Take a New Look at Foot & Ankle Surgeons

Campaign to Focus on Key Patient Referrers

A new $1.2 million ACFAS public relations campaign will soon roll out to nurse practitioners, family physicians and diabetes educators, encouraging these potential sources of greater patient referrals to “Take a New Look at Foot & Ankle Surgeons.”

The campaign will educate these healthcare professionals on the unique education, training and board certification of today’s foot and ankle surgeon and why they should feel comfortable recommending their patients to an ACFAS member for foot and ankle care.

ACFAS’ “New Look” campaign is in response to the College’s triennial member surveys that consistently rank “promoting the specialty” as a high priority for members. “Up until now, our promotion of the specialty has been aimed at consumers and patients,” said ACFAS President Sean T. Grambart, DPM, FACFAS. “Now we’re adding a new layer by targeting three groups our research says are the best sources for even more patient referrals.”

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Save the Date: ACFAS 75

Celebrate ACFAS’ 75th anniversary Vegas-style! Join us February 27–March 2, 2017 at the Mirage Hotel in Las Vegas to commemorate 75 years of influence on the practice of foot and ankle surgery. You can bet this milestone event will have even more top-shelf sessions and workshops, more award-winning posters, papers and case studies, more interactive product demos and more of everything you look forward to at the Annual Scientific Conference.

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When playing basketball, Coach Wooden’s quote makes sense: You are a member of a team with a goal in mind—to win the game. But, when applying this to our foot and ankle practices, it can be more difficult.

As a physician, you are expected to be the leader of the team and to provide support to your nurses, medical assistants, front desk people, residents and students when they have questions or concerns. When you are having a good day in the office or OR, that is an easy thing to do. However, we’ve all had those other days where everything seems to be heading in the wrong direction. You are running an hour behind in the OR, you have “that patient” on your clinic schedule who is going to take an hour just to talk with him or her, the work list is growing faster than you can imagine, and another person just showed up at the front desk demanding to be seen today. These are the days that I can forget we are a team working together and instead make my staff feel they are working for me. I need to wallpaper my office with Coach Wooden’s quote as a daily reminder that my office team and I are working together to achieve the goal of the best patient care possible.

The same principle behind Coach Wooden’s quote applies to the College. Every time the ACFAS Board of Directors meets, it reaffirms that as an elected board, we are working together with ACFAS members and staff to achieve the same goals. The question is, “What are the goals of the ACFAS Team and how do we achieve these goals?”

We needn’t look further than our ACFAS website and our Strategic Compass, which consists of:

**Our Vision**
To serve society as the preeminent source of knowledge for foot and ankle surgery.

**Our Mission**
To advance the competency of our members and the care of our patients.

And, to guide us in our vision and mission, we have our six strategic initiatives:
1. Deliver superior continuing medical education to enhance competency at every level of professional training.
2. Define and promote the specialty of foot and ankle surgery to patients, government, the media and the healthcare community at large.
3. Advance scientific and clinical research to maintain leading-edge competency among our members.
4. Represent the specialty through public advocacy.
5. Improve the surgeon’s practice management expertise.

And behind the strategic initiatives, our Business Plan has 200 tactics that our 15 committees address every year.

When the ACFAS Board meets, we review the entire Strategic Compass, including the Business Plan, to make sure we’re on course to achieve our Mission and Vision. Outside consultants whom we use periodically always comment on how well ACFAS uses its Strategic Compass to help set goals for the future.

But all this doesn’t happen in a vacuum. YOU—our members—drive these strategic initiatives through our Practice, Member and CME surveys, rotated every three years. We constantly tweak the plan and tactics, based on survey input, to keep us in sync with changing member needs.

For example, if the members rate an item as important and they rate the College’s performance on that item as poor, the large gap needs to be eliminated. The Board then refocuses efforts to place more time, effort and finances on that goal to ensure the College is achieving what our members want.

*(continued on page 13)*

**Questions for Dr. Grambart? Write him at president@acfas.org.**
Maximize Your Time with Free Podcasts

With five new podcasts released since the start of the year, ACFAS’ free monthly podcasts make it easy for you to catch up on the hottest topics in foot and ankle surgery. Portable, popular and to the point, our podcasts are always ready when you are no matter if you’re at work, at home or on the road.

