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JOURNAL

OHIO FOOT AND ANKLE MEDICAL ASSOCIATION

THE OHIO FOOT AND ANKLE MEDICAL ASSOCIATION • WWW.OHFAMA.ORG

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IN THIS ISSUE

A WORD FROM THE PRESIDENT

Animesh (Andy) Bhatia, DPM

Dear Colleagues,

I will start by wishing all of you a Happy Spring! Hope you are enjoying the warming weather and all the flurry of activity that comes with it.

OHFAMA has had a very busy first quarter managing a wide range of significant matters, while preparing for the annual scientific seminar. Yes, it is almost here —The Ohio Foot and Ankle Foundation's Scientific Seminar (May 17-19) at the Columbus Hilton at Easton. Our venue is not only one of the finest in Ohio for location and shopping, but our continuing education programming is focused toward practical application for all levels of podiatric medicine and surgery. Once again, it is a power-packed program that will further the education of our membership and assistants, while bringing you a diverse range of vendors and networking opportunities. This is also your opportunity to see YOUR board of trustees in a single setting, so please come say hello, and feel free to discuss any matter of concern to our profession.

It is with pleasure that I inform you that Dr. Bruce Blank and Dr. Jerauld Ferritto have been selected by the OHFAMA Board of Trustees as the 2018 inductees of The OHFAMA Service Award. Their induction will be held on Thursday, May 17 in the Regent Ballroom at the Columbus Hilton Hotel at Easton. Please be sure to attend and congratulate them! We look forward to seeing you there.

We just concluded a dynamic APMA House of Delegates in Washington DC, where significant bylaw changes were made. Our delegation was chaired by Dr. Mark Gould, a long-standing delegate and OHFAMA past president. OHFAMA's Delegation was actively involved, working with the rest of our national colleagues, to ensure the best changes were implemented for our national organization.

Earlier in February, we had a very successful Surgical Symposium in Columbus. The feedback from the attendees, vendors and speakers has been overwhelmingly positive. Similarly, the Coding and Financial Symposium had an impressive roster of speakers. We heard from many of you about receiving valuable information to help manage your practices.

On the legislative side, OHFAMA collaborated with the Ohio Pharmacy Association (OPA) on legislation aimed at pharmacy benefit managers, pharmacy clawbacks and gag orders. This stealth practice costs us and our patients billions annually. Ohio is on the forefront of this legislative movement, so we were pleased to be included on the ground level of such an important transparent legislative movement.

I look forward to attending academy meetings and meeting many of you. The next OHFAMA board of trustees meeting is on April 12. We have a packed agenda with exciting developments including furthering our strategic plan and vision. Finally, as the primary elections are quickly approaching, I remind you to **VOTE** in Ohio's primary on May 8. It is your civic duty, and one that we should actively participate for Ohio's future.

Andy Bhatia, DPM
President

Dr. Sylvia Virbulis

Dr. Sylvia Virbulis, APMA trustee, is the newly appointed APMA liaison to OHFAMA. She is chair of the APMA Development Committee, BOT liaison to the Public Health and Preventive Podiatric Medicine Committee, and a member of the Annual Meeting Committee. Dr. Virbulis practices in Salisbury, NC.

ACFAOM Announces New Directors/Officers

At the first board meeting of 2018, the following officers of the American College of Foot & Ankle Orthopedics & Medicine (ACFAOM) were elected:

- President: Dr. Jason Harrill (AZ)
- Vice President: Dr. Scott Spencer (OH)
- Treasurer: Dr. G. Javier Cavazos (TX)
- Secretary Dr. Rosemay Michel (NC).

Newly elected members of the ACFAOM Board of Directors are:

- Tara Deaver, DPM (TX)
- Marshall Solomon, DPM (MI).
- Scott Spencer, DPM (OH) was re-elected to a third 3-year term.

Source: PM News: January 19, 2018 #6,105

Bruce G. Blank, DPM and Jerauld D. Ferritto Jr., DPM Selected as Recipients of the 2018 OHFAMA Service Award.

Two outstanding leaders of the podiatric community in Ohio have been selected by the OHFAMA Board of Trustees to receive the 2018 OHFAMA Service Award. The investiture will be held on Thursday, May 17 in the Regent Ballroom at the Columbus Hilton Hotel at Easton during the 102nd Annual Foot and Ankle Scientific Seminar.

