



# ACFAS Update

VOLUME 23 ISSUE 4 NEWS from the AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS

## “Take A New Look” Referral Campaign Debuts with Website, Video, Ads

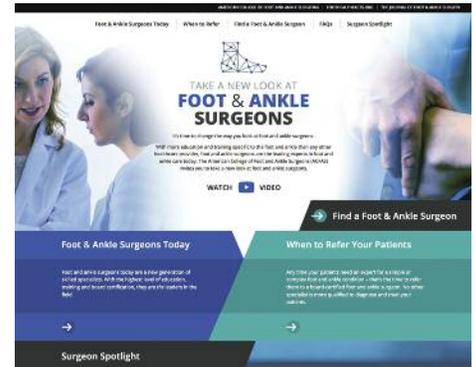
A new ACFAS public relations campaign, aimed at sources of greater patient referrals, debuted recently with a special website, video and national advertising to more than 100,000 nurse practitioners, family physicians and diabetes educators.

**TakeANewLook.org** will educate these healthcare professionals on the unique education, training and board certification of today’s foot and ankle surgeons and why they should feel comfortable recommending their patients to an ACFAS member.

The website features referral guides, surgeon spotlights, infographics and a “Find a

Surgeon” tool. It also features a special video titled “Take a New Look at Foot and Ankle Surgeons” that you can share with your patients and colleagues to highlight the importance of the work you do. The video is also available on the College’s YouTube page ([youtube.com/user/theacfas](http://youtube.com/user/theacfas)).

ACFAS will soon release a Do-It-Yourself Kit so you can help educate these target groups on foot and ankle surgeons’ education, training and certification. Advertising, email messages and conference exhibits will take place behind the scenes to spread the word throughout the year.



**Make sure your physician profile is up to date for referrals!**

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## ADAPT AND FOCUS

*“The more concerned we become over the things we can’t control, the less we will do with the things we can control.”*—Renowned Basketball Coach John Wooden

Coach Wooden’s life lesson is a hard one to adapt to and live by because we as surgeons can naturally be “control freaks.” If you’re like me, you micromanage everything in your practice. I’ve become so bad that I’m getting to the point of scheduling patients. No one knows your patients better than you, and nothing ruins a day more than having back-to-back “special” patients who will put you behind an hour. Minor things, such as the heel not being off the blankets during an arthroscopy, can set the day in the wrong direction; we are such creatures of habit!

Think of the last 10 years in your practice. What things do you no longer have control over that still make you upset? For example, in the age of electronic health records (EHRs), gone are the days of having face-to-face conversations with my nursing staff about patients. Now, “SOAP” notes serve as our communications for patient orders and encounters. I respond with type notes, which sets off a chain of even more “SOAP” messages between nurses, patients and myself. It feels like a never-ending cycle!

Remember the good old days when you cleared your desk and left the office with a

sense of accomplishment? Now information and results are sent to you 24-hours-per-day, and I find myself checking results at all hours (see the above paragraph on being a control freak).

And finally, what about the loss of control we feel about our practice, the healthcare system and reimbursement in general? I went from being a shareholder in a group to an employee of a hospital. While I enjoy the security and collegiality of a hospital group, I miss having the ability to provide input on decisions that affect my practice.

One of the most recent out-of-my-control, “hot topic” emails I’ve received from hospital administrators has been about Medicare Access and the CHIP Reauthorization Act of 2015 (MACRA), which will make sweeping changes to how Medicare pays for physician services. In late April, CMS issued a 962-page proposed rule implementing key provisions of the new physician payment system. The rule proposes that the first performance period would start in 2017 for payments adjusted in 2019.

MACRA sunsets three existing physician quality performance programs—the physician quality reporting system (PQRS), the Medicare EHR incentive programs (Meaningful Use) for eligible professionals and the value-based payment modifier (VM)—and

consolidates aspects of those programs into the Merit-based Incentive Payment System (MIPS). Starting in 2019, MIPS will be the default payment system for eligible clinicians. MIPS will also assess eligible clinicians on four performance categories—quality measures, cost measures, clinical practice improvement activities (CPIAs) and meaningful use of EHRs. Based on their MIPS performance, eligible clinicians will receive positive or negative payment adjustments of 4 percent in CY 2019, rising gradually to a maximum of 9 percent in CY 2022 and beyond.

While we as surgeons may not have control over MACRA, the College will be monitoring the changes and taking steps to prepare our members for the implementation of this policy change.

