CLEAR YOUR SCHEDULE FOR ACFAS 2019

Experience the best of ACFAS and the Big Easy—register now for ACFAS 2019, February 14-17, 2019 at the Ernest N. Morial Convention Center in New Orleans.

Immerse yourself in nonstop sessions and workshops, marvel at new research and products, catch up with your friends and colleagues and come away refreshed, revitalized and with a renewed sense of purpose in your practice.

If you need a reason to come to New Orleans early, be sure to join us on Wednesday, February 13, 2019 for three new preconference workshops plus our very first Residents’ Day. Get a head start on your learning as well as a behind-the-scenes look at how the conference all comes together for you.

Visit acfas.org/neworleans to register today!
THE “P” WORD

So, you just sat down in your airplane seat or perhaps you just arrived at a holiday party for your spouse’s work…and IT HAPPENS. Someone asks what you do for a living, and now you have to decide what the answer will be this time. Podiatrist, foot and ankle surgeon, doctor, surgeon, foot doctor, physician, podiatric surgeon?

Everyone certainly has an opinion on this one, and since I have this great perspective space, I will use this opportunity to share with you my take on the “P” word: PODIATRY.

Our great profession has an identity crisis, and it is debated regularly. We have evolved over many decades into a medical and surgical subspecialty practiced in offices, hospitals and clinics throughout the United States. We are all Doctors of Podiatric Medicine as clearly defined by our degree, and the DPM after your name will follow you down every hallway and into every room. However, words really do matter, and the context in which you frame this degree makes a big impact. The way you present and carry yourself will weigh heavily on how you are viewed, treated and privileged.

If you think this conversation is untimely or inconsequential, consider the following: the American Board of Foot and Ankle Surgery (ABFAS) felt it mattered enough to change its name from the American Board of Podiatric Surgery (ABPS). Many state societies have removed the “P” word from their association name completely. These were not reactionary moves or overcompensation; they were well calculated and planned identity changes. I suggest we need more.

Personally, I would like to see us retire the word “podiatry.” I believe it is associated with our early history rather than the present-day medical and surgical subspecialty we practice.

So, what are our options? The two clear choices are foot and ankle surgeon vs podiatric surgeon. In my hospital environment, I have found that the label of podiatric surgery is best as a service name and an identity that everyone can grasp. At my two practice locations in Washington, DC, we have removed the word podiatry completely. Our division name is podiatric surgery, our lab coats, business cards, signage and websites have all been rebranded to the term podiatric surgery.

The majority of ACFAS members now identify themselves and their practices as foot and ankle surgeons, according to our recent member survey. While this can cause some confusion with our MD/DO orthopaedic colleagues, it is indeed a very accurate description of what services we offer to the public. Many of you have changed your practice names and department names to reflect this evolution. The choice on best branding is one that you must make depending on your practice setting and local market influences.

Does this all make your head spin? Probably, but it’s just part of our reality. We are different, and we should be proud to display that difference while at the same time improving what it means to be a DPM. Give it some thought, and if appropriate, make some changes to your professional identity.

Questions, thoughts, comments? Your ACFAS Board wants to hear about it. Please reach out at president@acfas.org.

John S. Steinberg, DPM, FACFAS
ACFAS President

Questions for Dr. Steinberg? Write him at president@acfas.org.
Come to the ACFAS 2019 Exhibit Hall...Stay for the HUB

No Annual Scientific Conference would be complete without an action-packed Exhibit Hall that serves as your home base for meeting up with colleagues and getting an inside look at what’s new in industry and research. And no Exhibit Hall would be complete without the HUB, your one-stop shop for candid, real-world advice on job hunting, public speaking, managing your practice and other timely topics.

Stop by this intimate 50-seat theater to hear hourly presentations, such as:

- Research 101: Ask Your Questions
- Candid Advice for Prospective Residents
- How to Build Your CV: What Employers Are Looking For
- Interpreting Literature
- And more!

Chat directly with speakers and attendees and come away with tools you can use at any stage of your career.