Bruce G. Blank, DPM

Dr. Bruce G. Blank, who was nominated by the Eastern Academy, is a graduate of OCPM (1983-87) and has served as Eastern Academy Trustee, President, State President of OPMA and on various APMA committees including Health Policy and Practice, Private Insurance Subcommittee, Legislative, Credentials and Health Systems. Dr. Blank has served continuously since 2000 as a Delegate to the APMA House of Delegates. His passion for scouting is evident as a Medical Staff Volunteer at the Boy Scouts of America National Jamboree in 2017 and recently spawned an application submission for a Podiatry Merit Badge for scouts. Since 1999, Dr. Blank has hosted an annual Halloween Candy exchange for Kids with Diabetes and is a consummate advocate for diabetic foot care. He and his wife, Diana, are the parents of one daughter, Paulina.

Dr. Jerauld D. Ferritto, Jr.

Dr. Jerauld D. Ferritto, Jr., was nominated by the Central Academy. Dr. Ferritto has been a leader since his days at OCPM ((1972-76), where he was active in the Ohio Podiatry Students Association and served as Chairman of the American Podiatry Students Association. He held every office in his academy including President and continued to hold every state office until his service culminated as President of OPMA. In 2003-04, he reached the pentacle as the APMA President after an 11-year ascension. His recent service to OHFAMA as Parliamentarian in 2017 can only be eclipsed by his currently serving as the 2018 APMA Speaker of the House. Dr. Ferritto' s most important noted professional contributions are as a physician and mentor. He and his wife Susan, are the parents of one daughter, Elaine Marie.

Bruce D. Saferin, DPM,

Saferin Reappointed to Medical Board

On December 28, 2017, Governor Kasich reappointed Bruce D. Saferin, DPM, to the Medical Board. Dr. Saferin first served on the Board from September 10, 2013 until December 27, 2017. His new term continues until December 28, 2022.

Mentoring Honor Roll

The following physicians have volunteered to serve as mentors for podiatry through the AACPM/ APMA mentoring initiative. We would like to publicly acknowledge these podiatric physicians and thank them for volunteering for such a worthy outreach for the profession.

1. Amy Masowick, DPM
2. Bruce Blank, DPM
3. Duane Ehredt Jr., DPM
4. Mark Mendeszoon, DPM
5. Jane Graebner, DPM
6. Kristin Titko, DPM
7. Lee Hlad, DPM
8. Mike Casteel, DPM
9. Nicholas Woebkenberg, DPM
10. Richard Schilling, DPM
11. Shayne Erman, DPM
12. Scott Spencer, DPM
13. Thomas McCabe, DPM
14. Christina Pratt, DPM
15. John Cann, DPM
16. Coleman Clougherty, DPM
17. Karen Kellogg, DPM
18. Maria Mantini Blazer, DPM
19. Becky Inwood, DPM
20. Mark Razzante, DPM
21. Robert White, DPM

If you are interested in becoming a DPM Mentor, please contact Mandi Nau at www.aacpm.org TODAY!

It's All About THAT….What She Said!

By Jimelle Rumberg, Ph.D. CAE

Jimelle Rumberg, Ph.D. CAE

On my 9th day on the job as your executive director in 2006, I had the opportunity to address the Super Saver Seminar audience at the Cleveland Airport Marriott on October 19. It was my debut to share my strong convictions and beliefs in why podiatric physicians need the "Power of Belonging". Here is an excerpt of that address and it rings as true today as it did twelve years ago.

"As professionals, we typically possess 3 attributes: competence, respect and empathy. In a lecture to the 109th Annual Meeting of the Association of American Medical Colleges, Dr. Richard L. Cruess described it this way: "Physicians must have a clear understanding of what it means to be a professional as well as a healer, and what obligations he or she must fulfill to justify professional status." He goes on to say, "While each individual and professional is expected to act for the benefit of society, it is the professional association that is responsible for setting and maintaining standards, self-regulation, developing codes of ethics, and informing the public and legislative authorities on matters within their expertise. He concluded that support of these organizations and their activities has become one of the obligations of a professional." [1]

