



# ACFAS Update

VOLUME 21 ISSUE 4

NEWS from the AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS



## David H. Newman, MD, to Deliver Keynote Address at ACFAS 2015

“...we physicians have steadily moved in a different direction than our patients, and now we have a chance to bridge good science and the power of human healing.” — David H. Newman, MD

Known for his unique perspective on health-care reform, David H. Newman, MD, author of *Hippocrates’ Shadow: Secrets from the House of Medicine—What Doctors Don’t Know, Don’t Tell You and How Truth Can Repair the Patient-Doctor Breach*, is set to deliver the riveting keynote address at the ACFAS 2015 Annual Scientific Conference in Phoenix, Arizona.

As an instructor at Columbia University and Mt. Sinai School of Medicine and a major in the Army Reserves, Dr. Newman’s philosophy calls for building the bridge between doctors

and patients, changing how care is delivered and restoring access, quality and efficiency as the “sovereign forces” in healthcare. “My respect for medicine leads me to believe that our current flaws, deep as they may be, are entirely repairable and that modern medicine can successfully emerge from the shadows,” he says.

Hear firsthand why Newman’s clear-cut approach to what works—and what does not—in medicine makes him one of the most sought-after speakers on the medical conference circuit at ACFAS 2015 in Phoenix.



**FEBRUARY 19 - 22, 2015**  
PHOENIX CONVENTION CENTER  
PHOENIX, ARIZONA

Watch [acfas.org/phoenix](http://acfas.org/phoenix) in late September for program and housing information.



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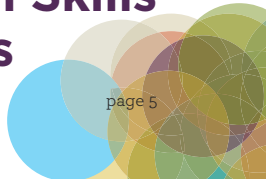
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perspective

## LESSONS LEARNED *from* the PATIENT'S PERSPECTIVE



Over time, I have become more aware that factors other than surgical skills frequently contribute to a patient's outcome. These are most obvious when a patient decides to hold off on surgery and takes a "wait and see" approach, having chosen conservative care for their preferred treatment.

I try to let patients have their care, like one fast-food company advertises, "your way," and never force surgery unless problems exist that can only be treated with emergent care. I also pride myself in identifying trends in a patient's care. I have noticed that many patients who did better than expected with conservative care had chronic conditions with most of their symptoms attributed to degenerative articular cartilage or tendon/ligamentous disruption. Many of these conditions, such as post-traumatic arthrosis of the subtalar joint, following calcaneal fracture and chronic peroneal tendon subluxation with partial tears, do not have a good natural history for the entire spectrum of care available.

Please understand that many foot and ankle conditions do benefit from surgical intervention, and I am not making light of our diagnostic skills, judgment or surgical prowess as foot and ankle surgeons. My point is that factors other than the technical performance of a specific surgical procedure can affect the patient's outcome when the surgery itself gets the bulk of the credit.

Personally, I recently developed three very severe bouts of diverticulitis over a six-month period of time, such that surgery was recommended if I failed antibiotic therapy. This process was very worrisome to me as I had never been that acutely ill or that close to a major surgery before. My subsequent colonoscopy revealed extensive diverticular disease, so the potential for further bouts of diverticulitis exists. If these bouts continue to be severe or repeated, I will have a choice between continuing conservative treatment with courses of antibiotics, knowing I could require emergent surgery or choose to undergo elective colon resection.

While permanent diet changes are in effect and I now imbibe more psyllium husk fiber than my 75-year-old father, I initially struggled with these options. After a heavy dose of personal reflection, I have come to realize that patients often seek our evaluation, desiring to obtain a clear explanation for their pain, and measures that can be taken to reduce or eliminate it while also improving their function. They want us to spend some quality time speaking with them about these matters, but equally important, for us to express interest in and understand how the condition impacts their day-to-day lives. They also want to know if their problem will get better by itself over time or if it is serious enough to warrant more immediate care.