New releases are added to the library each month, so you’ll always find a fresh take on the issues important to you and your practice. Visit acfas.org/e-Learning to learn the very latest at your convenience.

2016 ACFAS Podcasts

May
Calcaneal Fracture Management: Open vs. Closed
Moderator: Paul Dayton, DPM, FACFAS
Panelists: John R. Clements, DPM, FACFAS; Travis A. Motley, DPM, FACFAS

April
Great Toe Fusion
Moderator: Matthew Hopson
Panelists: Roman Orsini, DPM, FACFAS; Shane Hollawell, DPM, FACFAS; John Levin, DPM, FACFAS

March
TAR
Moderator: Benjamin Overley, DPM, FACFAS
Panelists: Lawrence DiDomenico, DPM, FACFAS; Christopher Hyer, DPM, FACFAS; Glenn Weinraub, DPM, FACFAS

February
Osteochondral Lesions of the Talar Dome
Moderator: Nicholas J. Bevilacqua, DPM, FACFAS
Panelists: Adam Budny, DPM, FACFAS; Noman Siddiqui, DPM, AACFAS; Stephen Schroeder, DPM, FACFAS

January
Unilateral vs. Bilateral Surgeries
Moderator: Amber Shane, DPM, FACFAS
Panelists: Jeremy Cook, DPM, FACFAS; Thanh Dinh, DPM, FACFAS; Brett Sachs, DPM, FACFAS

2016-2017 Education Programs

June 11–12, 2016 (Saturday/Sunday)
Foot & Ankle Arthroscopy
Orthopaedic Learning Center & Marriott Suites O’Hare
Rosemont, IL

July 8–9, 2016 (Friday/Saturday)
Coding & Practice Management Workshop
Denver Marriott City Center
Denver, CO

August 6–7, 2016
(Saturday/Sunday)
Foot & Ankle Arthroscopy
Orthopaedic Learning Center & Marriott Suites O’Hare
Rosemont, IL

September 24–25, 2016
(Saturday/Sunday)
Comprehensive Reconstruction
MedCure Lab
Portland, OR

October 1–2, 2016
(Saturday/Sunday)
Foot & Ankle Arthroscopy
Orthopaedic Learning Center & Marriott Suites O’Hare
Rosemont, IL

October 7–8, 2016
(Friday/Saturday)
Refining High-Frequency Forefoot Surgery Workshop and Seminar
Sands Resort
Bethlehem, PA

October 14–15, 2016
(Friday/Saturday)
Refining High-Frequency Forefoot Surgery Workshop and Seminar
DoubleTree Tampa Airport Hotel-Westshore
Tampa, FL

October 21–22, 2016
(Friday/Saturday)
Coding & Practice Management Workshop
Hilton Chicago/Magnificent Mile Suites
Chicago, IL

November 5–6, 2016
(Saturday/Sunday)
All About the Ankle
Sheridan Suites Fort Lauderdale at Cypress Creek
Fort Lauderdale, FL

November 12–13, 2016
(Saturday/Sunday)
Foot & Ankle Arthroscopy
Orthopaedic Learning Center & Marriott Suites O’Hare
Rosemont, IL

December 2–3, 2016
(Friday/Saturday)
Refining High-Frequency Forefoot Surgery Workshop and Seminar
Marriott Phoenix Airport Hotel
Phoenix, AZ

April 28–29, 2017
(Friday/Saturday)
Refining High-Frequency Forefoot Surgery Workshop and Seminar
Tysons Corner Marriott
Vienna, VA

*To be waitlisted for sold-out courses, contact Maggie Hjelm at hjelm@acfas.org.

For a full listing of upcoming educational opportunities, visit acfas.org/education.
Save the Date: ACFAS 75 (continued from cover)

Head to Vegas the day before ACFAS 75 officially begins for special preconference workshops and a behind-the-scenes look at the excitement in store. Then meet up with your colleagues the next evening at our opening reception in Siegfried & Roy’s Secret Garden and Dolphin Habitat. Come face-to-face with rare white tigers and lions, leopards and bottlenose dolphins, while enjoying hors d’oeuvres and chatting with past ACFAS presidents about the College’s rich past and bright future.

