ACFAS Launches New FootHealthFacts.org

What's new about FootHealthFacts.org? Everything! The College's popular patient education website not only features updated health information, it has a new mobile-friendly look, an improved physician search tool, new videos, access to the FootNotes patient newsletter and more. Visitor favorites, such as the interactive Where Do You Hurt? foot diagram, still remain, plus you now have the ability to include the foot diagram on your own practice website to help your patients find valuable foot and ankle health information. Visit the ACFAS Marketing Toolbox at acfas.org/marketing for instructions.

Encourage your patients to check out the newly redesigned website and to follow FootHealthFacts.org on Twitter and Facebook. And don't forget to link your practice website to FootHealthFacts.org—see acfas.org/marketing for details.

Roni Zeiger, MD, wants to make better science happen faster. How? By giving patients, doctors and researchers the means to more easily connect and learn from each other. When we strive to understand the ways in which each of us is an expert, he says, change is possible. Hear more from Dr. Zeiger during the 2017 Annual Scientific Conference opening general session in Las Vegas and rethink what it means to truly involve patients in their own care. continued on page 7
As I sat down to write this Perspective and was thinking back on the last several years, I had the NFL game of the week on in the background, and I came to the realization that surgeons and athletes are similar people. When you listen to professional athletes speak, especially retired ones, they can recall the devastating losses more than the wins. Those losses can still linger, and some athletes refuse to talk about a really bad defeat years later. I think surgeons have the same mentality. It can be hard for us to remember the specifics of a successful outcome or the name of a patient who had a great result, but at times, we can easily remember the specifics of a patient who had either a devastating complication or a poor surgical outcome.

As I reflected, I was reminded of another quote from Coach Wooden, “Failure is never fatal, but failure to change can and might be.” Everyone hates to see a poor outcome or complication, but each issue is a chance to learn from that failed procedure and to possibly change what you do as a surgeon. Skill changes come when surgical techniques can be refined and instrumentation advances. But, one change that took the most time for me to improve upon was my interactions with patients when these complications or poor outcomes occurred.

We are, by nature, people pleasers. Our desire to help people is one of the biggest reasons why most of us went into medicine; it’s why discussing poor outcomes or complications can be difficult. We want our patients to be happy and satisfied with their outcome, and when we see “that” particular patient who experienced a poor outcome on the schedule, it can ruin your whole day.

To help, I decided to change my mindset. First, I needed to accept the realization that I can’t satisfy every patient. As surgeons, we all have a goal of a zero-complication rate and a successful outcome every time, but in this day and age of patient satisfaction scores, we know 100 percent isn’t possible to achieve. In fact, many hospital systems offer incentives for 80 percent or greater satisfaction scores. Think about it—if you do 500 cases per year and have a 90 percent satisfaction score, there are still 50 patients who are not satisfied with their results. As people-pleasing surgeons, this is a hard reality to accept as a fact of practicing medicine.

Second, I needed to come to terms with the fact that complications will happen. I’m always surprised when new patients come to me for a second opinion after surgery and tell me their previous surgeon said he or she never has surgical complications. Complications happen to all of us. A surgeon friend once shared with me that he tells every patient, “No matter what procedure you do and no matter how many times you have done it, everyone heals on a bell-shaped curve.” Sixty-eight percent of patients will heal as expected, 14 percent will heal a little quicker and 2 percent will heal extremely quickly. He also tells them that the exact opposite can happen; 14 percent will heal slower and may have expected complications, and 2 percent of patients will have poor surgical outcomes. I’ve been sharing this exact phrase with my patients to help us know and remember what to expect from each case.

Remember, failures will happen. When you have a poor outcome, take the time to learn from the situation. You may need to change your technique or how you deal with your patients. Also, be honest with your patients; they want to be reassured you can help them and won’t leave them on their own. And as much as we’d like to forget, take it from a former athlete who can still recall every heart-breaking loss—I know we can’t always forget the heart-breaking surgical outcomes either.

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

Sean T. Grambart, DPM, FACFAS
ACFAS President
education

Prepare for the Unexpected in New Complications Seminar

Join your colleagues for a dynamic, honest and open discussion of complications. Register now for Minimize Your Complications and Maximize Your Patient Outcomes and participate in an amazing exchange of ideas among physicians and scientists.