Finally, they want to know how often they should be seen to check for changes—and for us to intervene if things get worse. My general surgeon called me every day during my bouts until they subsided, showed interest in my wellbeing beyond what I expected, and provided me with enough information to make an informed decision about my future care. Because I am certain that the technical aspect of the surgery I will ultimately undergo will be sound, I fully expect to have a good outcome.

As foot and ankle surgeons, we should all continue to further our skill sets using any of the programs or publications the American College of Foot and Ankle Surgeons offers. However, by developing a trusting relationship with our patients and delivering evidence-based, cost-effective and timely care, we can all improve our patient's outcomes.

A handwritten signature in black ink that reads "Thomas S. Roukis". The signature is fluid and cursive, with a long horizontal stroke at the end.

**Thomas S. Roukis, DPM, PhD, FACFAS**  
ACFAS President

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



## Take a Listen—ACFAS Podcasts Help You Stay Connected

Whether it's a discussion about trends or a dialogue generated by different schools of thought, ACFAS podcasts get people talking, and you'll want to hear what they have to say! Each month, new podcasts are added to our e-Learning library on [acfas.org](http://acfas.org). Our moderators and panelists cover the latest industry perspectives and help you stay connected to your peers and the profession.

Check out the latest releases below and mark your calendar to catch the latest podcasts as they are released throughout 2014. For the full library of podcasts, visit [acfas.org/e-Learning](http://acfas.org/e-Learning).

### AUGUST 2014

- **What is Fellowship Like? For Fellows by Fellows**  
Moderator: Kyle Peterson, DPM, AACFAS
- **Ankle Implants: Who Gets What and Why**  
Moderator: Benjamin Overley, DPM, FACFAS

For this and other ACFAS e-Learning opportunities, visit [acfas.org/e-Learning](http://acfas.org/e-Learning).

### JULY 2014

- **Preparing for Change: How to Get ABFAS Certified**  
Moderator: Chris Lotufo, DPM, FACFAS
- **Work/Life Balance**  
Moderator: Laura Sansosti, DPM

### JUNE 2014

- **Plantar Fibromatosis**  
Moderator: Michael Downey, DPM, FACFAS

## 2014 EDUCATION PROGRAMS

### September 19–20, 2014 (Friday/Saturday) Advanced Forefoot Reconstruction and Complications Workshop and Seminar

The Davenport Hotel  
Spokane, WA

### October 3–4, 2014 (Friday/Saturday) Advanced Forefoot Reconstruction and Complications Workshop and Seminar

Ramada Conference & Golf Hotel  
State College, PA

### October 24–25, 2014 (Friday/Saturday) Coding/Practice Management Workshop

Courtyard Marriott Philadelphia Downtown  
Philadelphia, PA

### October 24–25, 2014 (Friday/Saturday) Comprehensive Rearfoot Reconstruction Surgical Skills Course

DoubleTree by Hilton Jersey City (Mobile Lab)  
Jersey City, NJ

### November 1–2, 2014 (Saturday/Sunday) Foot and Ankle Arthroscopy Surgical Skills Course\*

Orthopaedic Learning Center (OLC)  
Rosemont, IL

**SOLD OUT**

### November 8–9, 2014 (Saturday/Sunday) Trauma of the Foot and Ankle Surgical Skills Course

Science Care, Inc.  
Aurora, CO

### November 14–15, 2014 (Friday/Saturday) Advanced Forefoot Reconstruction and Complications Workshop and Seminar

Marriott Downtown at City Creek  
Salt Lake City, UT

### December 5–6, 2014 (Friday/Saturday) Advanced Forefoot Reconstruction and Complications Workshop and Seminar

Marriott/Renaissance Columbus  
Downtown Hotel  
Columbus, OH

\*To be waitlisted, please contact Maggie Hjelm.

For a full listing of upcoming educational opportunities, visit [acfas.org/education](http://acfas.org/education).