Download the ACFAS 2019 conference program at acfas.org/neworleans to view the complete HUB schedule. No preregistration is necessary to participate in HUB sessions.

ACFAS 2019 SCIENTIFIC CONFERENCE
ERNEST N. MORIAL CONVENTION CENTER | NEW ORLEANS, LOUISIANA
THURSDAY, FEBRUARY 14 – SUNDAY, FEBRUARY 17, 2019
PRE-CONFERENCE WORKSHOPS | FEBRUARY 13, 2019

2018-2019 EDUCATION PROGRAMS

December 7–8, 2018 (Friday/Saturday)
ACFAS on the Road—In the Trenches
Renaissance Denver Downtown
City Center Hotel
Denver, CO

December 16–17, 2018 (Sunday/Monday)
Foot & Ankle Arthroscopy
Orthopaedic Learning Center
Chicago, IL

February 13, 2019 (Wednesday)
Preconference Workshops
Ernest N. Morial Convention Center
New Orleans, LA

February 14–17, 2019 (Thursday–Sunday)
ACFAS Annual Scientific Conference
Ernest N. Morial Convention Center
New Orleans, LA

March 23–24, 2019 (Saturday/Sunday)
Foot & Ankle Arthroscopy
Orthopaedic Learning Center
Chicago, IL

April 26–27, 2019 (Friday/Saturday)
ACFAS on the Road—In the Trenches
Hilton Orlando Bonnet Creek
Orlando, FL

May 3–4, 2019 (Friday/Saturday)
ACFAS on the Road—In the Trenches
Hilton Americas Houston
Houston, TX

July 20–21, 2019 (Saturday/Sunday)
Foot & Ankle Arthroscopy
Orthopaedic Learning Center
Chicago, IL

August 10–11, 2019 (Saturday/Sunday)
Foot & Ankle Arthroscopy
Orthopaedic Learning Center
Chicago, IL

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

Reserve Your Hotel Room for ACFAS 2019

Book your New Orleans hotel room safely and securely through onPeak, our official housing partner, at acfas.org/neworleanshousing. Receive the lowest guaranteed rate for your stay and protect yourself from “hotel poachers” who prey on attendees. These unauthorized third parties, such as Conventioneers and Global Expo Travel, will take your money and then leave you roomless in New Orleans.

When you book with onPeak, you can choose from seven different hotels:

- Hampton Inn & Suites Downtown/French Quarter
- Hilton New Orleans Riverside
- JW Marriott New Orleans
- Le Meridien New Orleans
- Renaissance Pere Marquette
- New Orleans Marriott
- Westin New Orleans Canal Place

For your convenience, shuttle buses will run to and from the hotels and convention center this year. Buses will be used during the opening and wrap parties as well.

Maps and shuttle route details will be emailed to ACFAS 2019 registrants.

ACFAS will not be held responsible for any room reservations or deposits made through other companies or websites.

BUS SCHEDULE

<table>
<thead>
<tr>
<th>Date</th>
<th>From Hotels to Convention Center (Every 15–20 Minutes)</th>
<th>From Convention Center to Hotels (Every 20–30 Minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday, February 13</td>
<td>6:30am–Noon</td>
<td>2:30–6:30pm</td>
</tr>
<tr>
<td>Thursday, February 14</td>
<td>6–10am</td>
<td>2:30–6:30pm</td>
</tr>
<tr>
<td>Friday, February 15</td>
<td>6–10am</td>
<td>2:30–6:30pm</td>
</tr>
<tr>
<td>Saturday, February 16</td>
<td>6–10am</td>
<td>2:30–6:30pm</td>
</tr>
<tr>
<td>Sunday, February 17</td>
<td>7–11am</td>
<td>2:30–6:30pm</td>
</tr>
</tbody>
</table>
While you are enjoying ACFAS 2019 in New Orleans, be sure to take some time to explore the city and its vibrant culture and history. Here are 10 ways you can experience the best of New Orleans without spending a penny.