Dr. Cruess mentioned three attributes for professionals; there is one more attribute that I firmly believe every professional should wholeheartedly possess-– professional affiliation. Professional affiliation provides a defense against isolationism in your daily practice. Let me explain why my beliefs are so strong regarding professional affiliation. As physicians, you are both a healer and an advocate for your patients. Without being a member of your podiatric medical association, it is harder to be the best healer you can be but virtually impossible to be the best advocate. Let's face it, many of the progressive changes from hospital privileges to allowing DPMs to perform ankle surgical procedures didn't just happen by divine intervention. Scope of practice regarding whether ANKLE was within the scope of practice for DPMs was a 21-year battle of legal inclusion that OPMA (OHFAMA) won in 1996. Did you also realize in 1993, OPMA won reinstatement in Ohio's Medicaid program after the Governor proposed removing so called "Optional Services"? In 2003, OPMA fought and won the same issue. Need other examples? In 2004, OPMA efforts resulted in the passage of a law to allow OH DPMs to admit their patients to hospitals without having to admit under an Allopathic or Osteopathic physician. In 2005, OPMA worked to clarify Medicare's policy and protect OH nursing home patient's rights to receive care of a DPM. Will 2007 bring an end to insurance discrimination and heinous antitrust examples of decreased fee setting and collusion by the insurance industry? Well, I would make an educated guess and say, "NOT WITHOUT YOUR HELP." Being actively involved helps us define our roles and to work for the greater good – to benefit society that granted us the right to be self-governing. Big changes can't be made easily at an individual level. It takes all of us collectively together – and I do mean ALL of us. There is a place and need for everyone to work within the profession and render service to your profession.

I realize you have a practice to run, patients to see at the hospital or nursing home, families to care for and personal responsibilities; however, you must also nurture your professional soul, which developed during your years of podiatric medical school. You can only support your profession by being a member of your podiatric medical association. Professional dues should never be considered an option, but a practice expense as basic and necessary as rent and utilities. The dividends for you and your patients will be immeasurable. (PERIOD. The End!)

[1]Cruess, R. L., Cruess, S.R., Johnson, S.E., *Renewing Professionalism: An Opportunity for Medicine.* Acad. Med. 74:878-84,1999.

2018

April 11
18th Annual Stewart Surloff Seminar
Akron General Health and Wellness Ctr I Akron

April 12
Budget/Finance BOT
OHFAMA Headquarters I Columbus

May 17 - 19
The Annual Foot and Ankle Scientific Seminar
Hilton at Easton I Columbus

June 20-23
AAPPM Summer Conference
Hyatt Regency I Columbus

August 2
Budget/Finance BOT
OHFAMA Headquarters I Columbus

August 23-25
GXMO Training
OHFAMA Headquarters I Columbus

September 22
Quickie Seminar
Hilton Garden Inn I Dayton South

October 11
Budget/Finance BOT
OHFAMA Headquarters I Columbus

October 25-28
30th Fall Classic Seminar
Cleveland Airport Marriott I Cleveland

November 1-3
GXMO Training
OHFAMA Headquarters I Columbus

November 9-10
OHFAMA House of Delegates
Embassy Suites Airport I Columbus

For more calendar information
please visit the Events webpage at
www.ohfama.org

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Neoplastic Ulcers

By Brad Bakotic, DPM, DO

Within podiatric circles, few medical conditions are discussed as often as are cutaneous ulcerations / wounds. That being said, rarely is the topic of neoplastic ulcerations broached, despite their higher medical significance.

The principal mechanisms contributing to the development of medical (non-neoplastic) ulcerations involve pathology that, in some way, compromises the microvasculature, or compromised venous return. Usually, the ulcer arises as a secondary process. Neoplastic ulcerations, in contrast, most often occur due to direct tissue destruction as the result of tumor permeation, pressure related to rapid tumor expansion, or tumor cannibalization of physiologically necessary oxygen/nutrients. Because benign neoplasms are not typically capable of such destructive behavior, the clinical finding of spontaneous ulceration, in association with a skin neoplasm, essentially defines the tumor as malignant.

As a general rule, poorly differentiated neoplasms ulcerate more readily than do those that are better differentiated. This particularly applies to squamous cell carcinoma. For instance, well-differentiated squamous cell carcinoma (carcinomas that retain features of their benign counterpart) of the foot is more likely to appear proliferative, or even verrucous, whereas poorly-differentiated squamous cell carcinoma (tumors that have lost the characteristics typical of their benign counterpart) will be almost uniformly ulcerated. Poor differentiation carries with it a significantly worse prognosis. Tumor differentiation, as it relates to the development of skin ulcers, is far less significant for basal cell carcinomas, as almost all such tumors are considered well-differentiated, yet they commonly ulcerate. Similar is true of melanomas, which are considered high-grade tumors (loosely corresponds to poor-differentiation). The presence of ulceration alone, worsens the prognosis for melanomas, increasing their TNM stage by roughly half a stage.

Because most neoplasms inherently have “mass effect”, ulcers precipitated by neoplasms are less likely to be concave. For this reason, a biopsy should be considered for ulcers that are either flush with the adjacent unaffected epithelium, or even more so, for those that have a raised or exophytic configuration. Although the prior is a good rule of thumb, it is not without exceptions. Tumors that are highly infiltrative, such as some forms of basal cell carcinoma (infiltrative/aggressive and morpheaform), or skin metastases from some internal malignancies (breast), may be concave in configuration. There are no absolutes; however, when the decision to biopsy an ulcerated lesion has been made, punch biopsies are consistently effective. Ideally, at least two biopsies should be taken, one or more centrally, and one from a peripheral location.