# Now Available: New Rearfoot Reconstruction Surgical Series



DVD-R



ONLINE

Get your front-row seat in the OR and earn CPME credit with the newest ACFAS Surgical Series release, *Rearfoot Reconstruction*. Available for download from the e-Learning library at [acfas.org](http://acfas.org), *Rearfoot Reconstruction* guides viewers in the surgical decision-making process and helps enhance their understanding of rearfoot pathology and etiology, as well as the surgical management of these types of foot and ankle conditions when non-surgical management is not an option.

*Rearfoot Reconstruction* includes surgical procedures, case presentations and clinical scenarios, all geared toward helping you determine the best approach for each of your patients.

The entire ACFAS Surgical Series is available in a new DVR format (\$295 for members/\$235 for resident members/\$395 for non-members) or via online download. You can also download individual procedures (\$35 for members/\$45 for non-members). Total CPME credit available to earn after completion and passing of included tests is 7.0 contact hours.

For this and other ACFAS e-Learning opportunities, visit [acfas.org/e-Learning](http://acfas.org/e-Learning).

## INCLUDED PROCEDURES & PRESENTERS

### Achilles Insertional Calcific Tendinosis

Presenter: Sean T. Grambart, DPM, FACFAS

### Achilles Reconstruction: Haglund's Resection

Presenter: Jordan P. Grossman, DPM, FACFAS

### Acute Achilles Tendon Ruptures

Presenter: Alan Ng, DPM, FACFAS

### Ankle Joint Arthrodesis: Mini-Arthrotomy and Anterior Incision

Presenter: Sean T. Grambart, DPM, FACFAS

### Arthroscopic Ankle Arthrodesis

Presenter: Michael S. Lee, DPM, FACFAS

### Arthroscopic Microfracture of OLTs

Presenter: Michael S. Lee, DPM, FACFAS

### Calcaneal Cuboid Joint Arthrodesis

Presenter: Jordan P. Grossman, DPM, FACFAS

### Chronic Achilles Ruptures

Presenter: Alan Ng, DPM, FACFAS

### Gastrocnemius Recession

Presenter: Shannon M. Rush, DPM, FACFAS

### Lateral Closing Wedge Calcaneal Osteotomy

Presenter: Shannon M. Rush, DPM, FACFAS

### Medial Approach Double Arthrodesis

Presenter: Michael S. Lee, DPM, FACFAS

### Medial Calcaneal Displacement Osteotomy

Presenter: Alan Ng, DPM, FACFAS

### Subtalar Fusion

Presenter: Shannon M. Rush, DPM, FACFAS

### Supramalleolar Osteotomy

Presenter: Shannon M. Rush, DPM, FACFAS

### Talonavicular Joint Arthrodesis

Presenter: Jordan P. Grossman, DPM, FACFAS

### Tendon Achilles Lengthening

Presenter: Sean T. Grambart, DPM, FACFAS

### Transmalleolar Ankle Arthrodesis

Presenter: Alan Ng, DPM, FACFAS

### Treatment of Osteochondral Defects

Presenter: Alan Ng, DPM, FACFAS

## Don't Struggle with Non-Unions—New Clinical e-Session Here to Help!

To shed light on the challenges of treating non-unions, ACFAS is proud to announce the newest, free Clinical Session video, “*Non-Union to Union: How to Get There.*” This latest addition to the Clinical Sessions library features firsthand perspectives from peer experts as they discuss risk factors that can contribute to non-unions and how their approaches to non-unions in patients, with conditions such as recurrent bunion deformity, chronic ankle pain, diabetes and rheumatoid arthritis, can help better achieve unions in surgeons' own patients.

Visit [acfas.org/e-Learning](http://acfas.org/e-Learning) to access this new Session and earn .75 CPME hours—it's the next best thing to being there!