Set for October 22–23 at the New York Marriott Downtown, this new seminar combines case-based lectures with panel discussions and open debate to give you a well-rounded view of how complications can best be addressed and avoided. Reevaluate your approach to treating common—and not so common—complications and gain new strategies for handling the unexpected at any stage in a patient case.

Visit acfas.org/education to register now since space for this seminar is limited.

It’s All About the Ankle in New Surgical Skills Course

Gain an overview of all ankle procedures and pathology while zeroing in on the latest surgical approaches for treating ankle arthritis, ankle fractures and tendon tears and transfers in All About the Ankle, our newest surgical skills course.

Scheduled for November 5–6 at the Sheraton Suites Fort Lauderdale-Cypress Creek, All About the Ankle includes generous time spent working in a mobile cadaveric lab, personalized instruction and a fireside chat on Saturday evening during which you can share radiographs of your most challenging case with faculty and attendees. You will come away from this course with a renewed confidence in your ability to treat the most complex of ankle cases and prevent complications.

Space is limited to just 26 participants, so visit acfas.org/skills to reserve your spot today.
Health Policy Issues at Stake in the 2016 Election

Regardless of who wins the presidency and Congress starting in January 2017, there are likely to be major changes in federal health-care policy. Here are several issues to watch:

- The Affordable Care Act (ACA) will most likely be amended, but the extent of any changes will depend on which party controls the Congressional majority and who wields the presidential veto pen.

  Republicans have sought to repeal the Act entirely and will probably continue this course of action in 2017. Republican presidential nominee Donald Trump has supported the entire repeal of the ACA. But if Democratic nominee Hillary Clinton wins the Oval Office, she may need to agree to some changes to the law, such as repealing the medical device tax. Additionally, value-based care implementation could be affected. The ACA created the Center for Medicare and Medicaid Innovation, which in turn created value-based care reforms like accountable care organizations. Future value-based care progress may be stymied without the Center for Medicare and Medicaid Innovation.

- Pharmaceutical companies continue to increase drug prices, despite considerable media scrutiny. Clinton has called for capping out-of-pocket prescription drug costs at $250 for patients with chronic or serious health conditions. Trump has said he supports Medicare negotiating prescription drug prices (which it does not do now). Both Clinton and Trump support the ability to import drugs from foreign countries.

- Both Medicare and Medicaid face major changes following the election. While Trump has not addressed Medicare in his seven-point healthcare policy outline, Clinton has proposed that Americans as young as 50 or 55 have the ability to “buy in” to Medicare. This would give health insurance to an additional uninsured seven million Americans aged 55 and older. Trump supports giving states a block grant for Medicaid and SNAP. Clinton supports Medicaid expansion.

Take Advantage of New JFAS Open Access Option

Remember, you can now publish your research in *The Journal of Foot & Ankle Surgery (JFAS)* as a traditional subscription article or as an Open Access article. Open Access brings your research to readers worldwide, including nonsubscribers of the *Journal*, and gives them free, immediate and permanent access to your work through ScienceDirect and Health Advance. This in turn can lead to more article citations and downloads, and the widespread exposure your article will receive can also increase the likelihood that your research will be funded.

Open Access offers ACFAS members:

- a 50 percent discount on the cost for Open Access publication;
- a global readership of more than 15 million researchers, healthcare professionals, teachers and students through ScienceDirect and Health Advance;
- stats on how many views and citations your published article is receiving;
- high-caliber search engine optimization for your article.

Visit jfas.org to learn more about Open Access publishing or to submit your article.
CPAT Q&A

Need guidance on credentialing and privileging? Starting with this issue of ACFAS Update, the College’s Credentialing and Privileging Advisory Team (CPAT) will answer a question from members to help them overcome any red tape that could be preventing them from practicing to their full potential. If you have a question for CPAT, send them to credentialing@acfas.org.

