ACFAS READY TO CELEBRATE 75 YEARS OF CME EXCELLENCE

When the curtain rises on the 75th Anniversary Scientific Conference February 27 at The Mirage in Las Vegas, know that an unforgettable conference experience is in the cards for you. We’ve upped the ante to give you endless opportunities to learn and network as you celebrate the College’s illustrious 75-year history.

Preconference workshops will start the show on February 26 to refine your surgical technique and keep your practice running smoothly. Then kick off the first official day of ACFAS 75 on February 27 with Collaboration Is Sexy, an energizing presentation by Roni Zeiger, MD, CEO of Smart Patients, a peer support network for patients and their families. He’ll share his vision of a patient-centric environment that brings both physicians and patients into the conversation.

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Family Physicians “Take a New Look” at Foot & Ankle Surgeons

“I didn’t realize some podiatrists had a specialty in surgery. I need to find one near me.”

“I might try to treat some foot conditions, but for anything more serious, I’d refer to an expert.”

“You need a specialist when dealing with the foot or ankle. It’s such a complex part of the body.”

These were just a few of the comments overheard during the American Academy of Family Physicians (AAFP) FMX conference in Orlando in late September. ACFAS’ national public relations campaign, “Take a New Look at Foot and Ankle Surgeons,” exhibited at the event to educate FPs on why they should refer their patients to foot and ankle surgeons.

ACFAS members Alan MacGill, DPM, FACFAS; Christopher Reeves, DPM, FACFAS; Amber Shane, DPM, FACFAS; and College staff spoke with family physicians at the AAFP annual conference about the benefits of partnering with foot and ankle surgeons.

Booth visitors received “When to Refer” guides and fact sheets that provided more information about foot and ankle surgeons, their training and certification. They were also directed to the campaign microsite, takeanewlook.org, to find foot and ankle surgeons in their area.

Attendees could access additional information on foot and ankle surgeons via an enhanced listing on the AAFP FMX mobile app.

Dr. MacGill and ACFAS staff met with Julie Wood, MD, AAFP senior vice president of Health of the Public and Interprofessional Activities, Sandy Bihlmeyer, MEd, AAFP CME faculty strategist, and Maria Arnone, senior manager of Strategic Partnerships, to discuss potential future partnerships between the two organizations.

“Take a New Look” is planning its campaign trail for 2017—watch ACFAS publications for updates and recaps!
ACFAS wants you to speak to the media on behalf of the College! If you want to get more involved in the College or are looking for ways to become more public-relations savvy to promote your own practice, sign up to be an official ACFAS Spokesperson. All new spokesperson volunteers will have the opportunity to go through a free, formal media training program during the Annual Scientific Conference February 27–March 2, 2017 in Las Vegas.

Your personalized one-hour training session by a professional media trainer will include:
- one-on-one media training
- on-camera training with feedback
- ACFAS media training tips

To sign up to be a spokesperson and reserve your media training session, contact Melissa Matusek, ACFAS director of Marketing and Communications, at melissa.matusek@acfas.org or (773) 444-1306. Media training slots are limited, so don’t delay in signing up!

Attend Residency Directors Forum for Tips & Takeaways to Make Your Program Great

The Residency Directors Forum is returning in 2017 and is jam-packed with take-home information to help build on every residency program’s foundation. This year’s Forum, held in advance of the conference on Sunday, February 26 from 1:30–5:30pm and cohosted by the Council of Teaching Hospitals (COTH), will provide updates from COTH, AACPM and CPME as well as the Boards (ABFAS and ABPM) that are a can’t-miss for residency directors. Representatives from Podiatry Residency Resource will be on hand to discuss the new 2.0 version of its database. Dos and don’ts in social media for residents, program assessment tools and potential changes in store for future residency programs are also on the agenda.

And for the first time, program faculty and administrators will be invited to attend the forum with their director, with up to two attendees per program. There is no cost to attend, so sign up early to guarantee your spot. Registration will open in November—residency directors should watch their email for instructions on how to register.

- Alphabet Soup: What’s New from AACPM, COTH and CPME
- PRR 2.0: Clearing the Logjam
- All A-Board: Hear the Latest from the Boards Themselves
- Risky Business: Unsocial Media
- Assessments: Room for Improvement
- It’s Your Turn: Point-Counterpoint Discussion
- Open Forum/Cocktail Hour
With the implementation date of January 1, 2017 approaching, U.S. Centers for Medicare and Medicaid Services (CMS) Acting Administrator Andy Slavitt has announced four compliance options for MACRA. These compliance options give healthcare providers some flexibility in their reporting:

**Option 1:** Healthcare providers can test the Quality Payment Program as long as providers submit some data to the program. If the provider submits some data after January 1, 2017, the provider will avoid a negative payment adjustment. However, the provider will not receive a positive payment adjustment.