## Stay on Top of Your Game with Latest Surgical Skills Courses

Rearfoot reconstruction and foot and ankle trauma can put any foot and ankle surgeon's skills to the test. Stay on top of your game and join ACFAS for two of the latest surgical skills courses—Comprehensive Rearfoot Reconstruction and Trauma of the Foot and Ankle—where you'll learn the latest approaches and surgical techniques in an intensive and interactive state-of-the-art environment, engage in didactic lectures with expert faculty members and spend 80 percent of your course time working in a hands-on surgical laboratory.

### Comprehensive Rearfoot Reconstruction

Comprehensive Rearfoot Reconstruction (October 24–25, 2014; Jersey City, NJ) tackles correction of rearfoot deformities for both primary and revisional surgeries. By the end of this course, you'll be able to closely analyze failed surgical reconstruction, understand medical and metabolic factors involved in healing, identify primary and revision surgical indications and perform primary and revision procedures.

### Trauma of the Foot & Ankle

Trauma of the Foot and Ankle, November 8–9, 2014; Aurora, CO (15 minutes from Denver Airport) presents lectures and patient cases on managing traumatic injuries of the foot and ankle. Emphasis will be on the current philosophy for fracture and soft tissue injuries, and instructional videos will demonstrate the technical aspects of fracture management. You'll leave confident in your ability to evaluate and manage traumatic injuries, select procedures, apply internal and external fixation methods and perform anatomic reduction and fixation of fractures/dislocations.

Both courses feature a dinner and fireside chat with faculty and fellow attendees. Use this time to share personal cases (bring radiographs of cases on a USB flash drive or CD), exchange ideas and best practices and gain knowledge and insight in an open, informal setting.

For more information on these courses and to register, visit [acfas.org/skills](http://acfas.org/skills).

## The Future of Foot & Ankle Surgery Depends on You

Do you have a specific area of research you'd like to pursue that would undoubtedly advance the profession and evidence-based medicine, but you lack the financial means to do so? Well, look no further than ACFAS for the help you just may need. Your College understands the necessity of cutting-edge scientific research to the field of foot and ankle surgery, and that is why ACFAS awards up to \$40,000 in grant money each year to members, just like you, through the annual ACFAS Clinical and Scientific Research Grant.

**“The ACFAS Research Grant is a shining example of the College’s commitment to research and to the progression of all aspects of healthcare toward evidence-based medicine.”**

— Jeffrey Baker, DPM, FACFAS, chair of the ACFAS Research/EBM Committee

Applications for the 2014 Grant are being accepted now through September 15, 2014. All research must be clinical or laboratory-based, with clearly defined goals that meet all criteria for grant submission. Full details on the criteria and application process can be found at [acfas.org/grant](http://acfas.org/grant).

**To submit your application for the 2014 ACFAS Research Grant today, visit [acfas.org/grant](http://acfas.org/grant).**



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## ACFAS 2015 Posters: Taking Research to the Next Level



It's time to think outside the box as you prepare your poster presentations for ACFAS 2015! Watch [acfas.org/phoenix](http://acfas.org/phoenix) in late September for program and housing information. The College has once again raised the bar for posters selected for presentation at the Annual Scientific Conference. Poster formats will still be categorized as scientific and case study, but dollar awards have been increased for scientific posters to better reflect and recognize the scope of work and quality of research involved.

"The ACFAS poster sessions inspire innovation by encouraging young attendees and seasoned practitioners to think outside the box," says Harry P. Schneider, DPM, FACFAS, chair of the ACFAS 2015 Poster Committee. "With medicine being evidence-based, it is imperative that we add to the body of orig-

inal research and recognize surgeons who raise the bar when it comes to original investigations. ACFAS is the leader in advancing original foot and ankle treatment protocols, and many of these ideas are presented at the poster session," he notes.


Ten presentations with the most unique topics or most unusual findings will be invited to be recorded and made available to be viewed at the poster exhibit on Friday, February 20. All accepted posters will be posted on [acfas.org](http://acfas.org) after the conference.




Details on poster format requirements and abstract submission are posted on [acfas.org/phoenix](http://acfas.org/phoenix). Posters should be submitted to ACFAS no later than October 1, 2014.