Independent Payment Advisory Board Repeal

The Independent Payment Advisory Board (IPAB) has been repealed—an action long sought by APMA and other patient and physician groups—as a result of the two-year budget agreement signed into law Friday, February 9.

APMA has always been on common ground with many organizations whose members provide a wide range of services, treatments, and medical technologies to millions of Medicare beneficiaries, in our strong opposition to the IPAB, which was created by the ACA. APMA and its state component societies signed a letter to Congress sent on May 6, 2015, supporting the repeal of the IPAB. APMA previously sent a letter to Congress on February 28, 2012, supporting repeal of the board.

The IPAB would have consisted of officials appointed by the president to essentially assume authority over Medicare, usurping congressional authority over the program. The IPAB was directed to recommend savings for Medicare (beginning in 2014 for implementation in fiscal year 2015) if the per capita growth in Medicare spending exceeded defined target growth rates.

Anthem Caves Under Provider Pressure

Anthem is no longer proceeding with its proposed policy to reduce payment for Evaluation and Management (E/M) Services reported with CPT modifier 25.

APMA worked with the American Academy of Orthopaedic Surgeons, American Academy of Dermatology, American Medical Association, and other specialties in defeating this Anthem policy. The policy would have reduced reimbursement for E/M services by 25 percent when billed with modifier 25 along with a minor surgical procedure performed on the same day. OHFAMA wrote a letter of complaint to Anthem in late October and did receive a reply in which the vice President of the OH region stated that plans to proceed to implement the reduction was still underway. The Ohio Dermatology Association was kind to invite OHFAMA to participate in a strategy call on January 16. OHFAMA was also included in the Dermatology listserv. AADA really went after Anthem on the policy to reduce payment on the -25 Modifier using RUK data as a justification. APMA and other medical societies continued putting pressure on Anthem, and as recently as last week, APMA had a call with Anthem leaders to address APMA members’ concerns and the impact the policy would have on patient care.

In the letter received by the AMA and coalition partners, Anthem expressed continued commitment to working with state and national medical specialty societies to address provider concerns with other policies and guidelines. Professional affiliation and tandem synergy was strong. Thankfully, organized medicine prevailed against Anthem, for the greater good of our patients, and not the insurer’s profits.

Thank you to our 2018 OPPAC Contributors:

as of 3/29/2018

Please consider financial support of our state legislative efforts by contributing to the Ohio Podiatric Political Action Committee (OPPAC). Did you realize that 100% of OPPAC's money goes to help candidates who support podiatry in Ohio? It's easy. Go to OHFAMA.org, and under Advocacy, select state.

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Ruth Ann Cooper, DPM
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Additional Contributors
Luci Ridolfo, CAE
Jimelle Rumberg, PhD, CAE

*Include your name today!

$50: The cost of two meals in a restaurant.

Isn't it worth preserving the future of podiatry?

100% of OPPAC donations goes to help candidates who support podiatry in Ohio. Make your personal check payable to

OPPAC, 1960 Bethel Rd, Ste 140, Columbus, OH 43220

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Check with your tax advisor

Allen and Maria Guehl Receive IPED President's Award

Dr. Hal Ornstein, President of the Institute for Podiatric Excellence and Development, presented Maria and Allen Guehl, DPM, MD of Dayton, OH with the President's Award in recognition of their support, dedication, and commitment to the podiatric profession and its future. Allen and Maria have been instrumental in helping students who were not placed in a residency program after completing their medical studies by participating in IPED's Graduate Preceptor program.

This program was created in response to the reduction in the number of available resident programs and positions. Practices such as that of the Guehls have taken these students into their offices, giving them the opportunity to keep their skills sharp while being able to work in an office and learn the management side of running a practice. The Guehls are also mentors to these students by helping them prepare for the matching program the following year in order to more confidently apply for a residency placement.

Source: PM News: January 22, 2018 #6106

(L-R) Cindy Pezza, Dr. Hal Ornstein, Maria Guehl, Dr. Allen Guehl

Moving?

New office phone number?

New email address?

New cell phone number?

Contact the Ohio Foot and Ankle Medical Association if you are planning to move your home or practice or if you have changed your phone number, changed your name or changed your email address.

