Expect the Unexpected at ACFAS 2016

Besides spanning nearly every aspect of foot and ankle surgery, sessions at ACFAS 2016 will challenge the status quo, give you practical solutions to your most complex problems and help you find the pearls in a sea of knowledge that continually ebbs and flows.

This year, you can expect several new twists in the session lineup starting with the HUB. Come to this intimate theater on Thursday, February 11 to hear the first installment in a two-part series on telemedicine and virtual medicine. Learn the differences between the two then stop by on Friday, February 12 for more on coverage modifications, cyber exposures, smart homes and smartphones. Friday’s HUB schedule will also feature brand-new discussions on:

- Contract Negotiations with Insurance Providers
- Have an Idea? How to Develop a Product
- How Things Work Out in the Real World: What the “Bleep” Happened?

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As I write this, my final perspective column, I am attending the December arthroscopy course at the new Orthopaedic Learning Center. Around me are 50+ students, including board-certified, qualified and resident surgeons, as well as some of the best faculty members the College has to offer. In addition, some of our College staff are here, attending to our every need. Even our A/V producer is here, capturing some scenes for a video to be shown at the opening session of our February Annual Scientific Conference in Austin.

Looking around at all this talent under one roof reminds me of the College as a whole. More than 7,200 members in one organization—sharing and learning—exchanging ideas—pushing our profession further.

Over the past year, I have had the opportunity to work with more than 200 committee volunteers shaping our profession’s future, plus 150 faculty who lead our education programs. There are also 100 JFAS section editors and peer reviewers who do yeoman’s work in producing our Journal. And soon, more than 1,400 surgeons will be under one roof at our Annual Scientific Conference with 200 exhibits, 800 exhibitors, 300 scientific posters and much more.

It has been a sincere honor presiding over this huge “team” that produces such great chemistry. Everyone played their part with brilliant expertise. Everyone worked together like a baseball team—where no one individual outshines another. My job has been merely to manage the team—to make the lineup and point to each position when it was time for them to contribute to the team. Without these players, the College would not get out of the batter’s box. We would not stir professional development. We would not improve patient care. I thank each and every volunteer for their role in our lineup, no matter how large or small the part.

Many times, members asked me what “my agenda” would be as president. My answer was always the same: It’s not “my agenda,” it’s the College’s agenda. Strategic and business plans are reviewed and tweaked at every board meeting, which keeps the board focused on mutually agreed upon plans of work—not knee-jerk reactions to personal agendas. And this past year, we conducted two in-depth member surveys that are frequently used to make “evidence-based” decisions about our future plans. Results from those surveys are already being used for our 2016 initiatives.

Thank you for allowing me this unique privilege. It has indeed been an extraordinary experience, and one of the proudest moments of my professional career. In a few weeks, I shall hand the “stick” to our next manager—the next president of our College, Sean T. Grambart, DPM, FACFAS. I know he will continue to implement the College’s progressive agenda as the presidents have done before me.

The College constantly strives to improve its programs and services—and this year is no exception. There are many more learning opportunities for our members both locally, via our “On the Road” programs, and nationally with our skills courses and the Scientific Conference. E-learning and podcasts are just a few more options for our members to gain additional insight into challenging problems.

Thank you for your continued support of the College. While we are always looking for home run hitters, in reality it’s the single hitters that drive in more runs and ultimately become the future leaders of our special profession.

Questions for Dr. Derner? Write him at president@acfas.org.

Richard Derner, DPM, FACFAS
ACFAS President
news from the college

Vote Now for the 2016 Board of Directors

Online voting for the 2016 ACFAS Board of Directors is open until December 30. ACFAS voting members (Fellow, Associate, Life and Emeritus members) should refer to the email they received from the College’s independent election firm with their unique link to the 2016 Board of Directors election website.

The following Fellows have been nominated for three positions on the board:

- **Christopher L. Reeves, DPM, FACFAS** (Incumbent)
- **Randal L. Wraalstad, DPM, FACFAS** (Incumbent)
- **Paul D. Dayton, DPM, FACFAS**
- **Thanh L. Dinh, DPM, FACFAS**

Candidate profiles and position statements are available at acfas.org/nominations. Have a say in the College’s future and help advance the profession—cast your vote today!

Renew Your Membership Before End-of-Year Deadline

Fellow and Associate members, keep your ACFAS membership active by renewing before December 31, 2015. Visit acfas.org/paymydues or renew via mail or fax to avoid a lapse in your membership and a late fee. Your 2016 dues reminders were mailed to you in November.

Your ACFAS membership connects you to the best and brightest in the foot and ankle surgery profession. Renew today and start your new year off right!