Look for more information on student chapter poster submissions later this year.

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for your  
endorsement!

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# Are You Prepared for Stage 2 Meaningful Use?

By **Jacqueline Reiss-Kravitz, CPC**  
ACFAS Coding Coach

Stage 2 Meaningful Use, part of the Medicare and Medicaid Electronic Healthcare Record (EHR) Incentive Programs, is about health information exchange, flexibility and patient engagement. It calls for at least 5 percent of your patients to be able to engage with your office electronically (and securely). How will you accomplish this new measure? Will you use a computer kiosk in your waiting room? Will your patients be able to view, download and transmit their health information online quickly? New, higher thresholds are in place for Stage 2 because by this point, it is expected that more patients will be included in the measures. And since 2014 is the first year anyone can attest to Stage 2, it is new to most everyone.

Stage 2 Meaningful Use includes both a core set and a menu set of objectives that are specific to eligible professionals (EPs) and

are different from Stage 1. EPs have 20 Meaningful Use objectives. To qualify for an incentive payment, EPs must report on all 20 measures: 17 required core objectives and three objectives chosen from a list of six menu-set objectives. EPs cannot be excluded from a measure if another one can be used.

EPs should note that cms.gov includes an online Stage 2 Meaningful Use Attestation Calculator to help you determine whether or not you would successfully demonstrate Stage 2 Meaningful Use. This step-by-step tool asks you a series of questions about core and menu objectives and then provides your results.

Penalties can accrue and increase if Meaningful Use requirements are not met, so be sure to maintain proper documentation, including screenshots, in case you are audited.

## Are You Eligible for Medicare & Medicaid EHR Incentive Programs?

### Eligibility Requirements for Professionals

- Incentive payments for EPs are based on individual practitioners.
- If part of a practice, each EP may qualify for an incentive payment if each EP successfully demonstrates meaningful use of certified EHR technology.
- Each EP is only eligible for one incentive payment per year, regardless of how many practices or locations at which s/he provides services.
- Hospital-based EPs are not eligible for incentive payments. An EP is considered hospital-based if 90 percent or more of his or her services are performed in a hospital inpatient (Place of Service Code 21) or emergency department (Place of Service Code 23) setting.

**Jacqueline Reiss-Kravitz, CPC**, will address Meaningful Use attestation and other topics at the ACFAS 2014 Coding/Practice Management Workshop October 24-25, 2014; Philadelphia, PA. Bring your office staff and your questions. See article on page 9 or visit [acfas.org/practicemanagement](http://acfas.org/practicemanagement) for more information and to register.



## Register Now for 2014 Coding/ Practice Management Workshop

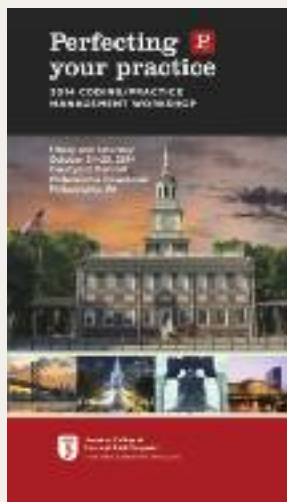
Are you and your staff abreast of the latest changes in coding, billing and compliance practices? Are you receiving the appropriate reimbursement for your services? Don't lose out—register yourself and your office staff for the 2014 Coding/Practice Management Workshop, October 24–25, 2014 in Philadelphia.

Learn from expert faculty, Jacqueline Reiss-Kravitz, CPC, Joanne Byron, BSNH, and Jerome S. Noll, DPM, FACFAS, the valuable tools needed to code and bill for evaluation and management services, surgical procedures, wound care and durable medical equipment. Plus, get a head start on the Transition to ICD-10 and gain better understanding of the stages of Meaningful Use Attestation.

