or to substitute for legal advice, it addresses common issues that can arise in the sale of a practice to another physician, group practice or hospital.

Download the checklist from acfas.org under Practice Management and Marketing / Office Operations / Human Resources and Planning.
The Case for More DPMs in Medical Staff Leadership Positions

Randy Anderson, DPM, FACFAS, strongly advocates for DPMs to serve in medical staff leadership roles, and having held several such positions himself, he knows what kind of impact DPMs can have when afforded the opportunity to lead.

Read on to learn more about Dr. Anderson’s experience and how you can take more of a lead in your own career and in the profession.

What medical staff leadership positions have you held throughout your career?

I founded and chaired the podiatry section at Affiliated Health Services in Mount Vernon, Washington and was then nominated and elected to chief of surgery. After serving two terms in this role, I was elected president of the medical staff. I am now chief of staff at PeaceHealth United General Hospital in Sedro-Woolley, Washington.

You mentioned that you founded and chaired the podiatry section at Affiliated Health Services. How did you go about doing this?

Most hospital structures allow specialties to create their own sections. Our section started out as a journal club. Doctors would come to us with their questions about cases, and as our group grew, we decided we wanted to have more of a voice at the table.

Hospital bylaws will guide you in how to establish a section. Follow the directions and make sure you can clearly justify why a podiatry section is needed.

Why do so few DPMs hold medical staff leadership positions today?

As podiatrists, we are not encouraged to pursue these positions. However, this issue is not unique to podiatry. We are taught to focus on our craft, just as many other medical specialties are taught to do.

Why is it important for DPMs to serve in medical staff leadership positions?

There is much discussion within podiatry centers around parity with MDs and DOs. I can assure you that as a podiatrist, when I interact with MDs and DOs, they view me with considerably more respect once they find out that I have not only chaired surgical departments, but have been president of the medical staff. It all boils down to a shared experience.

We do not share the same educational or residency experience as our MD and DO colleagues, but since they are all familiar with medical staff leadership, they understand and appreciate the time and effort that these positions require. They also realize that we are capable of leadership and of making medical decisions beyond the foot and ankle.

DPMs in leadership positions can shepherd new procedures and can expand the scope of privileges through the hospital process. A DPM championing a new procedure who is or has been chair of the surgical department or medical staff receives much more consideration than a DPM who is simply on staff. — Randy Anderson, DPM, FACFAS,
Also, many MDs and DOs mistakenly believe that regulatory restrictions prohibit DPMs from holding leadership positions. Regulations issued by the U.S. Centers for Medicare and Medicaid Services and The Joint Commission do not include any restrictions to this effect.

That said, note that medical staff leadership is not for everyone. It is difficult, and you will often find yourself in confrontational situations with other doctors who may resent you for the actions you take and the position you hold.

**How can organizations like ACFAS best introduce the concept of medical staff leadership to students and residents and also provide leadership training opportunities to practicing DPMs?**

Organizations like ACFAS and APMA should develop and offer sessions at their meetings to educate those who want to pursue leadership positions. While such organizations may focus primarily on science and surgery, I would argue that medical leadership is integral to their central mission.

DPMs in leadership positions can shepherd new procedures and can expand the scope of privileges through the hospital process. A DPM championing a new procedure who is or has been chair of the surgical department or medical staff receives much more consideration than a DPM who is simply on staff.

**In your opinion, what would need to happen from this point forward for DPMs to hold more medical staff leadership positions?**

DPMs must become more involved with their local medical staffs. You may not be welcomed with open arms initially, but if you keep showing up, they will begin to take you seriously and to recruit you. Most physicians do not care who serves in leadership roles, as long as it is not them.

Let your availability and interests be known, volunteer to serve on different committees and see if you can roll your journal club into a section meeting. This all means a lot of time spent helping out, uncompensated, but you must pay your dues and learn as you go to get the skills you need.

**What has your experience taught you about effective leadership?**

I have applied the lessons I have learned to every aspect of my life. The best lesson is to be fair to all parties involved. If you are not or you do things that benefit you to the detriment of others, you will lose any respect you have earned.

New in Marketing Toolbox — Weekend Warrior Infographic

Infographics are a great way to promote your practice and educate your patients both in the office and via social media. Download our newest release, *Weekend Warrior Warning*, from the ACFAS Marketing Toolbox and customize it — and all the infographics in the library — as part of your overall practice marketing plan.

Each infographic PDF has a fillable section in the lower right corner for you to add your practice, name, website URL and other contact information. Print them in full color to post in your office or building’s shared information centers (bulletin boards).

You can also post infographics on your social media channels, distribute copies to patients and referring physicians, and hand them out at the community events you sponsor or attend.

Visit [acfas.org/marketing](http://acfas.org/marketing) to access *Weekend Warrior Warning* and the entire infographics library. Check the Toolbox often for the other great and free resources to educate your patients and promote your practice.
Register Now for New TAA Course

Total Ankle Arthroplasty Surgical Skills Course

September 6-8, 2019 | Science Care Lab – Aurora, Co

Applicants must be Foot and Ankle or RRA – ABFAS Certified or meet other prerequisites listed on application.

Maximum 18.5 Continuing Education Contact Hours

Implant six ankle replacement systems (four primary and two revisions) in just two days in our new Total Ankle Arthroplasty (TAA) course, September 6-8, 2019 at the Science Care Lab in Denver.

Instructors specialized in TAA will guide you through each system and will show you what protocols to follow before, during and after surgery. Learn from their experiences to help improve your own surgical outcomes and leave with proven TAA strategies to manage degenerative, posttraumatic and systemic ankle arthritis in your patient.

This hands-on course includes three cadaver specimens per registrant and is worth 18.5 continuing education contact hours. Space is limited to 16 participants.

Visit acfas.org/skills to download the registration form and to review the course prerequisites. Complete and fax the form with required documentation to (800) 381-8270 or email to hjelm@acfas.org.
Q: How do paid Facebook ads work, and how can I use them to promote my practice?

A: Facebook ads make it easy to find the right people to target and to get results for you and your practice. The ads allow you to hyper-target a specific audience based on demographics (such as age, gender or location) or interests (such as sports or running) to properly promote your practice to the right audience. Facebook stores this information about its users and can ensure that only the right people see your ads.

For more practice marketing tools, visit acfas.org/marketing.
Update

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Get details about these member services at acfas.org/benefitspartners.

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