- Via email: Admin@ohfama.org
- By phone: 614-457-6269
- Don't forget to change your own Information on www. OHFAMA.org

State Medical Board of Ohio

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
(614) 466-3934
www.med.ohio.gov

March 19, 2018

Jimelle Rumberg, PhD, Executive Director
Ohio Foot and Ankle Medical Association
1960 Bethel Road, Suite 140
Columbus, OH 43220-1815

Dear Dr. Rumberg:

By letter dated July 13, 2017, Thomas J. McCabe, who was president of the Ohio Foot and Ankle Medical Association at the time, requested consideration of whether it is within the podiatric scope of practice to perform "shave biopsies" and "punch biopsies" on the leg and hand when a skin lesion appears suspicious and needs biopsied.

On March 14, 2018, the members of the State Medical Board of Ohio approved the following response:

The scope of practice of a podiatric physician is defined in Section 4731.151, Ohio Revised Code, to include the following:

- The medical, mechanical, and surgical treatment of ailments of the foot, the muscles and tendons of the leg governing the functions of the foot;
- The use of such preparations, medicines, and drugs as may be necessary for the treatment of such ailments;
- Treatment of local manifestations of systemic diseases as they appear in the hand and foot, but the patient must be concurrently referred to a medical or osteopathic physician for treatment of the systemic disease itself; and
- Hyperbaric oxygen therapy to treat ailments within the scope of practice of podiatry in accordance with section 4731.511, Ohio Revised Code.

The performance of shave or punch biopsies on the hand clearly falls within the "treatment of local manifestations of systemic diseases as they appear in the hand." Performance of such biopsies on the hand is within the scope of practice of a podiatric physician, but the patient must be concurrently referred to a medical or osteopathic physician for treatment of the systemic disease itself.

While it is also clearly within the scope of podiatric physicians to biopsy lesions of the foot, the question of a podiatric physician performing such biopsies on the lower leg requires consideration of factors not explicitly stated in Section 4731.51, Ohio Revised Code. One factor is whether podiatric medical education provides the podiatric physician with the requisite knowledge of the lower leg anatomy. Certainly podiatric medical education and training encompasses the anatomy of the leg and the muscles and tendons of the leg governing the functions of the foot. Another factor is whether the podiatric physician has the knowledge and skills necessary to perform a biopsy of a lesion on the lower leg. It is not disputed that a podiatric physician who biopsies lesions of the foot or hand would have the expertise necessary to perform a biopsy of a lesion on the lower leg. The required expertise to perform biopsies is not dependent upon the site of the lesion as the same knowledge and skills are required whether the site is above or below the ankle. Finally, there is the factor of the need to timely address a possibly malignant lesion so that the patient can seek care from an appropriate medical or osteopathic physician.

After consideration of the above factors it is determined that it is within the scope of practice of an Ohio podiatric physician to perform punch or shave biopsies of lesions on the lower leg where the podiatric physician has expertise in performing biopsies. However, the podiatric physician must refer the patient to an appropriate medical or osteopathic physician for treatment of the disease itself. As with all medical procedures, the podiatric physician must perform the biopsy in conformance with the minimal standards of care of similar practitioners under the same or similar circumstances.

Thank you for your inquiry. The Medical Board welcomes comments and inquiries relevant to the practice of podiatry in Ohio. Should you have questions, please contact Sallie Debolt, Senior Counsel, at (614) 644-7021.

This letter is only a guideline and should not be interpreted as being all inclusive or exclusive. The Medical Board will review all possible violations of the Chapter 4731 of the Ohio Revised Code and/or rules promulgated thereunder on a case by case basis.

Sincerely,

Robert P. Giacalone
President

Medical Board Seeks Non-Disciplinary Program for Providers Suffering from Mental and Physical Conditions

By Eric J. Plinke, Daniel S. Zinsmaster and Courtney M. White

The State Medical Board of Ohio (Medical Board) recently released proposed rules that will create a non-disciplinary, confidential monitoring program for licensees with mental or physical illnesses. Historically, licensees with a mental or physical illness could not only be subject to formal disciplinary action pursuant to the Medical Board's rules, but the licensee's mental or physical illness became public information as a result of the disciplinary process. This potentially stigmatic threat of public disciplinary action and disclosure has caused many licensees to hide or ignore such conditions rather than seek treatment[i] or to avoid seeking licensure in Ohio. The proposed rules attempt to address these circumstances.

In 1987, the Ohio General Assembly carved out a reporting exception for physicians experiencing impairment from alcohol or substance abuse or dependency. Often referred to as the "One Bite Rule," this program allowed an impaired licensee to avoid Medical Board intervention, and the physician's colleagues would be excused from reporting the physician's impairment, so long as the physician completed treatment with a Medical Board-approved treatment provider, maintained uninterrupted sobriety and violated no other provisions of the Ohio Medical Practices Act (RC Chapter 4731). In other words, if licensees appropriately addressed their substance abuse or dependency issues prior to Medical Board intervention and engaged in no other professional misconduct, health care providers could avoid discipline so long as they maintained compliance with their monitoring program.