In this ever-changing medical environment, remember Coach Wooden’s advice—adapt in our practices and focus on the things we do have control over instead of those things out of our control. If we do, I believe we will begin to see more positives and less stress in our work day—ultimately benefiting our practices and our patients.



A handwritten signature in black ink, appearing to read "Sean T. Grambart".

**Sean T. Grambart, DPM, FCFAS**  
ACFAS President

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

## Two New Courses to Sharpen Your Surgical Decision Making

The decisions you make in your surgical cases have the power to transform both your career and your institution. Explore this connection further in our two new courses, *All About the Ankle* or *Comprehensive Reconstruction of the Foot and Ankle*.

*All About the Ankle* covers ankle fusions, fracture and tendon repair, osteochondritis dissecans treatments, ligament stabilization, tendon transfers and more. Case reviews performed with case examples show you how to avoid complications, such as infection, nonunion and revisions.

*Comprehensive Reconstruction* uses panel and case-based discussion with leaders in the profession to teach you the latest reconstructive and salvage procedures. Gain new treatment strategies for simple and complex revision surgery while learning how to better manage patient cases involving staging principles, positioning and fluoroscopy methods.

These courses feature generous hands-on lab time and a nightly fireside chat during which you can share your most difficult cases with faculty and attendees.

Register today at [acfas.org/skills](http://acfas.org/skills) since space is limited. Contact Maggie Hjelm at [hjelm@acfas.org](mailto:hjelm@acfas.org) to be waitlisted for sold-out courses.

## 2016-2017 EDUCATION PROGRAMS



**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 of the Foot & Ankle**

MedCure Surgical Training Center  
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 & Seminar**

Sands Resort  
Bethlehem, PA

**October 14-15, 2016 (Friday/Saturday)**  
**Refining High-Frequency Forefoot Surgery Workshop & 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

**October 22-23, 2016 (Saturday/Sunday)**  
**Complications Seminar**

New York Marriott Downtown  
New York, NY

**November 5-6, 2016 (Saturday/Sunday)**  
**All About the Ankle**

Sheraton Suites Fort Lauderdale  
at Cypress Creek  
Mobile Lab  
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 & Seminar**

Marriott Phoenix Airport Hotel  
Phoenix, AZ

**April 28-29, 2017 (Friday/Saturday)**  
**Refining High-Frequency Forefoot Surgery Workshop & Seminar**

Tysons Corner Marriott  
Vienna, VA

\*To be waitlisted for sold-out courses, contact Maggie Hjelm at [hjelm@acfas.org](mailto:hjelm@acfas.org).

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

# Communication within Your Practice

*Always Room for Improvement*



Thanh Dinh, DPM, FACFAS



Michael VanPelt, DPM, FACFAS

Communication breakdowns between doctors, staff and patients within a podiatry practice occur more often than you might think. And these miscues, no matter how subtle or obvious, can have a lasting impact on working relationships and patient care.

Thanh Dinh, DPM, FACFAS, and Michael VanPelt, DPM, FACFAS, presenters of the ACFAS 2016 HUB session, “What the ‘Bleep’ Happened? Behavior and Its Consequences in the Workplace,” know firsthand how important open and fluid communication is in a podiatry practice. Drs. Dinh and VanPelt have each personally experienced communication breakdowns with colleagues and patients and wanted to share their advice for turning these breakdowns into breakthroughs.

According to Drs. Dinh and VanPelt, the most common causes of communication miscues in a podiatry practice are failure to:

- listen to patients;
- recognize body language;
- understand patient preferences;
- collaborate on a shared goal;
- follow up;
- ask for help; and
- set clear expectations for the patient care team.

One of the simplest ways to help address these factors, particularly when speaking with patients, is to give patients latitude to

express their concerns. “We’re often so rushed that as soon as we enter the exam room, we immediately arrive at a diagnosis and develop a treatment plan,” says Dr. Dinh. “You’d be surprised how much starting off with a smile and an open-ended question can improve your communication with patients.”

Dr. VanPelt stresses that appropriate and effective communication is synonymous with professional behavior. “Common courtesies still goes a long way,” he says.

While the connection between communication and behavior is critical to establishing a sound doctor-patient relationship, Dr. Dinh points to some surprising statistics on both sides of the equation. “Several studies indicate that physicians tend to overrate their communication skills and that patients often remember less than half of the information provided at a doctor appointment,” she notes. “This shows there’s always room for improvement when it comes to communication.”

Refining your communication skills can also make it easier to work with “problem patients.” Dr. VanPelt says the most difficult patients just want to feel that you are listening to, not ignoring, their concerns. “Truly listen to the patient and also let him or her know what your expectations are up front before you perform surgeries that will commit you to this patient for a long time,” he advises.