We’ll wrap up the celebration with a live band, food, drinks and dancing at the High Roller, the world’s tallest observation wheel, in the Linq promenade. Take a spin on the High Roller for breathtaking views of the Strip or walk over to Brooklyn Bowl, named “one of the most incredible places on Earth” by Rolling Stone. Listen to live music, dine on gourmet comfort food from New York’s famous Blue Ribbon restaurant group or improve your bowling score on any of Brooklyn Bowl’s 32 Brunswick lanes.

Watch acfas.org/vegas and ACFAS publications for the latest updates on this anniversary conference that will make you feel like you’ve hit the jackpot!
Take a New Look at Foot & Ankle Surgeons
(continued from cover)

The campaign will direct its messages through the primary professional societies of the target audiences: the American Association of Nurse Practitioners (60,000 members), the American Academy of Family Physicians (120,000) and the American Association of Diabetes Educators (14,000). Journal and newsletter advertising, email marketing, social media, trade show exhibits, a dedicated website and other media will be used. In addition, the College hopes to forge long-term alliances, such as speaking at conferences and co-publishing position papers.

The project manager, Fleishman Hillard, Inc., and a research budget for the New Look campaign were approved by the ACFAS Board of Directors in October 2015. Intensive surveys and studies of seven potential audiences were conducted during the past fall and winter. Then, at the Board’s February 2016 meeting, the three best specialty audiences were approved, along with the implementation budget.

The campaign will launch in late spring 2016 and will last approximately one year. Funding for the project is coming from ACFAS designated net assets that the 2014 Board decided should be used for highly strategic projects that benefit the entire membership.

ACFAS Update will provide further reports on the New Look campaign throughout 2016–2017.

practice management

Register Now for Coding & Practice Management Workshop

Push your coding skills to the limit in our new 2016 Coding & Practice Management Workshop and learn the right way to code for:

- multiple-procedure cases when performing forefoot, rearfoot or ankle reconstructive surgery
- open reduction and internal fixation of multiple fractures
- complex arthroscopy cases
- diabetic foot surgery
- and much more.

Join our expert faculty in Denver (July 8–9) or Chicago (October 21–22) for six full hours of lecture time dedicated to surgical coding. Intensive and interactive, this workshop uses case-based scenarios to bring the coding and billing process to life and gives you the chance to code a sample patient encounter.

Visit acfas.org/practicemanagement to register today and put your practice on the fast track to success!
Sound familiar? You apply for ankle arthroscopy privileges at your local hospital but are denied because you are a podiatrist.

Your hospital’s orthopaedic staff will not allow you to perform forefoot amputations because you are a podiatrist.

You completed a three-year residency and fellowship with trauma training but are not allowed to treat patients in the ER.

These scenarios are known to most foot and ankle surgeons, but they are not impossible to overcome. ACFAS’ Credentialing and Privileging Advisory Team (CPAT) helps members navigate these very issues so they can perform the procedures they were trained to do.

Over the years, former Professional Relations Committee chair Harold Vogler, DPM personally counseled hundreds of ACFAS members on their privileging problems. Then, in 2012, when Vogler announced his retirement, ACFAS formed a team of members with extensive experience in the politics of hospital credentialing and privileging to continue the peer-to-peer advice and counsel.

Today, CPAT assists ACFAS members with any obstacles related to “delineation, discrimination and noncompliance with hospital rules and regulations” they might encounter.

Of the inquiries CPAT receives, the most common involve a misunderstanding of institutional due process and “asymmetric” credentialing procedures unfairly applied to foot and ankle surgeons. According to Dr. Vogler, many hospitals and surgical centers do not clearly understand scope of practice statutes. “Outdated views of foot and ankle surgical training and ABFAS certification standards—as well as antiquated images of podiatrists with limited consulting privileges—still linger,” he says.

The solution, he asserts, is for hospital and Joint Commission regulations to be applied uniformly across the board to all surgeons (regardless of medical degree or specialty) who aspire to the same privileges. This starts by forcing hospitals to follow their own rules and by making use of antidiscrimination laws as necessary. DPMs are often held to higher standards than other surgeons and may find themselves in work environments where administrative staff intentionally limits their privileges or requires them to comply with unfair and inconsistent standards. “DPMs need to make sure they’re included in the delineation of clinical privileges,” says Dr. Vogler, “and CPAT is working to help them accomplish this.”