1. Wander along Woldenberg Riverfront Park from Canal Street to the Moon Walk along the French Quarter and watch ships of all kinds travel along the Mississippi River.

2. Walk through Crescent Park on the riverfront, with its stellar city views, accessed just past the French Market at Elysian Fields. You can go all the way to Bywater.

3. Window shop on Royal and Chartres streets for art, antiques and oddities.

4. Listen to the calliope steam organ that serenades from the deck of the steamboat Natchez when it is docked on the Mississippi River in the French Quarter.

5. Join a second line parade, a homegrown celebration with music and dancing that happens most Sundays in neighborhoods around the city.

6. Stroll the St. Claude Arts District during the Second Saturday Art Walk in the funky Bywater and Marigny neighborhoods.

7. Gallery-hop in the Arts District along Julia Street on the first Saturday evening of every month.

8. Take a free tour of the Nola Brewing Company and dip into the local craft beer scene. Tours are Friday and Saturday afternoons.

9. Swing dance every Sunday at the AllWays Lounge with the NOLA Jitterbugs Dance School.

10. Walk around the lake in City Park, where you just might sneak up on a dozing turtle or surprise a yellow-footed egret into flight.
ACFAS & AANP Publish Clinical Consensus Statement on Gout

The new Clinical Consensus Statement (CCS), Joint Clinical Consensus Statement of the American College of Foot and Ankle Surgeons (ACFAS) and the American Association of Nurse Practitioners (AANP): Etiology, Diagnosis and Treatment Consensus for Gouty Arthritis of the Foot and Ankle, has been published in the November–December 2018 issue of The Journal of Foot & Ankle Surgery and at acfas.org/ccs.

A partnership between ACFAS and AANP, the CCS is intended to serve as a discussion guide for the risk factors, diagnosis, treatment and prevention of gouty arthritis localized in the foot and ankle. It also establishes consistent and collaborative care guidelines for foot and ankle surgeons and NPs to better help patients undergoing treatment for gout and those at risk for developing the disease. As a joint venture, the same article will also appear in The Journal for Nurse Practitioners. “This CCS is a great armamentarium for any healthcare provider who diagnoses and manages gout,” says the gout CCS’s lead author Roya Mirmiran, DPM, FACFAS.

A panel of three podiatric surgeons and four NPs with expertise in gout management joined forces to review the available literature, analyze data and complete a consensus on each topic. “All health professionals, including foot and ankle surgeons and NPs, can use this CCS as a guide to assess risk factors, timely diagnose and accurately formulate treatment plans for patients with gout,” says the CCS’s lead author Roya Mirmiran, DPM, FACFAS. “Keep this CCS close at hand as an ongoing reference so you always have the answers and can provide the best care for your patients.”

Among the CCS’s most significant agreements are:

- Age, diet and alcohol consumption are risk factors for gout.
- Advanced imaging is not necessary to diagnose gout.
- Joint aspiration and microscopy are the gold standards for making the diagnosis of gout.
- Nonsteroidal anti-inflammatory drugs should be used as the first line treatment for acute gout.
- Long-term medications, such as allopurinol, are necessary in the treatment of recurrent gout.
- Multidisciplinary referral provides optimal care in cases of recalcitrant gout.
- Patient education should include dietary modification, medication adherence and follow-up care with their assigned healthcare providers.

“NPs, specifically those with orthopaedic specialty, were the natural and optimal profession with which to collaborate for the development of this joint consensus statement,” said ACFAS President John S. Steinberg, DPM, FACFAS. “Together, foot and ankle surgeons and NPs can provide the best, collaborative care for patients suffering from gout, and we hope this CCS serves as a guide for all medical professionals whose patients are at risk for, or are being treated for the disease.”

Visit acfas.org/ccs or jfas.org to read the full CCS.

“This CCS is a great armamentarium for any healthcare provider who diagnoses and manages gout.”