## Tips for Effective Communication

- Be an active listener.
- Be willing to communicate with patients yourself and not just through your staff.
- Be honest with your business partners and team members.
- Make your team members feel appreciated by using common courtesy.
- Eliminate any ambiguity in your expectations for others.
- Respond to patient phone calls in a timely manner.
- Promptly inform patients of any delays or extended wait times.

Dr. Dinh recommends viewing “problem patients” as opportunities for improving care. “These patients may require more patience and time to treat, but when you stay positive, actively listen to their concerns and gently direct their efforts to improve their health, they will feel they’re being cared for,” she says. “Patients may not always remember what you say, but they definitely remember how you made them feel.”

For more on how to streamline communication within your practice, contact:

**Thanh Dinh, DPM, FACFAS**  
tdinh@bidmc.harvard.edu

**Michael VanPelt, DPM, FACFAS**  
michael.vanpelt@utsouthwestern.edu

# Help Fill the Gaps in Foot and Ankle Surgical Research

## Submit Your Work for the ACFAS Annual Research Grant Awards

Each year, the ACFAS Research Committee creates a “wish list” of research topics it would like to see among the submissions for the College’s annual research grant awards. The committee identifies areas of foot and ankle surgery warranting further investigation and encourages researchers to design studies that address these topics. The following are research topics the committee developed during its November 2015 meeting:

### 1. Vitamin D in bone healing

#### 1a. Vitamin D deficiency and osteoporosis

#### 1b. Vitamin D and arthrodesis healing

“I don’t think we totally understand vitamin D or vitamin D’s role in foot and ankle surgery,” explains Erin Klein, DPM, FACFAS. “Many people don’t drink milk in the quantities necessary to have proper levels of vitamin D present in their plasma.” Dr. Klein suggests that a prospective, randomized trial would be the best way to examine this issue but knows how difficult it would be to isolate a variable. She suggests that researchers start with an understanding of what the surgical candidate’s vitamin D levels are and then observe how s/he heals (clinically).

### 2. Plantar plate repair: osteotomy or no osteotomy?

“On one side, you have the theory that the met-phalangeal joint must be decompressed, and on the other side is the theory that simple soft-tissue balancing will bring the joint back into alignment and will decrease plantar pressures (pain),” says Zachary Thomas, DPM, AACFAS. Dr. Thomas suggests testing both schools of thought side by side under similar clinical conditions and in similar patient pools. He also suggests that researchers evaluate the effects of first ray stability on the lesser plantar plates alongside this.

### 3. Patient-reported outcome measures pre and post foot surgery

“Speaking from personal experience, when the clinic becomes busy, this is usually the first thing that gets forgotten,” says Dr. Thomas. Dr. Klein adds that hallux valgus surgery, one of the most common surgeries foot and ankle surgeons perform, has about a 30 percent dissatisfaction rate. “For some time now, we’ve placed the emphasis of ‘outcomes of bunion surgery’ on things that are important to doctors—radiographic

changes, range of motion, etc. Instead, we’d like researchers to focus on what the patient is feeling and how the patient feels after surgery,” says Dr. Klein.

Visit [acfas.org](http://acfas.org) to apply for the 2016 Clinical and Scientific Research Grant. Send any questions about research topics or the application process to Sarah Nicholson, JD, ACFAS director of Health Policy, Practice Management and Research at [sarah.nicholson@acfas.org](mailto:sarah.nicholson@acfas.org).



## “I don’t think we totally understand vitamin D or vitamin D’s role in foot and ankle surgery.”

—Erin Klein, DPM, FACFAS

patient outreach

## New Polling Feature in *This Week @ ACFAS*

*This Week @ ACFAS* now features a monthly poll to get your feedback on hot topics within foot and ankle surgery and to also find out how ACFAS can better serve you.

Participate in each poll by answering the question in the righthand column and look once a month in the same spot for more. See up-to-the-minute results in *This Week* after you cast your vote or view them on [acfas.org](http://acfas.org). We are excited to bring you this opportunity to share your opinion with us and your peers, and we look forward to receiving your responses!

## Summer *FootNotes* Makes Marketing Easy



Promote your practice this summer and educate your patients? No sweat! Just download the latest issue of *FootNotes* from the ACFAS Marketing Toolbox, customize it with your practice contact information and post it to your social media sites, leave copies of it in your waiting room or distribute it at local health fairs.