To ensure a smooth credentialing and privileging process, Dr. Vogler recommends that you:

1. Complete all “new application” paperwork in its entirety with no lapses in the training timeline or requested documentation.

2. Add a short cover letter outlining your training, experience or fellowship if the application is not clear.

3. For a privilege upgrade, follow the prescribed process as mandated in the hospital rules and regulations. Clarity and compliance with the rules are paramount.

4. Refer to The Joint Commission if you are caught in a credentialing and privileging snafu in a hospital environment. Hospitals
use The Joint Commission to develop their own rules, regulations and bylaws, and they often do not follow these in their disposition of your case.

5. DPMs should also look at the College’s credentialing and privileging position statements at acfas.org/positions, especially the Credentialing of Podiatric Foot and Ankle Surgeons and Surgical Delineations of Privileges Position Statement.

6. Document your conversations with hospital administrative staff and hospital credentialing committee members. Follow up any discussions related to credentialing and privileging with an email so you have a record.

Dr. Vogler will continue to support CPAT in an advisory role in his retirement. He received the College’s Distinguished Service Award in 2010 for his career-long work in advancing hospital privileging rights for DPMs.

Credentialing and Privileging Task Force
Craig J. Breslauer, DPM, FACPAS
Charles W. Craft, DPM, FACPAS
Raef M. Fahmy, DPM, FACPAS
Alan S. Goldenhar, DPM, FACPAS
David A. Groening, DPM, FACPAS
Gregory P. Still, DPM, FACPAS
Jennifer C. Van, DPM, AACFAS
Harold W. Vogler, DPM, FACPAS
George F. Wallace, DPM, FACPAS
Sarah Nichelson, JD (Staff Liaison)

Do you have a privileging problem?
ACFAS is ready to help! Send a thorough, detailed email of your situation (with attachments if appropriate) to credentialing@acfas.org. ACFAS will forward your information to the CPAT Team. You’ll then receive group email and/or phone responses from the team. (Always “Reply to All” so the entire Team gets your responses.) If you have any questions about CPAT, contact Sarah Nichelson, ACFAS director of Health Policy, Practice Management and Research, at sarah.nichelson@acfas.org.
Undecided About Hiring a PA or NP?

Adding a physician assistant (PA) or nurse practitioner (NP) to your staff can help you streamline your practice and better serve your patients. But if you are undecided about hiring a PA or NP at your office, Michael D. Dujela, DPM, FACFAS, and Sean T. Grambart, DPM, FACFAS, are here to guide you. They each employ PAs and NPs in their practices with great success, and their experiences just might convince you to bring a PA or NP on board.

Deciding whether or not to hire a PA or NP starts with understanding the key differences between the two. The main difference is that a PA training program follows a medical model whereas an NP training program follows a nursing model. PAs hold a master’s degree, and most PA schools will require the applicant to have experience working as a medical office assistant or healthcare technician. PAs often work in a variety of medical and surgical practices and are required to have a supervising physician.

NPs hold a master’s degree or doctorate, specialize in one of four areas of medicine, with the majority working in primary care clinics, and usually have an independent scope of practice. They can also specialize in a specific patient population. NPs attend nursing school, and most have worked for one or more years as a Registered Nurse.

Dr. Grambart employs two NPs at his practice and considers them an integral part of the team. “Their assistance with consults and postoperative patients allows me to see more patients and to provide optimal care,” he explains. “Their help in the OR also decreases the time patients spend in there and leads to more predictable outcomes.”

Dr. Dujela works in an orthopaedic group that employs two PAs. “They run independent clinic schedules, perform preoperative history and physicals, see their own patients and assist in surgery,” he says. The PAs in his practice also see hospitalized and postoperative patients, which gives him and the other surgeons more time to see new patients and to handle other tasks.

He points out that shifting day-to-day activities to a midlevel provider can take several different approaches to best meet a practice’s needs. For example, the midlevel provider might:

1. Assist in more complex surgical cases, complete paperwork, provide orders and close surgical wounds while the doctor sees the patient’s family postoperatively or begins another case in a separate OR.
2. Help with or perform hospital rounds thereby freeing up time for the doctor to see patients in clinic or to focus on office management duties and medical decision making.
3. Review lab studies and imaging to convey important findings to the doctor.