**Option 2:** Healthcare providers can submit data to the Quality Payment Program for a reduced number of days. If a provider submits data on quality measures, how the practice uses technology and how the provider has improved its practice activities, the provider could qualify for a small positive payment adjustment.

**Option 3:** Healthcare providers can submit data to the Quality Payment Program for a full calendar year. The reporting period would start on January 1, 2017, and the provider would submit information on quality measures, clinical practice improvement activities and practice technology for the entire calendar year. The provider could qualify for a modest payment adjustment.

**Option 4:** Healthcare providers can join an Advanced Alternative Payment Model, such as a bundled payment program or a Medicare Shared Savings Program.

These four options show that CMS is willing to work with providers to transition into the Quality Payment Program. Providers can test their office technologies and practices to ensure smooth reporting to CMS.

ACFAS is here for you as you begin the transition to MIPS reporting. Email Sarah Nichelson, JD, ACFAS director of Health Policy, Practice Management and Research, at sarah.nichelson@acfas.org or visit acfas.org for more on how we can help you.
Q: “I have been in practice for 25 years and have always performed ankle surgery at my hospital. I just received a letter saying I can no longer perform these procedures. What should I do?”

A: Restricting a physician’s privileges in this way rarely occurs. However, when it does, it is a serious medical legal process, and you have substantial rights as described in the hospital bylaws. If someone sent you a letter, this is not a proper process, and you should be able to retain your ankle privileges. That said, here are some actions to take:

1. Obtain the current medical staff bylaws, rules and regulations of your institution then carefully study the sections pertaining to how credentials can be changed, removed or added. These criteria need to be uniform to all types of practitioners and cannot isolate one specialty. If needed, ask for assistance to clarify any language or sections that are unclear. Keep this safe and handy.

2. Make a copy of the letter received and the above referenced information.

3. Read the letter carefully and dissect every word and sentence. Look for ambiguous language. There should be a reason stated that correlates with the bylaws, rules and regulations. If this is not the case, transcribe this in detail and make a copy.

4. Create a chronological paper trail.

5. Obtain any credentialing and privileging documents related to surgical procedures of the ankle no matter what specialty. Study these documents for consistency and equality. If you find any discrepancies, write them down, make a copy and save it.

6. Collect any and all documents related to your training, education, experience, competency and case volume/logs in ankle surgery. Make copies and save them.

7. Research who or what medical staff body, committee or member voted to approve this change and document it. Attempt to meet with the body, committee or member and ask direct questions in a respectful manner about how this decision was reached. Then present your case with facts and all of the paperwork you saved to clearly support your argument that 1) you are competent to perform ankle surgery and 2) you have not been treated in compliance with the bylaws, rules and regulations.

8. If unsuccessful in your attempts with the medical staff committee, body and/or individual, elevate your concerns up the chain of command to senior leadership. This may include the chief medical officer, vice president of Medical Affairs, chief operating officer, senior vice presidents, the president/chief executive officer then ultimately the board of directors.

9. If this approach is unsuccessful, obtain counsel confidentiality. Legal action should be a last resort and is typically not necessary.
More than 40,000 runners from all 50 states and 100 countries swarmed the College’s booth at the Chicago Marathon’s Abbott Health and Fitness Expo October 7–8 to pick up free ACFAS hot/cold packs and injury prevention tips and to learn more about how foot and ankle surgeons can help keep them running! Eight local ACFAS members were also on hand both days to speak with runners and their families about the best ways to keep their feet and ankles healthy.

Earlier this year, ACFAS distributed hot/cold packs to runners at the Austin Marathon finish line on the last day of the 2016 Annual Scientific Conference. Based on the event’s success, the College saw the Chicago Marathon as a prime opportunity to further promote the profession to this captive niche market.

Thank you to the following ACFAS members and students for volunteering their time to help in the booth:

- Michael Bowen, DPM, ACFAS
- Dan Elms
- Jacob Jones
- Robert Joseph, DPM, PhD, FCFAS
- Alex Lawson
- Bela Pandit, DPM, FCFAS
- Vivek Patel, DPM, ACFAS
- Richmond Robinson, DPM, ACFAS
After his presentation, jump right into three days of back-to-back sessions and workshops that will spark your curiosity and creativity.

In between sessions, be sure to stroll through our Exhibit Hall and poster display, head to the HUB theater for fresh takes on trending topics or visit the fourth annual ACFAS Job Fair to browse through job openings and resumes.