Despite the success of the One Bite Rule for physicians with substance abuse issues, licensees with mental or physical illnesses have not received the benefit of the One Bite Rule. Instead, they have faced possible disciplinary actions when seeking treatment for any mental or physical illness, or for merely having a history of such illnesses. The Medical Board's recently proposed rules seek to ameliorate this disparity.

The proposed rules will allow licensees with mental or physical illnesses to be monitored by the Medical Board without being subjected to formal, public disciplinary action. In order to be eligible for this program, a licensee must meet certain eligibility requirements, including the following:

1. Submit to a physical or mental examination if required by the Medical Board.
2. Provide continuing authorization for the disclosure and release of information to the Medical Board or other individuals involved in the licensee's treatment.
3. Be willing to commence treatment, monitoring or supervision, or, if the licensee has already commenced treatment for the mental or physical condition, demonstrate the licensee has been fully compliant with the treatment plan.
4. If the licensee was previously a participant in the monitoring program, the licensee must have demonstrated full compliance with all program requirements.
5. If the licensee was previously the subject of monitoring or formal disciplinary action, the action must have been based solely on the individual's mental or physical illness and the licensee must have been released from probation without restrictions.
6. The licensee must not have been implicated in any sexual boundary allegations, acts or threats of violence, felonies, misdemeanors or any criminal acts, regardless of whether formal charges were pursued.
7. Apart from the presence of a mental or physical illness, there is no information indicating the licensee is in violation of any other provision of the Ohio Medical Practices Act.
8. Allowing the licensee to participate in the confidential monitoring program will not create a significant risk of potential harm to patients.

Under the proposed rules, upon meeting the eligibility requirements, the licensee would be required to enter into a participation agreement with the Medical Board that would include requirements such as the licensee stipulate to the existence of a mental or physical illness; undertake continued treatment for the illness at the licensee's expense; submit to screening for analysis of therapeutic levels of medication that may be prescribed to the licensee; and agree to ongoing monitoring by the Medical Board. More information on the proposed rules can be found on the Medical Board's website.

The Medical Board's recently proposed rules provide a response, at least in part, to criticism of state licensing boards that penalize health care providers who are experiencing health issues through no fault of their own or who simply have a history of such conditions. Understandably, licensees may still express apprehensions about reporting mental or physical health conditions to the Medical Board, even with the implementation of a confidential, non-disciplinary monitoring program. Nevertheless, the proposed rules are a positive step for licensees with mental or physical illnesses and may incentivize such individuals to seek and receive treatment.

[i] See N. Dyrbye, M.D., MHPE et al., Medical Licensure Questions and Physician Reluctance to Seek Care for Mental Health Conditions, Mayo Clin Proc. 2017 Oct:92(10): 1486-1493.

Legislature Enters Final Stretch before Primary Elections

As Ohio's primary election date of May 7 is rapidly approaching, the General Assembly is entering its final "stretch drive" of activity before breaking in mid-April to enable members to prepare for those crucial elections. There are many primaries to be held for seats in the Ohio House and Ohio Senate, and 2018 also features the elections of all five Ohio constitutional offices as well as specific seats on the Ohio Supreme Court. Ohioans will be facing a deluge of television, print and social media ads between now and May 7, as this upcoming primary elections season has shaped up as one of the busiest in recent times.

HOUSE BILL 131 (Physical Therapy Scope of Practice)

OHFAMA has been one of the leading voices at the Capitol regarding House Bill 131, legislation that would have originally provided physical therapists with a greatly enhanced scope of practice. Over the past many months, OHFAMA and the physician community has continued to interact with the physical therapists and the sponsors of this legislation to address crucial patient safety issues associated with HB 131. After much back and forth on this issue, a greatly "slimmed down" version of HB 131 emerged in the House Health Committee and was approved by this committee on March 21. It is anticipated that the bill could go before the entire House for a vote soon.

OHFAMA and the remaining members of the physician community were able to get to a "neutral" position on the bill after many of our suggestions were accepted by the chairman of the committee and ultimately the bill sponsors. You may recall that the original version of the legislation would have permitted PT's to greatly enhance their scope of practice, including ordering X-rays and other imaging. In the end, the version of HB 131 that passed the Health Committee simply will allow a PT to render a "physical therapy diagnosis" in a very narrow fashion but still maintain current scope of practice and statutory restrictions that enable physicians to be the leaders in treating patients and continuing to promote the "team approach" OHFAMA and others have made a priority with legislators.