Once you decide to add a PA or NP to your practice, Dr. Grambart advises that you first determine how much time you want to devote to training the new hire. “I have hired NPs who had just graduated and others who had a few years of hospital experience,” he notes. “As with any new job training period, you need to get comfortable with the new hire, and the new hire needs to get comfortable with job.”

Dr. Dujela adds, “Recognize that the PA or NP is a direct extension and representation of you. You could potentially lose patients if the provider doesn’t demonstrate a clear, thoughtful and sensible care plan,” he warns.

“Recognize that the PA or NP is a direct extension and representation of you. You could potentially lose patients if the provider doesn’t demonstrate a clear, thoughtful and sensible care plan.” —Michael D. Dujela, DPM, FACFAS
He also says to be mindful of initial startup costs, which may include a fairly high salary for the new hire, and a moderate turnover rate. “Since many PAs and NPs are not financially tied to practice ownership and have a portable skillset, it’s easy for them to transition to a better opportunity should one arise,” he indicates.

After a PA or NP begins working at your practice, do not expect the person to start functioning independently right away. Dr. Grambart allows new NPs to shadow him in the clinic, hospital and OR so they can become familiar with pathology, procedures and surgical techniques. To help build NPs’ trust and confidence in the practice, he also communicates regularly with each provider to address any questions or concerns s/he might have.

Dr. Dujela recommends that PAs and NPs work “shoulder to shoulder” with you for the first two to three months to learn how to develop a treatment plan for each case. He believes this method also teaches PAs and NPs how to pace themselves and assess documentation styles.

If you are still unsure about hiring a PA or NP, know that you are not alone. Drs. Dujela and Grambart presented the popular HUB session, “Employing a PA or NP,” at ACFAS 2016 in Austin and answered attendees’ questions and concerns about bringing on a midlevel provider, including:

- Does my state permit me to hire a PA or NP?
- How do I convince my group or supervisor that adding a PA or NP to the staff is a viable expense?
- How do I know if I am busy enough to justify having a PA or NP?

Dr. Dujela says the best way to answer these questions is to contact state PA and nursing associations to see if PAs or NPs can work with DPMs.

For those PAs and NPs who wish to join a foot and ankle surgical practice, Erica Shroyer, NP, and Shannon Holthaus, NP, both with Dr. Grambart’s practice, can offer some advice. Dr. Shroyer recommends first gaining experience in a clinic or inpatient setting. She also suggests that PAs and NPs gain experience in internal medicine since many foot and ankle patients have chronic illnesses, such as diabetes. Once a PA or NP joins a foot and ankle surgical practice, she says that s/he should observe how the surgeon assesses and diagnoses patients and formulates treatment plans. “Always be in close collaboration with your surgeon,” stresses Dr. Shroyer, “and don’t be afraid to ask questions.”

Dr. Holthaus advises that NPs and PAs become familiar with a provider in their office of choice. She notes that this can help both the provider and prospective NP or PA determine if the workplace is a good match. “It can also help NPs or PAs get an idea of what they should study to improve their knowledge of foot and ankle surgery,” she says. She adds that obtaining CEUs in suturing and surgical assisting may help an NP or PA stand out from other applicants.

To learn more about the benefits of hiring a PA or NP at your practice, contact Dr. Dujela at michaeldujela@yahoo.com or Dr. Grambart at sean.grambart@carle.com.

“Their assistance with consults and postoperative patients allows me to see more patients and to provide optimal care.” —Sean T. Grambart, DPM, FACFAS
ACFAS’ Conflict of Interest & Bias Measures Put Members First

“Was the educational value of this event compromised by commercial bias?”

This question appears on every ACFAS CME attendee evaluation form. “No other podiatric CME provider asks this question, which speaks volumes about the College’s commitment to weeding out bias in our CME,” said ACFAS Executive Director Chris Mahaffey, MS, FASAE. “And this occurs less and less due to the College’s continual strengthening of our conflict of interest and anti-bias measures.”