**Give your practice the competitive edge and register today at [acfas.org/practicemanagement](http://acfas.org/practicemanagement).**

### Course Topics

- Coding for Foot and Ankle Surgical Procedures
- Coding for Wound Care
- Coding Scenarios and Billing Pearls (Interactive Session)
- Providing and Getting Reimbursed for Durable Medical Equipment
- E&M Coding
- Effective Appeal of Insurance Denials
- HIPAA: Mitigating Risk—Avoid the Wall of Shame
- ICD-10-CM: Documentation & Coding Foot & Ankle Trauma/Injury
- Meaningful Use Attestation
- Using Modifiers
- Surgical and Office Policies for the Foot and Ankle Surgeon



Course content and faculty are subject to change.

## ABFAS Exam Takers: Get Your ACFAS Membership Started...and On Track

It's the season for new beginnings! Summer is winding down, and ACFAS is happy to help commemorate your important career milestones with the completion of your American Board of Foot and Ankle Surgery certification exam. What's next for your College membership after passing your recent exam?

### Passed Part 1 of the ABFAS Certification Exam in Summer 2014?

If you've successfully completed the written portion, you're on the road to Board Certification! Advertise your ABFAS status, and take advantage of the many educational resources ACFAS offers, by joining the College as an Associate Member. Once you join, you can list the credential "AACFAS" after your name. And to help you make the transition from resident to practitioner, ACFAS is waiving the application processing fee and dues for the rest of 2014.

### Passed Part 2 of the ABFAS Certification Exam in Summer 2014?

Congratulations on your certification and on completing this important milestone in your career! Become recognized as a Fellow Member of ACFAS, which will allow you to list the esteemed "FACFAS" credential after your name. Once you've received your exam results from ABFAS, contact ACFAS to become part of the best: a Fellow Member of the American College of Foot and Ankle Surgeons. The sooner you apply, the more quickly you can enjoy all the benefits of membership.

For questions or to request an application, contact [membership@acfas.org](mailto:membership@acfas.org).

## Summer Board Meeting Highlights

The ACFAS Board of Directors met July 25–27, 2014 for their annual summer board retreat in Quebec City, Canada.


### *Highlights of the meeting included:*

- A half-day workshop facilitated by ACFAS Past President Barry Scurran, DPM, FACFAS, on conflict of interest issues, including external issues such as the federal Sunshine Act and how they impact the College. Dr. Scurran is now the chief compliance officer for such matters at The Permanente Group. Action steps will be considered at the next board meeting and also facilitated by Dr. Scurran.
- A half-day workshop on Evidence-Based Decision Making, facilitated by Dave Fellers, CAE and former CEO of three national medical associations. The goal is to adopt more unbiased, data-driven decisions, especially regarding potential new initiatives. Action steps will be considered at the next board meeting.
- The review and approval of the 2013 financial audit, which showed revenues of \$5.7 million and expenses of \$5.3 million. The College's strategic reserves (net assets) are now at \$7.5 million. Members may request a copy of the complete audit by contacting the Executive Director.

### *The Board also discussed and approved:*

- Revisions to the position statement on “Credentialing of Podiatric Foot and Ankle Surgeons and Guidelines for Surgical Delineation of Privileges.”
- Results of the 2014 CME Gap Analysis Study.
- 2014 Nominating Committee members.
- Plans to increase external relationships with external organizations such as physician groups, public policy coalitions and standard-setting institutions.
- Steps to encourage collaboration with international orthopaedic surgeon colleagues through educational speaking and fellowship exchanges.
- Annual performance review of the Executive Director.
- Revisions to the Business Plan.

The next board meeting will be held October 24–25 at ACFAS headquarters in Chicago. Members may direct any questions about this meeting or College governance to ACFAS Executive Director Chris Mahaffey at [mahaffey@acfas.org](mailto:mahaffey@acfas.org).



## Board Nominations Now Open

Two three-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 September 14, 2014. The Nominating Committee will announce recommended candidates to the membership no later than October 23. Candidate information and electronic ballots will be emailed to all voting members no later than December 7. Electronic voting ends on January 6, 2015.