Greg Still, DPM, FACFAS, CPAT member, and Harold Vogler, DPM, FACFAS, respond to the following question:

“I am Board Certified by ABFAS and want to upgrade my surgical privileges. However, the medical staff office has informed me that podiatrists are not allowed to perform hindfoot or ankle procedures at my hospital. What should I do?”

Drs. Still and Vogler recommend:

1. Obtain a copy of the hospital rules and regulations as well as bylaws. These documents will define the “process” for privilege upgrade and dispute management, which could include convening a special ad hoc committee to review the situation. Also obtain a copy of the current podiatric privilege delineations.
2. Obtain a copy of the involved state law to be certain the statute provides for the desired scope.
3. Obtain a copy of the orthopaedic “privilege laundry list” to see how foot and ankle delineations are handled in the orthopaedic section. Pay special attention to privileging of both the foot and ankle orthopaedists and the general orthopaedists. Often, the general orthopaedist will hold all privileges of the foot and ankle without any further scrutiny or documentation of specialty training. DPMs must be managed the same way.
4. Find out who wrote the current podiatric privileges (or what committee at the hospital wrote them) and when they were last revised or updated.
5. Obtain podiatric surgery credentialing and privileging information from the two nearest hospitals that have DPMs on staff.
6. Compile a comprehensive list of cases you have performed over the past two to four years at all facilities. If you have just completed your residency, then case logs will suffice as well as documentation of any special training courses.
7. Compile a list of all CME and training courses you have taken over the last two to four years.
8. Visit afcas.org or contact ACFAS staff to obtain documents on DPM education and training as well as history and physical privileging.
9. Once you have gathered the above information, present your case to your hospital’s credentialing and privileging committee. Be sure to bring copies, not originals, of your training records and case logs.
10. Forward a letter to the medical staff office citing state and federal statutes and Joint Commission standards that preclude arbitrary discrimination of privileging based on medical degree. Request that these documents be used for upgrading through a required ad hoc committee for review and for updating in accordance with Joint Commission standards as well as with state antidiscrimination statutes and Medicare standards.
11. Ask to meet with the hospital’s medical staff director (Chief of Staff) and speak with him or her privately about your situation and what you are trying to accomplish. Try to follow up this private meeting with a short informal note (to the Chief of Staff) documenting what was said or recommended.
12. Ask your state podiatric medical association if it can offer any contacts within your state or region who can assist you. You may be able to find a DPM who has gone down this road before you at another hospital.
13. Organize your documentation so that it is easily accessible, readable and reproducible. Above all, exercise patience and professionalism. Take it one step at a time and never give up.
Congratulations to Stephanie Eldridge, DPM, AACFAS, who in August joined the College as its 10,000th all-time regular member. Dr. Eldridge of Carolina Foot and Ankle Associates, PLLC in Hickory, North Carolina first became involved with ACFAS as a student member and then as a three-year resident member.

For the past eight years, Jerome Noll, DPM, FACFAS, the College’s archivist, has worked to compile a list of every member who joined the College since 1942. Dr. Eldridge’s regular membership (Associates and Fellows) not only marks the 10,000th time a DPM has recognized the value in joining such a prestigious institution, it honors those who, over the past 75 years, have helped make the College what it is today. Her membership also comes at a time when ACFAS has achieved its highest membership overall.

“When I joined ACFAS as a student,” says Dr. Eldridge, “I truly had no idea of the resources that ACFAS provides. I appreciate my membership more than ever now.”

Dr. Eldridge notes that her ACFAS membership at each stage of her training has helped her develop and refine her skills through workshops and courses and prepare for her job search. At this point in her career, Dr. Eldridge is in the process of forming her own company for women’s shoes and plans to make use of ACFAS’ practice management resources throughout the next year.

“Being the 10,000th member signifies the College’s growth, and I’m so happy to be part of it,” she shares. “I thank all previous and current members for their work and contributions to make the College what it is today.”

“I truly had no idea of the resources that ACFAS provides. I appreciate my membership more than ever now.”

— Stephanie Eldridge, DPM, AACFAS

Volunteer Leaders Needed for 2017 Committees

Be the force that helps write the College’s next 75 years of history by volunteering for any of ACFAS’ 11 committees in 2017. The deadline for applications is November 23, 2016. Visit acfas.org/volunteer for more information.