— Roya Mirmiran, DPM, FACFAS
Recommended Board Candidates Announced

The Nominating Committee carefully considered the applications and member records of ten Fellows and conducted telephone interviews with five of the applicants. The committee has unanimously recommended the following candidates for consideration by the voting membership:

- Michael J. Cornelison, DPM, FACFAS (Incumbent)
- Michael D. Vaardahl, DPM, FACFAS
- Eric G. Walter, DPM, FACFAS

Eligible voters may vote for one or two of the candidates. Candidate profiles and position statements are posted on acfas.org/nominations. Online voting will be conducted December 5–17. Candidate order is specified in the bylaws. Have your say in the College’s future—vote!
Going from Group to Solo: One Member’s Experience

While it is common for foot and ankle surgeons today to choose large hospital groups over private practice as an employment option, some, like Frank Luckino, DPM, FACFAS, are taking the opposite route. After three and a half years with a large group practice, Dr. Luckino went into business for himself and opened Luckino Foot and Ankle Associates.

“My wife and I wanted to move closer to family,” he explains. “I learned of a practice for sale in that area, the stars aligned, so to speak, and I’ve just completed my first full year as a business owner.”

Dr. Luckino always had an entrepreneurial spirit, and the idea of being his own boss appealed to him. The decision to go into private practice, however, did not come without careful consideration. While working in a large group practice has many advantages, such as internal referrals and more collective bargaining power with insurance companies, Dr. Luckino felt that a private practice setting was the right place for him. “Private practice affords more autonomy and allows me to determine my own destiny,” he states. “I also liked the idea of building up a practice on my own and establishing a patient base.”

For those wanting to make the transition from group practice to solo practice, Dr. Luckino recommends planning as far ahead as possible and to have credentialing and privileging in place with insurance companies and local hospitals within 90 to 120 days prior to opening practice. “You want to make sure everything is in order so you can bill properly,” he advises. “When I initially started practice, I was not on all insurance plans. This caused me to provide free service to patients, as I did not want to lose the patient themselves.”

He also says to take lessons learned from group practice and to apply them to private practice. This includes coding and billing procedures, management of time and staff, and patient scheduling. “I was fortunate enough to train as a fellow under Larry D. DiDomenico, DPM, FACFAS, who taught me a lot about what it takes to operate a practice,” shares Dr. Luckino. “That, combined with my experience at the large group practice, definitely prepared me to have my own office.”

He encourages anyone thinking about making the switch to private practice to make use of the many free promotional resources available in the ACFAS Marketing Toolbox. He also suggests taking advantage of free social media advertising on the ACFAS website to promote one’s practice and using the Take a New Look at Foot and Ankle Surgeons marketing pieces (available in the Toolbox) to help build referrals. “We need to revisit the lost art of old-fashioned marketing by knocking on a few doors, passing out business cards and networking face to face with people while creating real connections,” he says.

This principle can also help when hiring staff. Dr. Luckino looks for qualities that go beyond what is listed on a resume, such as honesty, integrity and a strong work ethic. He Recommends conducting background checks and drug screening for new hires and setting clearly defined expectations for each position.

While running one’s own business can be rewarding and fulfilling, it can be difficult at times to strike that perfect balance between work and leisure. “I used to be overwhelmed with dictations and charting, which often cut into family and personal time,” says Dr. Luckino. “After switching to a new electronic medical record (EMR) system that allows me to dictate into my phone, I’m working more efficiently and closing my charts more quickly.”

For new practice owners feeling overburdened by day-to-day tasks and paperwork, he says to purchase a (continued on page 14)
news from the college

Get Your CV Ready for the 6th Annual ACFAS Job Fair!

If you are looking for a new job or plan to expand your practice’s staff, be sure to bring your CV to ACFAS 2019 in New Orleans and come to the ACFAS Job Fair, sponsored by ACFAS Benefits Partner PodiatryCareers.org.

Located in the Exhibit Hall, the ACFAS Job Fair will give you the opportunity to post your CV and open positions and to arrange onsite interviews by contacting employers with jobs posted on PodiatryCareers.org’s onsite boards.