Thanks to all OHFAMA members who took the time to offer constructive information that best enabled your organization to be a valuable contributor to the process that molded the discussion and final positive outcome on HB 131. OHFAMA also would like to thank the contributions of Health Committee chairman Dr. Steve Huffman and the committee's Ranking Member, Nickie Antonio and all the committee members for their willingness to consider your association's important viewpoints on the bill. We will continue to monitor HB 131 as it goes along the legislative process and keep you updated on any developments.

HOUSE BILL 145 ("One Bite" Legislation)

The Ohio General Assembly recently provided OHFAMA, our members and the entire physician community with a crucial victory when it recently passed House Bill 145, the so-called "one bite" bill. As you recall, OHFAMA and other physician groups have been engaged in a long-term debate with the State Medical Board and others in developing meaningful, common-sense practice standards for "impaired" physicians while providing help for those physicians and safety measures for their patients. Your association spent countless hours being directly involved in this process and the positive outcome is truly a result of much hard work that was done on behalf of Ohio's podiatric physicians and surgeons.

In summary, the aforementioned bills are just a snapshot of the many issues OHFAMA continues to be involved in on your behalf at the State Capitol. Being involved in a wide variety of legislation and administrative rules (from such entities as the State Medical Board, Medicaid and the Ohio Board of Pharmacy) continues to create a "very full plate" for your association in 2018. OHFAMA is very fortunate to have a membership that is always willing to positively engage on these issues in order to protect our ability to treat our patients. As developments continue to occur, please make sure to check in with your association for the latest information on these crucial matters.

HB 479: Prescription Drug Co-Pay Integrity Act

As prescription drug prices continue to grow, six in 10 Americans say lowering the costs of prescription drugs should be a "top priority" for lawmakers. Legislation has been introduced in Ohio that would prohibit the practice of pharmacy benefit managers (PBMs) requiring pharmacists to charge a price amount greater than the pharmacy's cash price for a particular prescription drug. This particular practice is called a "clawback". The legislation also prohibits "gag clauses" that some PBMs place in pharmacy contracts that penalize pharmacists from disclosing the cost of a patient's prescription drug transaction at the pharmacy window. This practice has received significant attention in the media recently. Similar legislation has already been passed in more than a dozen states. Additionally, clawbacks and gag clauses have resulted in more than 16 law suits across the country.

The clawback is just the latest example of PBM tactics that deceive patients, inflate the cost of prescription drugs, and line the pockets of administrative middlemen. It's time to reclaim the idea that a co-pay is a shared payment; not an imposed overpayment. HB 479 is attempting to ensure that patients aren't paying any more than they have to for their needed medication. OHFAMA was in on the ground level of the "Ohio Prescription Partnership Coalition" spearheaded by the Ohio Pharmacists Association, to advance this legislation by Representative Scott Lipps (R-Franklin) and Representative Thomas West (D-Canton).

Manner of Issuance Rule Update

Diagnosis Code on Opioid Prescriptions

On December 29, 2017, Ohio Administrative Code (OAC) Rule 4729-5-30 went into effect. This rule requires prescribers (except for veterinarians) to indicate the first four alphanumeric characters of The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) medical diagnosis code (eg, M16.5) or the Code on Dental Procedures and Nomenclature (CDT code) on all opioid analgesic prescriptions.
The diagnosis/procedure code requirements went into effect for all opioid prescriptions on December 29, 2017. **The requirements for all other controlled substances (CS) go into effect on June 1, 2018.** Important: Paragraph (K) of Rule 4729-5-30 permits the processing of a prescription without the diagnosis code. Per Rule 4729-37-04, if the code is not provided, the pharmacy must indicate "NC" when reporting the diagnosis or procedure code to the Ohio Automated Rx Reporting System (OARRS).

Days Supply

The rule requires prescribers to include the days supply (ie, minimum number of days) that the prescription for a CS or **gabapentin** should last the patient. This requirement went into effect on December 29, 2017.

Important: Paragraph (K) of Rule 4729-5-30 permits the processing of a prescription without the prescriber indicating the days supply of the prescription. In that specific instance, the pharmacy should follow the requirements in Rule 4729-37-04 for reporting the days supply.

Written, Faxed, and Electronic Prescriptions

The rule makes changes to the requirements for written, faxed, and electronic prescriptions. Except in limited circumstances, prescribers may no longer transmit prescriptions using a transmission system that converts the prescription into a computer-generated fax or scanned image. For more information on the exceptions, visit www.pharmacy.ohio.gov/approval.