For details on the criteria for candidates and the application, visit [acfas.org/nominations](http://acfas.org/nominations), or contact Executive Director Chris Mahaffey at (773) 693-9300 or [mahaffey@acfas.org](mailto:mahaffey@acfas.org). New officers and directors will take office during the ACFAS 2015 Annual Scientific Conference on February 19–22, 2015, in Phoenix.

For questions regarding eligibility criteria, contact Nominating Committee Chair Jordan P. Grossman, DPM, FACFAS at (330) 344-1980 or [j.grossman@mac.com](mailto:j.grossman@mac.com).

## DMU Student Club of Year: 4th Year in a Row!

Kudos to the ACFAS Student Club at Des Moines University (DMU) for being named the campus' Student Club of the Year for the fourth year in a row! The club earned this honor through a vote of the College of Podiatric Medicine and Surgery's (CPMS) first- through third-year student body who chose the club they felt best embodied the goals of CPMS, while keeping in mind sponsored activities, educational experiences and service to the community.

What makes DMU stand out? It's their student involvement, interclub collaboration and hands-on exposures that enhance club members' experience. The chapter participated in monthly suture sessions with pigs' feet, as well as monthly co-sponsored Surgical Video/Journal Club meetings—where students viewed surgery videos provided by ACFAS—followed by Journal Club presentations, surgical skills workshops, physician presentations and volunteer opportunities.

John Yuhas, CPMS '16, one of the suture teaching assistants, said of his experience with the monthly suture sessions, "It was an excellent opportunity for students to come together to teach one another the fundamental surgical skills that will be so crucial as we progress in our education."

The DMU Student Club is led by Student Club President Jordan Gardner, Vice President Sara Grzywa and Secretary/Treasurer Nathan Shumway.

Jordan Gardner attributes the club's success over the past year to the involvement of many individuals, "The club could not have had the success it did this past year without the contributions from fellow presidency members, students, residents, faculty and community physicians who sacrificed time and resources throughout the year to better our education. We are grateful for their time and the expertise they shared."

Congratulations to DMU, ACFAS is extremely proud of your continued efforts!



(L-R) DMU Student Club Leaders: Secretary/Treasurer Nathan Shumway, President Jordan Gardner and Vice President Sara Grzywa

## ACFAS Benefit Partner Spotlight:

# Officite

### Take Advantage of Members-Only Discounts on Web Presence Marketing

A website used to be enough to bring in new patients, but the Internet becomes more and more competitive every year. Now, with so many sites flooding the Web, it is easy for a practice website to get lost in the crowd. To really thrive in 2014 and beyond, a practice needs a full and diverse Web presence.

To make sure patients find your practice, physicians need a broad online "footprint" designed to make your practice visible through key strategies like search engine optimization (SEO), responsive website design, reputation monitoring, social media and online patient education.

Officite is an official Benefits Partner of the American College of Foot and Ankle Surgeons and has spent 12 years engineering beyond-the-website solutions designed to generate success. Officite's Web Presence Advisors are personally devoted to your practice and ready for unlimited support with innovative, intuitive and simple solutions. Plus, for a limited time, premium websites are free. Call Officite today at (877) 708-4418 or visit [officite.com](http://officite.com) to see the next level of your Web presence.

## ACFAS Members in Focus

**Ken Leavitt, DPM, FACFAS**

**Boston, MA**

**Member Since: September 1, 1983**



Can foot and ankle surgeons successfully collaborate with other medical specialties? Ken Leavitt, DPM, FACFAS, believes it's possible.

As the chief of Podiatric Medicine and Surgical Services at Boston's New England Baptist Hospital (NEBH), Dr. Leavitt works diligently with other medical specialists, such as orthopaedists, radiologists, neurologists, anesthesiologists, plastic surgeons and podiatrists, to ensure the best possible outcomes for his patients.