Make sure your CV properly represents your best assets by scheduling one-on-one time with the professional CV reviewer. The reviewer will offer appointments for the first two days of the conference during Exhibit Hall hours to advise you on how to stand out from other candidates, so stop by early to get an appointment.

A photographer and makeup artist will also be available this year to take free professional headshots for your CV and social media profiles.

ACFAS members receive reduced rates on online job postings and can display their available positions on the Job Fair bulletin boards at no cost. If you cannot make it to New Orleans this year, note that all positions and CVs received on PodiatryCareers.org before the conference will be posted at the job fair.

Submit Your Original Research to YOUR JFAS

Your fellow foot and ankle surgeons, as well as podiatrists, orthopaedic surgeons and other specialists, count on you for guidance on new surgical techniques and methods to improve patient care. Publish your original research study in YOUR journal, JFAS, and be a leading voice for your peers and the profession.

JFAS features peer-reviewed clinical and surgical articles from around the globe and is considered the go-to source for new trends and technologies in foot and ankle surgery. As an author, you may choose to publish your article in JFAS for free as a traditional subscription article or as Open Access, which allows subscribers and nonsubscribers of JFAS worldwide to access your article. ACFAS members receive a 50 percent discount on the Open Access publication fee.

Visit the Author’s Corner at jfas.org to learn how to submit your article for consideration.

Watch Your Mailbox for Your Dues Reminder

ACFAS has mailed hardcopy membership dues reminders for the 2019 calendar year 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, 2018. Visit the ACFAS Member Center at acfas.org/members to learn how to make your ACFAS member benefits work for you.
The 2018 ACFAS Practice Economic Survey showed that the trend to group and hospital employment vs. solo practice has continued over the six years since this question was surveyed. The largest shift was 13 percent of ACFAS member DPMs being a member of an orthopaedic group practice vs. 6.6 percent in 2012.

Most likely due to the shift toward hospital or group practices, significant changes were evident in noncash and other benefits. Medical and other insurance, paid holidays, 401(k)’s and CME/education reimbursement were up significantly. See acfas.org/compensation for the complete 2018 Compensation and Benefits Survey Report.

In a related question, the trend to nonprivate practice employment was evident:

<table>
<thead>
<tr>
<th>Employment Type</th>
<th>2018</th>
<th>2015</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Practice</td>
<td>60.9%</td>
<td>70.1%</td>
<td>77.3%</td>
</tr>
<tr>
<td>Hospital-Based Practice</td>
<td>8.7%</td>
<td>4.5%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Hospital Employee</td>
<td>10.7%</td>
<td>5.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Clinic or Multispecialty Practice</td>
<td>13.0%</td>
<td>13.0%</td>
<td>10.5%</td>
</tr>
<tr>
<td>University Hospital</td>
<td>2.3%</td>
<td>1.1%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

How ACFAS members position themselves in practice marketing has also continued a slow progression toward a majority using “foot and ankle surgeon”:

<table>
<thead>
<tr>
<th>Profession</th>
<th>2018</th>
<th>2015</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot and Ankle Surgeon</td>
<td>53.3%</td>
<td>51.3%</td>
<td>47.1%</td>
</tr>
<tr>
<td>Podiatric Surgeon</td>
<td>20.6%</td>
<td>21.1%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>22.5%</td>
<td>20.8%</td>
<td>24.2%</td>
</tr>
<tr>
<td>Other</td>
<td>3.6%</td>
<td>6.8%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>
Patient demographics have remained virtually unchanged over the past six years. In a typical workweek, most members treat patients older than age 65. Women continue to comprise the majority (57 percent) of total patients seen. New patients seen has grown for patients older than age 65. Women continue change from past surveys, such as:

- How patients pay. Top five in order: HMO/PPO, Medicare, Medicaid, Cash, ACO.
- Percentage of patient etiologies. Top five in order: Nonsurgical care (33 percent), forefoot reconstruction (15 percent), diabetic reconstruction (7 percent), rearfoot reconstruction (5 percent), nonpediatric trauma (4 percent).
- Percentage of ancillary service income. Top five in order: Orthotics (12 percent), splints/braces (5 percent), surgical center (5 percent), shoes (4 percent), wound care (4 percent).
- ER calls: 83 percent are allowed to take ER calls. 70 percent actually take ER calls.