ACFAS Committees

Annual Scientific Conference Committee
Consumer Education Committee
Council for Journal Management
Education/Scientific Affairs Committee
Fellowship Committee
Membership Committee

Post-Graduate Affairs Committee
Practice Management Committee
Professional Relations Committee
Research Committee
Surgical Skills Committee
ACFAS Student Clubs Hit the Ground Running on All Nine Campuses

ACFAS’ new Student Club officers kicked off the 2016–2017 academic year with school orientations to recruit student members and highlight the benefits of active participation in Student Club events and activities.

In August, all Student Club presidents participated in a conference call, moderated by the ACFAS Membership Committee’s student representative, Jonathon Srour, NYCPM Class of 2017, to learn about their roles and responsibilities, new techniques to recruit club members and ways to develop additional events and opportunities through the creation of Journal clubs, a strong Facebook presence, cadaver workshops and review of ACFAS surgical videos as a club.

Club officers also discussed their plans to attend ACFAS 75 in Las Vegas next year and shared tips for submitting entries to the College’s annual poster competition.

In September, board liaison Randal L. Wraalstad, DPM, FACPAS, visited the AzPOD Student Club, and board liaison John Steinberg, DPM, FACPAS, visited the NYCPM Student Club. Aksone Nouvong, DPM, FACPAS, visited the CSPM campus on October 6, and the ACFAS board of directors will visit Kent State at the end of the month. As the year progresses, the Student Clubs will continue to schedule their board liaison visits, prepare their poster contest submissions for ACFAS 75 and work with the College to host special presentations, lectures and workshops at their respective schools.

Keep Your ACFAS Profile Up to Date

If your practice or home contact information has changed recently, be sure to update your ACFAS member profile by logging into your account at acfas.org. An updated member profile can also help you get referrals from healthcare providers and patients the College is targeting as part of its “Take a New Look at Foot and Ankle Surgeons” national public relations campaign.

Once you’re in your member profile, you can also:

- Update any email addresses you use (work or personal) as well as your fax number and your work, home or cell number.
- Confirm you’re receiving The Journal of Foot & Ankle Surgery and ACFAS Update at your preferred address.
- Make your contact information available to your colleagues through the College’s online membership directory by clicking “Yes” to the Members-Only Directory.
- Include yourself in the “Find an ACFAS Physician” search tool on FootHealthFacts.org. Just click “Yes” for “Consumer Physician Search.”

If you’ve forgotten your acfas.org login details, use the website’s “forgot my username” or “forgot my password” prompts or contact the College at info@acfas.org or (773) 693-9300 for assistance.

Keynote Speaker continued from cover

Dr. Zeiger is CEO of Smart Patients, an online community where patients and caregivers can discuss how the latest treatments and science fit into the context of their experience. He and his business partner believe that tapping into networks of engaged and informed patients will lead to the next shift in medicine.

As the former chief health strategist at Google, Dr. Zeiger developed breakthrough technologies, including Google Flu Trends and Symptom Search. He is also the brains behind Diagnosaurus, a tool that helps doctors remember the possible diagnoses for given symptoms.

Join us for what promises to be a revealing discussion and watch future issues of ACFAS Update for more on ACFAS 75’s featured speaker lineup.
Strategically placed footprints on the exhibit hall floor guided hundreds of potential referrers to ACFAS’ “Take A New Look at Foot & Ankle Surgeons” booth at the American Association of Diabetes Educators (AADE) conference in San Diego in August.

John Steinberg, DPM, FACFAS, Secretary/Treasurer on the ACFAS Board of Directors, along with staff and the Fleishman Hillard team spoke with attendees on how foot and ankle surgeons and diabetes educators can collaborate in the early detection and treatment of diabetes foot conditions. Dr. Steinberg met with a member of AADE’s board of directors to discuss ways in which ACFAS and AADE can work together. He also connected with a reporter from Endocrine Today to discuss future interview opportunities.

Nearly 300 DEs who visited the booth received a “When to Refer” guide or diabetes-specific fact sheet and learned how to find a foot and ankle surgeon using the “Find a Surgeon” tool on the campaign microsite, takeanewlook.org. Any DE who shared his or her contact information with ACFAS received a personalized thank-you email after the conference giving them the opportunity to learn more about foot and ankle surgeons.