The Summer edition features these timely articles:

- Get Your Feet in Shape for Sandal Season
- Beat the Heat with Healthy Summer Feet
- Protect Your Feet from Lawnmower Injuries

Take advantage of the many other free members-only resources at [acfas.org/marketing](http://acfas.org/marketing), including infographics, PowerPoint presentations, press release templates, patient education CDs and more, to retain current patients and attract new ones throughout the year.

# SUBMIT YOUR MANUSCRIPTS AND POSTERS

Make your mark in the profession and influence future generations of foot and ankle surgeons—present your manuscript or poster at ACFAS 75 in Las Vegas, February 27–March 2, 2017.

Visit [acfas.org/asc](http://acfas.org/asc) for submission requirements and guidelines and also mark these important dates on your calendar:

**AUGUST 1, 2016:** Manuscript submissions due.

**SEPTEMBER 1, 2016:** Poster abstract submissions due.

**DECEMBER 1, 2016:** Poster PDF submissions due.

Don't miss this opportunity to share your research with your peers and honor the College's 75-year history!



## ACFAS Southwest Region Supports Residents at TXPMF Meeting

ACFAS Southwest Region (TX, LA, OK, LA) awarded the three case presentation winners of the Texas Podiatric Medical Foundation's 2016 Bandera Foot & Ankle Meeting with gift certificates for next year's ACFAS 75<sup>th</sup> Annual Scientific Conference in Las Vegas.

The winners were:

### 1st Place

**Andrew Bernhard, DPM**  
Kingwood Medical Center  
*Soft-Tissue Mass Case Study*

### 2nd Place

**Andy Bruyn, DPM**  
West Houston Medical Center  
*Achy Brachy-Metatarsal*

### 3rd Place

**Jeremy Walters, DPM**  
West Houston Medical Center  
*Peroneal Instability*

These residents' presentations were evaluated for case organization, clinical relevance, surgical/nonsurgical approach and evidence-based summary.



ACFAS Southwest Region looks forward to seeing the winners in Las Vegas next year. For more information on ACFAS Southwest Region activities and initiatives, visit [acfas.org/division3](http://acfas.org/division3).

## ACFAS Joins Initiative to Improve Safety During Outpatient Care

ACFAS, in collaboration with The Joint Commission and Centers for Disease Control and Prevention, will participate in a three-year project to help prevent patients from acquiring infections during outpatient care.

Called ADOPT (**A**daptation and **D**issemination **O**utpatient Infection **P**reven**T**ion) Guidance, the project's participants will work to expand the reach, uptake and adoption of guidelines by creating model infection prevention and control plans that practices nationwide can use.

ACFAS is one of 12 outpatient-focused professional associations and 10 ambulatory healthcare systems involved in this initiative. Each organization will provide information on use of current infection prevention materials and will consult on development of new or adapted infection control plans.

**Barry Rosenblum, DPM, FACFAS**, of Beth Israel Deaconess Medical Center in Boston will represent the College in the ADOPT project. To learn more about the project, visit [jointcommission.org](http://jointcommission.org).

### In Memory

Oliver S. Foster, DPM, FACFAS  
Los Angeles, CA

Paul J. Selander, DPM, FACFAS  
Glendale, AZ

William T. Vondette, DPM, FACFAS  
Freeland, MI

Melvin H. Weisberg, DPM, FACFAS  
Ocean, NJ

# The Alliance of Wound Care Stakeholders Is in Your Corner

When Marcia Nusgart, RPh, and her colleagues realized more than ten years ago that no umbrella organization for wound care existed, she decided to do something about it. She founded the Alliance of Wound Care Stakeholders in 2002 so the many medical disciplines involved in wound care could advocate, as a unified voice, on public policy issues that may hinder patient access to wound treatment.

Today, ACFAS and 17 other medical societies and clinical associations belong to the Alliance. They work year-round with regulatory and legislative bodies on wound care coverage, payment, coding and quality measures. ACFAS staff and members specifically play a role in strategic planning, work plan implementation and development of Alliance comments on policies and legislation through participation in conference calls and work groups.

This past year, ACFAS assisted the Alliance with advocacy related to pneumatic compression devices (PCDs). The Alliance made its case to the Centers for Medicare and Medicaid Services (CMS) and CMS' Durable Medical Equipment Medicare Administrative Contractors that 2015 local coverage determinations on PCDs are restrictive and provide undue barriers to patient access. "Since ACFAS members prescribe PCDs for

patients with lymphedema," says Nusgart, "ACFAS member Michael Cornelison, DPM, FACFAS and staff member Sarah Nichelson were strong advocates who provided real-world clinical care perspectives when discussing this issue with CMS senior leadership."