Some survey questions showed little if any change from past surveys, such as:

- How patients pay. Top five in order: HMO/PPO, Medicare, Medicaid, Cash, ACO.
- Percentage of patient etiologies. Top five in order: Nonsurgical care (33 percent), forefoot reconstruction (15 percent), diabetic reconstruction (7 percent), rearfoot reconstruction (5 percent), nonpediatric trauma (4 percent).
- Percentage of ancillary service income. Top five in order: Orthotics (12 percent), splints/braces (5 percent), surgical center (5 percent), shoes (4 percent), wound care (4 percent).
- ER calls: 83 percent are allowed to take ER calls. 70 percent actually take ER calls.

**Referral sources from other healthcare providers groups saw some changes from past years.** (Note: Providers surveyed have changed.)

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2015</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Nurse Practitioners</td>
<td>59.6%</td>
<td>44.5%</td>
<td>--------</td>
</tr>
<tr>
<td>ERs/Immediate Care</td>
<td>72.7%</td>
<td>65.9%</td>
<td>61.7%</td>
</tr>
<tr>
<td>Diabetes Educators</td>
<td>21.9%</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Family/Internal Medicine</td>
<td>92.5%</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Orthopaedic Surgeons</td>
<td>47.1%</td>
<td>50.4%</td>
<td>46.5%</td>
</tr>
<tr>
<td>Other MDs</td>
<td>74.3%</td>
<td>94.1%</td>
<td>96.5%</td>
</tr>
<tr>
<td>Other DPMs</td>
<td>50.7%</td>
<td>53.3%</td>
<td>46.5%</td>
</tr>
</tbody>
</table>

Thank you to those who participated in the 2018 Practice Economics Survey and look for more survey highlights in future issues of *Update*. The next survey is scheduled for 2021.

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**Use New HIPAA Infographic to Protect Your Patients’ Private Info**

Download ACFAS’ new infographic, *Know Your HIPAA Identifiers*, to ensure compliance and achieve deidentification in accordance with HIPAA Privacy Rule requirements.

Created by the ACFAS Practice Management Committee, the infographic is intended to be shared with your staff and other physicians or displayed in your office as an ongoing reference. Visit [acfas.org/marketing](http://acfas.org/marketing) to access the infographic now.
Sessions at the ACFAS Annual Scientific Conference are known for giving attendees new perspectives, fresh approaches to surgical challenges and a healthy serving of food for thought. But many attendees may not know that the process of developing content for the session lineup is as creative and diverse as the sessions themselves.

Each year, the Annual Scientific Conference Committee takes great time and care to evaluate all speaker evaluations and applications received. The committee uses the Board Position Statement on ACFAS CME Curriculum and Speaker Selection (available on acfas.org) to ensure that potential speakers are ACFAS members in active practice who are nationally recognized as subject matter experts in their field and are not industry biased.

Balancing new, up-and-coming subject matter experts and veteran speakers can be a difficult task for the committee members, but they always strive to bring the best speakers to present to attendees. Original investigation sessions, where new research is presented, as do blinded and peer-reviewed manuscript submissions. (Andrew J. Meyr, DPM, FACFAS, is serving as manuscript chair this year.)

“Attendees work in the trenches every day,” says Alan Ng, DPM, FACFAS, Annual Scientific Conference Committee chair, “and they want to hear from those who can share the most up-to-date experiences and can speak candidly about topics trending in the profession today.”