ACFAS 75 will open with a reception in Siegfried & Roy’s Secret Garden and Dolphin Habitat and close with a wrap party guaranteed to rival any big-name show on the Strip. Toast your last night in Vegas with live music, food, drinks and dancing in the LINQ entertainment promenade, which features the High Roller, the world’s tallest observation wheel. Join your colleagues in any of the High Roller’s spacious cabins and take in 360° views of the Las Vegas valley from 550 feet in the air. Or if you prefer terra firma, visit Brooklyn Bowl for music, food and bowling with a rock-and-roll edge.

Book your hotel room now with onPeak and register for ACFAS 75 at acfas.org/vegas to take advantage of our early bird rates.

40-YEAR MEMBER SPOTLIGHT

Joseph T. Garofalo, DPM, FACFAS

Ask Joseph T. Garofalo, DPM, FACFAS, what has changed in the 40 years he has been an ACFAS member and he will tell you what has not—his passion for practicing foot and ankle surgery. “I enjoy my private practice as much now as I did in 1970 when I first went into business,” he says. And while he has reduced the size of his surgical practice over the last several years, he still spends most of his time in the office.

Dr. Garofalo respects the College deeply and appreciates what it has done for the profession since he first became an ACFAS member in 1977. He notes that podiatry was much smaller and more surgically oriented then and that few non-MDs served on hospital staffs. “When I first started to apply to hospital staffs, the administrators often wondered why a podiatrist needed hospital privileges,” recounts Dr. Garofalo. He used materials from the College to educate hospital staff on foot and ankle surgeons’ qualifications and abilities. “Young podiatrists today do not realize how difficult it was to integrate foot and ankle surgeons into the system,” he says.

He advises his colleagues to practice for as long as they love it and recommends that new practitioners join ACFAS. “Those in the medical field think highly of the AACFAS and FACFAS designations,” he concludes, “and in my opinion, the College represents the cream of the profession.”
After careful review of applicants to serve on the ACFAS Board of Directors, the Nominating Committee recommends these five Fellows for three positions in the upcoming electronic election:

- Randal L. Wraalstad, DPM, FACFAS (Incumbent)
- Gregory D. Catalano, DPM, FACFAS
- Michael J. Cornelison, DPM, FACFAS
- Katherine Dux, DPM, FACFAS
- Meagan M. Jennings, DPM, FACFAS

Two three-year terms and one two-year term will be filled by election. Candidate profiles and position statements will be posted at acfas.org/nominations on December 1. The ballot order and appearance are prescribed in the bylaws. Eligible voters may cast one, two or three votes on their ballot. Regular member classes eligible to vote are Fellows, Associates, Emeritus and Life Members. Individuals who intend to nominate by petition must notify ACFAS by November 7, and petitions are due no later than November 30.

Online voting will be conducted December 12–30. All eligible voters will receive an email with special ID information and a link to the election website in advance. After logging in, members will first see the candidate biographies and position statements, followed by the actual ballot. Eligible voters without an email address will receive paper instructions on how to log in to the election website and vote. There will be no paper ballots.

The 2016 Nominating Committee included Richard Derner, DPM, FACFAS, Chair; Sean T. Grambart, DPM, FACFAS; Tony D.H. Kim, DPM, FACFAS; Javier La Fontaine, DPM, FACFAS; John T. Marcoux, DPM, FACFAS; Harry P. Schneider, DPM, FACFAS; and Monica H. Schweinberger, DPM, FACFAS.

A Round of Applause for Our 40-Year Members

ACFAS thanks those dedicated members who have been a part of the College for 40 years or more. To recognize their continued commitment to the College and the profession, ACFAS has granted the following members Life Membership status:

Stevan J. Anselmi, DPM, FACFAS
Michael J. Burns, DPM, FACFAS
Timothy J. Byron, DPM, FACFAS
Richard M. Evans, DPM, FACFAS
Robert I. Garnet, DPM, FACFAS
Joseph T. Garofalo, DPM, FACFAS
Richard L. Hecker, DPM, FACFAS

Danny A. Kaplan, DPM, AACFAS
Gregory P. LaNata, DPM, AACFAS
Sheldon Z. Rubin, DPM, FACFAS
George M. Rutan, DPM, FACFAS
Carl D. Solomon, DPM, FACFAS
Louis A. Sorto, Jr., DPM, FACFAS
Harvey Strauss, DPM, FACFAS
When Timothy J. Byron, DPM, FACFAS, joined the College in 1977, he knew his membership would help him achieve his goals of becoming an Associate member and Fellow and would also position him as a recognized and respected member of the profession. Now as Dr. Byron approaches his 50th year of practice with retirement on the horizon in 2018, he appreciates more than ever the role ACFAS has played in his career.

“My peers’ acceptance of my abilities, knowledge and work is a concrete justification of the success I’ve enjoyed in my professional life,” he says. “Validation among peers and hospital staff over the years is by far the most valuable and rewarding aspect of my membership.”