The Alliance also supports DPMs and their patients by advocating on issues that could affect access to wound care products, technologies and procedures. For example, the Alliance has:

- sent a letter to Congress in favor of the Helping Ensure Life and Limb-Saving Access to Podiatric Physicians (HELLPP) Act. The HELLPP Act would recognize podiatrists as physicians to ensure Medicaid patients have timely, equal and full access to foot and ankle care providers.
- convinced First Coast, a Medicare contractor, to reverse a local coverage decision and allow podiatrists to prescribe hyperbaric oxygen therapy for their patients.
- helped permit podiatrists to apply cellular and/or tissue-based products for wounds (previously known as "skin substitutes") in instances where a Medicare contractor limited the use of such products.
- submitted comments to CMS on its annual Physician Fee Schedule, Hospital Outpatient Prospective Payment System Rules advocating for reimbursement benefits for DPMs.

Nusgart considers the Alliance's greatest accomplishment thus far to be its success in unifying the 18 medical specialty groups into one respected expert voice that influences policy decisions at the federal level. "Our relationships with CMS, the U.S. Food and Drug Administration (FDA) and legislators mean wound care won't be overlooked," notes Nusgart. "We want to ensure that DPMs can prescribe and perform procedures in wound care based on their state practice acts and that they're not blocked from treating Medicare or Medicaid patients," she adds.

She also indicates that the Alliance's ongoing work to establish quality measures that wound care professionals can use when submitting to Qualified Clinical Data Registries will be of particular benefit to ACFAS members, especially as physician payment models become more quality-based.

While Nusgart foresees some challenges for the Alliance as the year progresses, such as maintaining resources while tracking CMS' new physician payment models and identifying comment opportunities to ensure wound care issues are recognized and addressed, she is optimistic about the goals and initiatives the Alliance has planned for the remainder of 2016. Namely, the Alliance will:



**Marcia Nusgart, RPh**  
Executive Director of The Alliance  
of Wound Care Stakeholders

- work with CMS and other organizations to ensure wound care is discussed and included in alternative payment models and payment reform;
- educate Alliance members on new Medicare payment reform initiatives, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and the proposed rules stemming from it;
- develop new and refine existing wound care quality measures in conjunction with the U.S. Wound Registry as submitted through the Qualified Clinical Data Registry;
- educate CMS and its contractors on coding, coverage and payment of wound care technologies;
- work with the American Medical Association's Current Procedural Terminology (CPT) committee and staff to change the CPT code descriptors from "skin substitutes" to the more clinically appropriate "cellular and/or tissue-based products for wounds";
- monitor, review and comment on Medicare coverage, coding and payment issues that affect wound care procedures and technologies;
- monitor government and other organizations to ensure wound care procedures, technologies and payment are adequately and accurately included in agencies that shape healthcare reform; and
- work with FDA as it updates its 2006 *Guidance for Industry—Chronic Cutaneous Ulcer and Burn Wounds: Developing Products for Treatment*.

To learn more about the Alliance's initiatives, visit [woundcarestakeholders.org](http://woundcarestakeholders.org) or contact Marcia Nusgart, RPh, the Alliance's executive director, at [marcia@woundcarestakeholders.org](mailto:marcia@woundcarestakeholders.org).

“ACFAS has been a strong advocate that provides real-world clinical care perspectives when discussing this issue with CMS senior leadership.”

—Marcia Nusgart, RPh



## Get Reimbursed for the Care You Provide

Attend our *Coding & Practice Management Workshop* July 8–9 in Denver and walk away with the tools you need to simplify your coding and reimbursement practices.

Expert faculty will guide you through:

- CPT coding and documentation;
- evaluation and management surgical codes;
- common podiatry modifiers;

- new government reimbursement systems and methods;
- and more!

You'll also code real-time patient scenarios from start to finish for an in-depth look at the coding and billing process.

Visit [acfas.org/practicemanagement](http://acfas.org/practicemanagement) for details and to register today.

### Registration Fees

\$535	ACFAS Member Physician or Member Physician's Staff
\$460	ACFAS Member in practice five years or less (discount not available online)
\$285	ACFAS Resident Member
\$650	Non-ACFAS Member Physician or Non-ACFAS Member Physician's Staff

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DR. ANOOSH MOADAB, ALL VALLEY PODIATRIC GROUP

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# ACFAS Update

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Benefits Partners

Get details about these member services at [acfas.org/benefitspartners](http://acfas.org/benefitspartners).



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