The committee members, who represent a broad spectrum of the ACFAS membership in practice models, geographical area and years in practice, then work together to narrow down the session topics. “We first identify many bread-and-butter topics but then ask ourselves what changes we see taking place in how attendees practice,” explains Dr. Ng. “The committee evaluates new techniques and advances in surgical technology to make sure our members are informed of new advances in foot and ankle surgery.”

They develop specific content, distribute it for discussion, break into work groups and then reconvene to debate it further. “In this collaborative space, we share, we laugh and sometimes a quip or wisecrack will trigger an interesting session topic or a different view of a tried-and-true topic,” he adds.

The committee is also using feedback from the ACFAS 2018 attendee evaluations to change some of the lecture track formats. ACFAS 2019 attendees can look forward to more panel discussions, debate forums and greater diversity among speakers.

Visit acfas.org/neworleans to register and book your hotel room now for ACFAS 2019.

“In this collaborative space, we share, we laugh and sometimes a quip or wisecrack will trigger an interesting session topic or a different view of a tried-and-true topic.”

— Alan Ng, DPM, FACFAS, Annual Scientific Conference Committee chair
Are you looking for ways to expand?
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- Term Loans for Practice Acquisition
- Real Estate Construction / Acquisition Loans

Members of ACFAS are eligible for membership, so call today to find out how we can help you Bank Healthy!

Todd Niedermeier, Senior Vice President/Chief Operating Officer
email: TNiedermeier@HACU.ORG  Phone: 630.276.5736

Start 2019 On the Road with ACFAS

Catch us this spring On the Road and see what you can achieve when you work “In the Trenches” together with your colleagues! Register now at acfas.org/ontheroad.

April 26–27, 2019 (Friday/Saturday)
Hilton Orlando Bonnet Creek
Orlando, FL

May 3–4, 2019 (Friday/Saturday)
Hilton Americas Houston
Houston, TX
The Residency Directors Forum will be back in 2019 with a focus on best practices in resident education and learning.

This year’s Forum will be held in advance of ACFAS 2019 in New Orleans on Wednesday, February 13 from 1:30-5:30pm and is co-hosted by the Council of Teaching Hospitals (COTH). The Forum will provide time for open Q&A with all of the residency-related organizations, including AACPM, PRR, COTH, CPME, ABFAS, ABPM and ACFAS.

The Forum will also include the following sessions:

- CPME and ACGME: Sharing Best Practices in Resident Education
- Slaying the Three-Headed Monster: Patient Safety, Physician Well-Being and Resident Remediation
- Research: The Next Frontier
- Get on Board! Preparing your Residents for In-Training Exams and How this Correlates with ABFAS Board Qualification Rates
- Mix It Up Like Jambalaya: Organizational Oversight Updates

Residency program directors, codirectors and faculty are invited to attend, with up to two attendees per program. School deans are also invited. Watch your email and mailbox for more details and instructions to register.

Going from Group to Solo Practice: One Member’s Experience (continued from page 8)

flexible EMR system that automates routine tasks, provides templates and features phone apps for dictation and other documentation procedures.

With this in place, it can be easier for a practice owner to find time to focus on a well-balanced life outside of work. Dr. Luckino strives to keep his life balanced and well-rounded by setting priorities and living one day at a time.

He recommends having interests outside of work, such as exercise, hobbies, personal time with family and friends, and even meditation to prevent physician burnout.

In closing, Dr. Luckino says that whether you are in a large group practice, private practice or hospital-based employee focus on what makes you happy in choosing what opportunity is best for you.

Dr. Luckino is fellowship-trained and board-certified in foot and ankle surgery. He currently resides in Canton, Ohio with his wife and two daughters.
PEEK Subtalar Implant

PitStop
Anatomical Shape with Lock-in Flanges

LOCK-IN FLANGES
designed to provide primary stability in the sinus tarsi

X-RAY MARKERS
located at each end of the implant to help guide positioning

CANNULATED IMPLANT
to facilitate and secure accurate positioning of the implant

EASY KEYED INSERTER
provides a tight assembly of the implant and instrument

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