For Dr. Byron, receiving his Fellowship Key stands out as the most memorable highlight of his ACFAS membership. And he will always consider the College the “go to” arm of the profession. “It’s where you go for fellowship. It’s where you go for validation of what you do. It’s where you find what you need on Monday morning. It’s where you go for The Journal of Foot & Ankle Surgery (JFAS), a treasure trove of information for us wizards in the craft,” he attests. He also counts being published in JFAS as a great source of pride during his career, which in turn led to speaking engagements at conferences throughout the United States and Canada.

Dr. Byron says he will continue to revere his relationship with ACFAS and is grateful for everything he has gained from the College. “It’s been a magical ride—I’ve loved it all!” he says. “Thank you to ACFAS for 40 years of inspiration!”

“Thank you to ACFAS for 40 years of inspiration!”

—Timothy J. Byron, DPM, FACFAS

Watch Your Mailbox for Your Dues Reminder

Dues reminders for the 2017 calendar year of membership have been mailed to all Associate and Fellow members. Pay your dues online at acfas.org/paymydues or by mail or fax once you receive your reminder. Payment is due by December 31, 2016.

ACFAS membership keeps you at the forefront of foot and ankle surgery and connects you with the best of the best. Visit the ACFAS Member Center at acfas.org/members to learn more about the many benefits your membership provides.

In Memory

Charles A. Gilbert, DPM, FACFAS
Beverly Hills, CA

Neil E. Saunders, DPM, FACFAS
Toledo, OH
Do you have an idea for a product that could potentially revolutionize the practice of foot and ankle surgery? Shannon Rush, DPM, FACFAS, presenter of the ACFAS 2016 HUB session, “Product Development,” and the brains behind many new products at Surgical Design Innovations (SDI), shares his advice here for bringing your product idea to life.

To best determine if a need exists for the product you have in mind, Dr. Rush recommends taking a long look at clinical need. Ask yourself how well the profession is doing with what it has now and how outcomes, effectiveness, time, cost or all of these things could be improved. “Research, patent searches and consultation with a patent attorney may also be helpful early on to see if the intellectual property is novel,” notes Dr. Rush.

Once you have a need for your product, consult with engineers and other foot and ankle surgeons on design and development. You may also consider building a team, as Dr. Rush has done at SDI, to vet your invention and prove it will have practical use.

Breaking down the design and development into four phases can help you ensure that nothing is missed. Dr. Rush outlines each step as follows:

1. **Establish that the concept works and that a real market opportunity exists.**
2. **Identify the requirements for the new product and the risks associated with its design and eventual use.**
3. **Conduct testing to ensure that the requirements are met and risks are managed.**
4. **Transfer the design to manufacturing.**

“Work with a quality and regulatory consultant to cover the details involved in these phases,” Dr. Rush advises. “We combine internal and external resources to move through these steps on our projects at SDI.”

After you have created your product prototype, work with a quality and regulatory consultant to test it. The consultant will help you build documentation and make sure any tests yield the data needed to meet the U.S. Food and Drug Administration’s (FDA) criteria for approval. If your product does not pass the testing phase, Dr. Rush says to redesign the product or to relax the product requirements to a point that still satisfies the unmet need.

When you are ready to obtain a patent for your product, Dr. Rush recommends working with a patent attorney. However, before meeting with an attorney, develop a document that uses both pictures and text to clearly describe the steps involved during the product’s use.

A distributor can help you market your new product, which is helpful if you do not have much marketing experience, and can track sales and use. Dr. Rush adds that a closing agent can also help monitor your new product’s success if a license deal is in place.

If you want to make improvements to your new product down the road, he says to work with quality and regulatory consultants again since the FDA may require a new submission or notification of the changes and an assessment of the product’s impact.

One of the biggest mistakes Dr. Rush sees foot and ankle surgeons make when they try to bring a new product to market is outsourcing the project completely. Not only is this expensive, it takes time away from first determining if the idea is valuable and can be made into a prototype. “A small team can do this work at little cost,” says Dr. Rush.

He also reminds foot and ankle surgeons that new patent laws assign intellectual property to the first person to file the patent idea, not the first person to invent. Visit the U.S. Patent and Trademark office website, uspto.gov, for detailed guidance on protecting your intellectual property.

Dr. Rush encourages all prospective inventors to act quickly if they have an idea for a new product that would benefit the profession of foot and ankle surgery. “Technology advances at a breakneck pace—don’t let your product idea get left in the dust.”

**Send your questions about product development to Dr. Rush at rushdoc@gmail.com.**
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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Pewter Level
Acumed
Podiatry Foundation of Pittsburgh

Friends Level
Treace Medical Concepts, Inc.
ACFAS Update

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

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