In Memory

- **S. Meyer Arbit, DPM, AACFAS**
  West Bloomfield, MI

- **Kevin D. Berkowitz, DPM, FACFAS**
  Miami Beach, FL
Ignite Your ACFAS 2016 Experience a Day Early

Want to push your surgical skills to the limit or test your coding competency before ACFAS 2016 officially begins? Register now for our special preconference workshops, set for Wednesday, February 10 at the Austin Convention Center, and get a preview of the excitement ahead:

**Practice Management/Coding Workshop**
8am–5:30pm, 8 Continuing Education Contact Hours
Equip yourself with tips and tools for successfully managing the business side of your practice in this interactive session.

**Diabetic Deformity: Master Techniques in Reconstruction**
7am–Noon, 4 Continuing Education Contact Hours
Covering complex and diabetic foot deformities, this cadaveric workshop sheds new light on Charcot foot, amputations and infection management.

**High-Frequency Foot Surgery Techniques**
Noon–5pm, 4 Continuing Education Contact Hours
Discover new and alternative surgical techniques while reviewing foot and ankle anatomy, complications and revision strategies in a hands-on cadaveric lab.

Spots fill quickly; visit acfas.org/austin today to register.
Expect the Unexpected at ACFAS 2016 (continued from cover)

New concurrent sessions on the docket for ACFAS 2016 include So You Didn’t Grow Out of It: Adult Manifestation of Congenital Deformities, an in-depth look at conditions such as pediatric flatfoot, adult intoeing and juvenile bunions, and Man vs. Microbe, where both DPMs and MDs examine bone infection diagnosis and trends in treatment.

Bring your burning questions to Charcot Arthropathy: What Have We Figured Out So Far? for straightforward answers on diagnosis, fixation, surgical management and reconstruction. Or head to Trending Therapies in Fasciosis and Tendinosis for the very latest on stem cells, lasers and other innovative treatment options.

With the seemingly high prevalence of foot and ankle injuries among professional athletes, you won’t want to miss the panel discussion, Great Expectations: Injury in the Athlete, and the riveting case-based presentations that follow. Also tune in to Waiting to Weight: Kicking the Tradition, which will outline the pros and cons of getting patients back into the game sooner rather than later.

ACFAS 2016 Exhibit Hall: Your One-Stop Shop

See what industry has to offer in the ACFAS 2016 Exhibit Hall. Combining science and networking to complement your learning and advance your profession, this year’s Exhibit Hall in Austin will showcase diagnostic and treatment solutions, one-of-a-kind products and more in hundreds of interactive booths.

Also attend special presentations in the HUB, review original investigation posters, find that perfect position or candidate at the Job Fair or update your professional photo.

Conference sessions and other events are scheduled so that you have unopposed time each day to take in everything the Exhibit Hall has to offer.

Check acfas.org/austin for the latest news, and we’ll see you in Austin in February!
ICD-10 Implementation: Smooth Sailing or Rocky Waters Ahead?

October 1, 2015 marked the first day providers submitted ICD-10 codes for procedures. The time leading up to the switch from ICD-9 was tense and fraught with worry and uncertainty. Insurers and electronic health record vendors prepped providers by performing ICD-10 code submission test runs. Humana and UnitedHealth have reported smooth transitions so far, citing the extended delay that allowed extra time for training. Providers have made the transition but are unhappy with the increased costs in implementation, such as coder training or outsourced billing.

Although providers and billers have reported being paid for patient visits coded in ICD-10, it may still take several months to feel the full implementation impact. For example, what is the most common reason claim submissions are being denied? Are these denials related to incorrect coding or some other factor?

The Centers for Medicare and Medicaid Services (CMS) released metrics on Medicaid fee-for-service claims between October 1 and October 27. During this time period, 4.6 million claims were submitted per day. Of these claims, 10.1 percent were denied; 2.0 percent for incomplete or invalid information; 0.09 percent denied for invalid ICD-10 codes; and 0.11 percent denied for invalid ICD-9 codes. These metrics are at or below the end-to-end testing baselines CMS established earlier in 2015. Whether or not CMS metrics are equitable to private insurer denials remains to be seen.

Until then, the College continues to monitor member reports and news sources for billing issues related to the ICD-10 transition. Continue to watch College publications and acfas.org for updates.
Inside Your Practice: What’s On Deck for 2016

Although 2016 is just getting started, the year is already shaping up to be an important one for healthcare issues, especially since 2016 is a presidential election year.

Most healthcare issues may involve government regulation; the Affordable Care Act, meaningful use implementation and the transition to ICD-10 have been contentious issues in the past—2016 will be no different. With an estimated 15 to 20 million Americans covered by the Patient Protection and Affordable Care Act, repealing the law may not be as cut and dry as some may like. However, some of the more unpopular provisions, like the medical device tax, may be on the chopping block.

Use of data analytics in healthcare has increased. Of the identified uses for electronic health records (EHRs), using data globally to track disease outbreaks and clinical outcomes to improve patient care has been important to EHR adoption and use. However, the meaningful use regulations can be burdensome to smaller physician offices. The final rule for Stage 3 of the Meaningful Use Requirements was published in October 2015, with penalties beginning in 2016 for providers who fail to meet program requirements. Stage 3 objectives involve interoperability of EHR systems in different practices.