But the College’s efforts to always “put the member first” does not stop with CME. In 2015, the ACFAS Board of Directors took three additional steps to weed out conflict of interest and personal agendas in governance and all of our programs and services:

1. The Conflict of Interest Policy and Disclosure Form was strengthened. Committee member disclosure forms are now online at acfas.org/committees. The policy is online at acfas.org/conflicts.
2. A new “Lobbying of Committees Policy” was adopted to curtail the lobbying of committees to advance personal agendas vs. what is best for all members and CME attendees. “This is especially prevalent in CME programming,” said Mahaffey. “We must base our curriculum and faculty decisions on evaluations, our triennial CME study and other survey data, not favoritism.” The new policy is online at acfas.org/conflicts.
3. The “Code for Interaction with Companies” was also strengthened. Sixty-four specific policies now ensure the College’s independence from industry influence, transparency of conflicts to members and the public, and preventing bias. The Code includes governance, CME, The Journal of Foot & Ankle Surgery, research, sponsorships and clinical position statements. The code is online at acfas.org/conflicts.

For more information on all of the College’s conflict of interest policies and procedures, visit acfas.org/conflicts. Members or attendees can report conflicts of interest or commercial bias confidentially at any time to the ACFAS executive director at conflicts@acfas.org.

“We must base our curriculum and faculty decisions on evaluations, our triennial CME study and other survey data, not favoritism.”

—ACFAS Executive Director Chris Mahaffey, MS, FASAE
Two New Patient Education Infographics Available

Just in time for summer travel, two new patient education infographics on beach safety and sun safety are available for download from the ACFAS Marketing Toolbox at acfas.org/marketing.

Each colorfully illustrated infographic gives useful tips and fast facts that teach your patients how to keep their feet and ankles safe this summer while at the beach, including why it’s important to wear sunscreen on your feet.

Download and print these helpful posters to hang in your office waiting areas and patient rooms. You can also post them to your social media outlets and website for maximum exposure.

These latest infographics join an ever-growing library of educational pieces, including:

- Prevent Foot & Ankle Running Injuries
- Pediatric Foot & Cleat Injuries
- Keep Your Feet Safe at the Gym
- Dos & Don’ts for Diabetic Foot Care (English and Spanish)
- New Year’s Resolutions for Gym Safety
- 4 Tips for Healthy Winter Feet
- 5 Tips for Healthy Holiday Feet

Find more practice promotion tools at acfas.org/marketing, such as the newly redesigned FootNotes patient newsletter, fill-in-the-blank press release templates, patient education CDs and other resources. New products will be added to the Toolbox throughout the year, which means you’ll have even more opportunities to connect with your patients and spotlight your practice.
Health policy trends in foot and ankle surgery can change often and with little notice, making it difficult sometimes to keep track of the issues affecting your practice. Fortunately, ACFAS’ Professional Relations Committee (PRC) is closely following three trends that could affect health policy at the local, state and national levels.

PRC Chair Michael J. Cornelison, DPM, FACFAS, says professional parity is a top priority for the committee and one of the most important issues facing foot and ankle surgeons. Professional parity spans education, licensure, federal and state regulations, private insurance reimbursement, medical staff privileging and other aspects of practice. Achieving professional parity across these areas calls for organizations like ACFAS to inform key players about the extent of foot and ankle surgeons’ education and training.

“The PRC maintains ACFAS position papers that members can distribute to hospital staff, policymakers and colleagues,” notes Dr. Cornelison. “We also participate in health-care alliances and coalitions to protect and advance ACFAS’ interest. If we help others understand ACFAS members’ unique qualifications, they can serve as advocates for our profession as well,” he adds.

Gaining ankle surgical privileges in all states is another top trend and a major focus for the PRC. Besides promoting ACFAS’ National Scope of Practice Position Statement, the committee wants to help ACFAS members in the four non-ankle states (Alabama, Massachusetts, Mississippi and South Carolina) add ankle privileges to their scope of practice.

Since state law determines scope of practice for DPMs and other medical providers, it is easy to see why ankle privileges vary from state to state. Dr. Cornelison also points to the evolutionary history of podiatric medicine, licensure law changes, local politics and balance of power as reasons for the gap in scope of practice. “While non-MD/DO providers can face opposition when it comes to changing scope of practice, for DPMs, opposition is rooted in misunderstanding the foot and ankle surgeon’s education and training,” he indicates.