“Take A New Look” exhibited at the American Academy of Family Physicians conference last month in Orlando—stay tuned for a recap in the next issue of ACFAS Update.
ACFAS 75: BOOK YOUR ROOM TODAY

The only thing that moves faster than Vegas is its hotel room inventory. Book your room for the 2017 Annual Scientific Conference today with onPeak, the College's official housing partner, and enjoy exclusive discounted rates negotiated just for you.

Choose from The Mirage ($168/night) or Treasure Island ($109/night) for your stay. Hotel room reservations are accepted on a first-come, first-served basis, so visit acfas.org/asc today to get your best pick. onPeak’s fully supported customer service team is available to assist you in your booking process.

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ACFAS Grants Status to Eight Fellowship Programs

Eight fellowship programs recently received status with the College, which is good news for both program directors and those looking to take on a fellowship after residency. “The ACFAS Fellowship Committee would like to welcome four new fellowships to the ACFAS list of programs. We are also happy to elevate four more programs to full Recognized Status. These eight programs are helping ACFAS grow its initiative to encourage the undertaking of postgraduate education after residency,” said Ryan Scott, DPM, FACFAS, Fellowship Committee chair.

The following four programs just completed their first successful year and were reviewed by the committee. It was determined that they meet/exceed the minimal requirements to now be upgraded to Recognized Status with the College:

Newport Advanced Foot and Ankle Surgery Fellowship
Newport Beach, California
Program Director: D. Jeffrey Haupt, DPM, FACFAS
acfas.org/fellowshiphaupt

Encino Specialty Surgery Center Sports Medicine Fellowship
Burbank, California
Program Director: Franklin Kase, DPM, FACFAS
acfas.org/fellowshipkase

North Jersey Reconstructive Foot and Ankle Fellowship
Lyndhurst, New Jersey
Program Director: Michael Subik, DPM, FACFAS
acfas.org/fellowshipsubik

Foot and Ankle Fellowship of South Florida
Plantation, Florida
Program Director: Warren Windram, DPM, FACFAS
acfas.org/fellowshipwindram

The following fellowships have been granted Conditional Status with ACFAS since the programs are new and have not yet had a fellow matriculate through. All Conditional Status programs are considered for “Recognized Status” with ACFAS after the first fellow completes the program:

Palo Alto Foundation Medical Group—Santa Cruz Foot and Ankle Fellowship
Palo Alto, California
Program Director: Timothy Blakeslee, DPM, FACFAS
acfas.org/fellowshipblakeslee

Reconstructive Foot and Ankle Surgery Fellowship
Louisville, Kentucky
Program Director: Syed Khader, DPM, FACFAS
acfas.org/fellowshipkhader

NOFA Foot and Ankle Reconstruction Fellowship
Concord, Ohio
Program Director: Jonathan Sharpe, DPM, FACFAS
acfas.org/fellowshipsharpe

Henry Ford Allegiance Foot and Ankle Surgery Fellowship
Jackson, Michigan
Program Director: Tudor Tien, MD
acfas.org/fellowshiptien

ACFAS highly recommends taking on a specialized fellowship for the continuation of foot and ankle surgical education after residency. If you are considering a fellowship, visit acfas.org/fellowshipinitiative to review a complete listing of programs and minimal requirements.

ACFAS Fellowship Application Price Increase

To be more closely aligned with like approval processes in other organizations, the Fellowship Committee recently voted to increase the price for a fellowship program to apply for status with ACFAS to $1,000. Any program director applicants who have already received an application will be grandfathered in at the old rate through the May 1, 2017 deadline.

For more information or to request an application, contact Michelle Kennedy, ACFAS director of membership, at michelle.kennedy@acfas.org.

In Memory

Harold J. Feder, DPM, FACFAS
Chicago, IL

Sherwin E. Levy, DPM, FACFAS
Los Angeles, CA
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**Friends Level**
- Treace Medical Concepts, Inc.
Get details about these member services at acfas.org/benefitpartners.