Stay up-to-date on all the healthcare issues affecting your practice through acfas.org and news publications from ACFAS.

Fall Board Meeting Highlights

During the ACFAS Board of Directors fall meeting, held October 23-24 in Philadelphia, board members visited Temple University Podiatric Medical School and met with more than 150 students. Christopher Hyer, DPM, FACFAS, also presented a clinical lecture, then four residency directors on the board held a Q&A session with students on how to prepare for the residency process.

Topics on the business meeting agenda included:
- Approval of the 2016 operating and capital budgets;
- Presentation of a proposed information campaign to healthcare practitioners who are primary referrers to ACFAS members;
- Review of the College’s investment portfolio with the investment advisor;
- Selection of Troy Boffeli, DPM, FACFAS, as the 2016 Distinguished Service Award recipient;
- Approval of Regional Division dues increase (first since 1990s) and a new policy on Lobbying of Committees;
- Approved amendments to policies on Practice Management Competencies and the Code for Interaction with Companies;
- Revisions to the Business Plan in advance of formation of 2016 standing committees.

The next board meeting will be held February 10, 2016, immediately preceding the 2016 Annual Scientific Conference in Austin, Texas. Questions? Contact ACFAS Executive Director Chris Mahaffey at (773) 693-9300 or mahaffey@acfas.org.
Promote Your Practice This Winter with FootNotes

Don’t let winter weather sideline your practice marketing efforts. Download the latest edition of FootNotes, ACFAS’ free patient education newsletter, and customize it with your practice’s contact info to attract new patients and retain existing ones without ever leaving your office.

Winter FootNotes features articles on these timely topics:
- Avoid Ankle Pain This Winter
- Protect Your Feet from Frostbite
- Ingrown Toenails Can Cause Big Problems for Kids

Print and leave copies of FootNotes in your waiting room, post it on your social media sites or distribute it at any community health events you plan to attend during the holidays. FootNotes makes it easy to promote your practice each season and is just one of many ready-to-use resources waiting for you in the Marketing Toolbox. Visit acfas.org/marketing often—more new products coming soon!

New Infographic Section Added to Marketing Toolbox

ACFAS’ new infographics have quickly become a viral sensation. Now you can access these popular promotional tools directly from our Marketing Toolbox under a new Infographics section.

Share The Dos and Don’ts for Diabetic Foot Care (available in English and Spanish), Pediatric Foot & Cleat Injuries, 5 Tips for Healthy Holiday Feet and New Year Resolutions: Keep Your Feet Safe at the Gym with your patients and on your social media channels for the widest outreach. You can also print these infographics and display them in your exam and waiting rooms to encourage conversation between you and your patients.

More infographics are in the pipeline and will be added to acfas.org/marketing throughout the year. Keep checking the Infographics section for updates.
Who said Self-Promotion was a Bad Thing?

Find New Patients with ACFAS’ Free Marketing Toolbox

It’s like having your own PR firm right in your office!

acfas.org/Marketing
ACFAS Members Performing a Wider Range of Procedures

2015 PRACTICE SURVEY RESULTS

The number of members performing the following procedures have risen consistently since 2009:

- **Leg surgery**: 44.5% from 26% to 44.5 percent.
- **Amputations**: 88.7% from 80% to 88.7 percent.
- **Arthroscopy**: 73.8% from 57% to 73.8 percent.

Ankle surgery performed by ACFAS members increased significantly in recent years, rising from 52 percent in 2009 to 68.5 percent in 2015, according to the College’s 2015 practice survey, which is conducted every three years.

“This increase is most likely due to ankle privileges being added in five more state scopes of practice since 2009, not to mention the standardization of surgical residencies,” said ACFAS President Richard Derner, DPM, FACFAS.

The numbers of members with hospitals permitting these procedures have also risen consistently since 2009:

- Leg surgery, from 26 percent to 44.5 percent;
- Amputations, from 80 percent to 88.7 percent;
- Arthroscopy, from 57 percent to 73.8 percent.

This marked the first year the College asked whether total ankle replacement by DPMs was allowed at members’ hospitals. Nearly 35 percent of members said “yes, at all of their hospitals,” and 16.6 percent said “yes, at some of their hospitals.”

Also, as a new baseline question, ACFAS asked private and group practice respondents if they have ever considered dropping out of Medicare. Sixty-four percent have not considered it, while 35 percent have considered it but have stayed in the program.

The percentage of those planning to become an employee of a hospital system within the next three years has increased as well, from 8.1 percent in 2012 to 13.4 percent in 2015. Nearly 10 percent have already transitioned to a hospital system since 2012.

ACFAS thanks those who participated in the 2015 Practice Survey and will use the results as a framework for future CME events and health policy work.
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ACFAS.org  |  JFAS.org  |  FootHealthFacts.org  |  773-693-9300  

American College of Foot and Ankle Surgeons

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

in this issue

New Infographics

ICD-10 Implementation

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