To change these perceptions, Dr. Cornelison recommends that ACFAS members build meaningful relationships with state medical associations, medical specialty societies and state legislators. “These efforts won’t succeed without a lot of boots on the ground,” he says, “and any connection you make could lead to extensive state-wide changes.”

The PRC has also established the Credentialing and Privileging Advisory Team to support ACFAS members in the four non-ankle states and to assist those facing privileging issues with respect to ankle and reconstructive rearfoot procedures at their hospital or surgical facility.

The last trend on the radar is the development of new reimbursement models. Now that the Sustainable Growth Rate formula for Medicare has been eliminated, the PRC will help ACFAS members prepare for new concepts such as the Merit-Based Incentive Payment System and Alternative Payment Models.

“These efforts won’t succeed without a lot of boots on the ground, and any connection you make could lead to extensive state-wide changes.”

—PRC Chair Michael J. Cornelison, DPM, FACFAS
In previous surveys, our members have reiterated to the Board how important it is to define and promote the specialty of foot and ankle surgery to the healthcare community. In response, the Board recently approved a $1.2 million dollar public relations campaign “Take a New Look at Foot and Ankle Surgeons,” which focuses on building awareness of our specialty among key referrers (nurse practitioners, family physicians and diabetes educators) to encourage greater numbers of patient referrals to our practices.

This is a great step for our team to achieve one of its most sought-after goals, and I look forward to watching the campaign unfold and seeing the results.

I encourage all our members to take a step back and look not only at our own ACFAS team, but also at your individual practice teams and remember Coach Wooden’s quote. When we all work together as a team, great things can be accomplished for us individually, as well as for the greater picture of our patients and the future of our profession.
Explore the Residency Director Center on acfas.org

If you are a residency director, visit ACFAS’ Residency Director Center at acfas.org/rdc for instant access to the resources, documents and tools you need to obtain and maintain CPME approval. View examples of CPME-required documents, including:

- affiliation agreements;
- contracts;
- presentations from the Residency Directors Forum held at ACFAS 2016;
- rotational competencies; and
- assessment forms you can use as guides to develop your own program documentation.

“We created this online portal to provide residency directors, as well as residents, with a point of reference for information on all aspects of residency education and training,” says Tim Ford, DPM, FACFAS, chair of the Post-Graduate Affairs (PGA) Committee.

The PGA Committee adds to the portal throughout the year and welcomes ACFAS members’ suggestions for new content to post. “ACFAS and the PGA Committee are committed to enhancing our profession’s residency programs,” adds Dr. Ford, “and we encourage residency directors and faculty to contribute their ideas to make this community portal the best it can be.”

ACFAS Division 5 Sponsors Residents’ Forum at FPMA SAM Symposium

ACFAS Division 5: Florida sponsored the 13th Annual Residents’ Forum at the Florida Podiatric Medical Association’s (FPMA) Science and Management (SAM) Symposium held earlier this year in Orlando. Each year, Division 5 partners with FPMA to provide an academic experience during SAM for those enrolled in Florida’s podiatric residency programs.

The top five presentations given at the forum received monetary prizes ranging from $100 to $500. Presentations were evaluated based on quality, rationale for procedure/fixation used, lessons learned from the surgery’s success or failure and adherence to a seven-minute presentation time limit.

**Top Five Winners**

**First Place:** Kyle Mauk, DPM, UF Health Jacksonville

**Second Place:** Trevor Payne, DPM, Florida Hospital East Orlando

**Third Place:** Jugal Dharia, DPM, JFK Medical Center

**Fourth Place:** Casey Bowles, DPM, JFK Medical Center

**Fifth Place (tie):** Ryan Vazales, DPM, Florida Hospital East Orlando; Jessica Popelka, DPM, UF Health Jacksonville

Shown from left to right are Kyle Mauk, DPM; Jessica Popelka, DPM; Trevor Payne, DPM; Joanne Balkaran, DPM, FACPAS; Andre Williams, DPM, FACFAS; Alan Macgill, DPM, FACFAS; Casey Bowles, DPM; Ryan Vazales, DPM; and Jugal Dharia, DPM.
We help your business bank healthy.

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- Term Loans for practice acquisition
- Real Estate Construction Loans
- Real Estate Acquisition Loans

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