Dr. Leavitt understands that for doctors, developing healthy working relationships with other specialists can be challenging when differing opinions, diverse clinical and

surgical experience and varied educational backgrounds come into play. Sometimes, however, doctors' education, capabilities and practice focuses are misunderstood or their practice goals may not meet preconceived expectations of what their standard menu of care should provide. And according to Dr. Leavitt, this can inhibit opportunities for collaboration.

"When I first came to NEBH, I spent much time educating physicians, nurses and patients with lectures and personal communication," says Dr. Leavitt. "To 'break into' the marketplace and to develop the respect I needed to create close, mutually respectful relationships, I had to refuse to treat certain conditions. Foot and ankle orthopaedists do not provide palliative care, do not treat ulcers or diabetic wounds and do not make or dispense orthotics or braces," he explains. "To develop a high profile among physicians, nurses and patients alike, I had to exclude the latter from my practice." Through these efforts, Dr. Leavitt became fully integrated into the NEBH medical community.

Dr. Leavitt's approach to collaboration may be influenced by the time he spent working in Lithuania in the 1990s. In 1992, the president of the Lithuanian Orthopaedic Society invited Dr. Leavitt and two of his colleagues, Brian Zinsmeister, DPM, and Betsy Vulcanich, DPM, to teach and provide care in Vilnius, Lithuania.

While overseas, two orthopaedists approached Dr. Leavitt about developing a nonprofit-style, 24-hour, general medical and surgical clinic, which would soon become the first nonprofit clinic in the former Soviet Union. Dr. Leavitt agreed to be part of this endeavor and committed time and financial support to help launch the clinic in 1993.

However, in late 1994, the medical community in the Soviet Union tried to shut down the clinic because it considered the clinic a direct assault on the existing Soviet healthcare system. "With the help of the US State Department and many senators from Washington, the clinic was kept open but not without me ultimately deciding to move there and to take full control in 1996," recounts Dr. Leavitt. He remained in Lithuania with his wife and daughter until June 2001.

During his time in Lithuania, Dr. Leavitt taught more than ten orthopaedic surgeons and brought over US physicians, anesthesiologists, radiologists, pathologists and nurses to train their Lithuanian counterparts who worked with him and his team. He also traveled to nearby village hospitals, as well as to Belarus, to train doctors and to provide surgical care to disadvantaged patients.

Dr. Leavitt also went on medical missions to India and Albania in 2005 and 2009, respectively. These experiences once again allowed him the opportunity to help those without

access to proper surgical foot and ankle care and to collaborate with other medical specialties for the common goal—the patient.

Working in unfamiliar territory, in less-than-ideal conditions can be difficult, but working overseas and on the medical mission trips taught him and their teams of specialists how to collaborate, problem-solve and think quickly on their feet.

Today, as chief of Podiatric Medicine and Surgical Services at NEBH, Dr. Leavitt oversees other podiatrists' standards and signs off on privileges and activities. "I represent and maintain the hospital's high standards in all that I do so that it reflects well on our hospital and the podiatry profession," he says.

Dr. Leavitt's accomplishments and experience show that no matter if you are treating patients abroad or here in the US, your ability to collaborate with your colleagues can go a long way in diversifying your experience, growing your practice and strengthening your skills as a foot and ankle surgeon. When you must work together with other specialists, take advantage of the opportunity to learn from them and to acquire new techniques that can enhance and expand the care you provide to your patients.

For more information on Dr. Leavitt's medical mission program or to be part of the organization's next trip, contact him at [kenleavitt@earthlink.net](mailto:kenleavitt@earthlink.net).

## Class of 2014: Your First Year of Membership is on Us

Congratulations to the Class of 2014! Did you know that all first-year podiatric surgical residents receive a complimentary first-year membership to ACFAS thanks to the support of the Regional Divisions? As a

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Once again, congratulations to the Class of 2014. The ACFAS Regional Divisions look forward to welcoming you to the College.

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