Resources Available

To assist in the implementation of Rule 4729-5-30, the Board has developed the following resources:

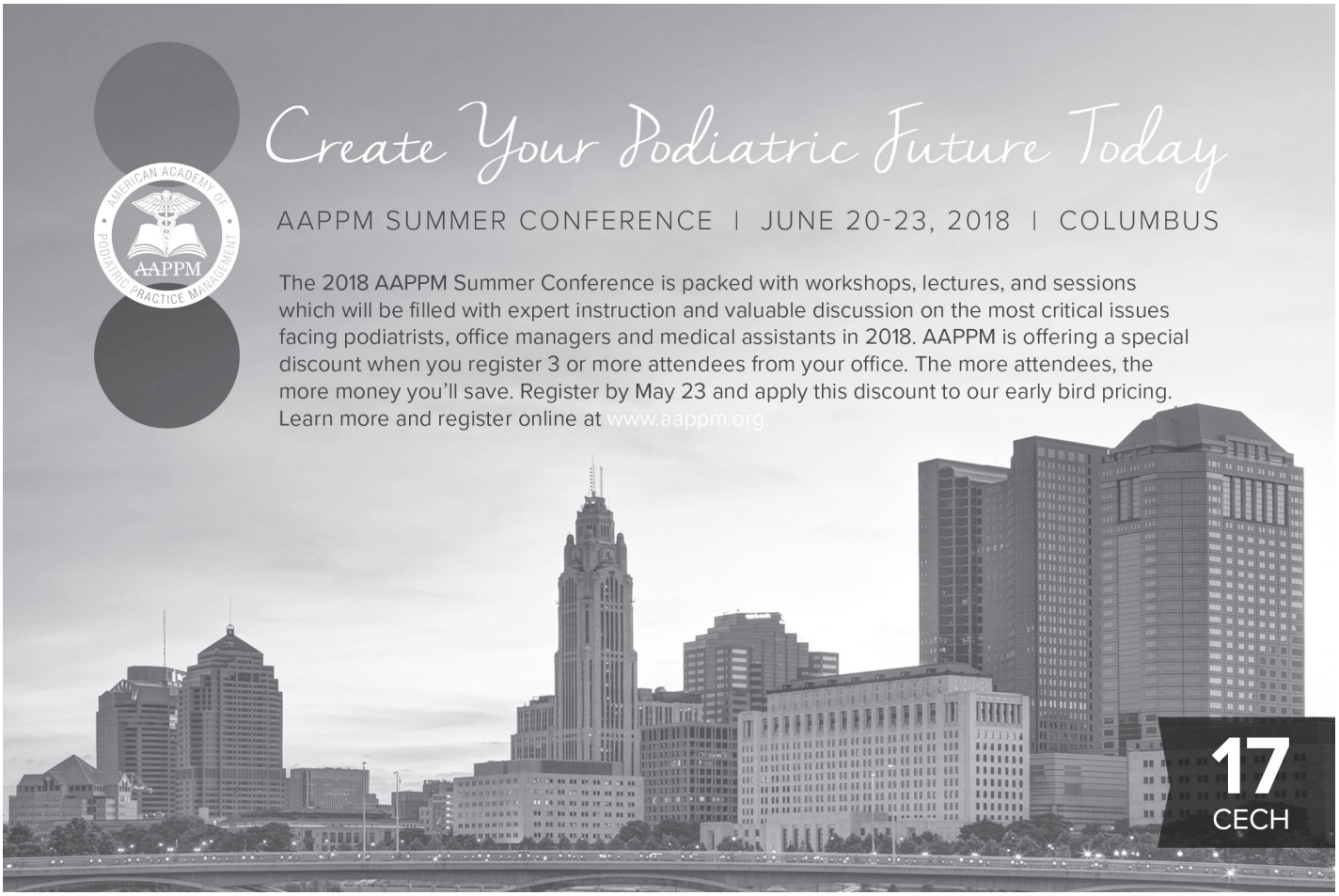
- Guidance on Issuing a Valid Prescription: www.pharmacy.ohio.gov/rx
- Frequently Asked Questions for Pharmacists: www.pharmacy.ohio.gov/acuteFAQ

Gabapentin Prescriptions Surge Amid Opioid Crisis

Prescriptions for nerve pain medicines like gabapentin (Neurontin) and pregabalin (Lyrica) have more than tripled in recent years, driven by increased use among chronically ill older adults and patients already taking opioids, a U.S. study suggests. The proportion of US adults prescribed gabapentin and other drugs in the same family of medicines climbed from 1.2% in 2002 to 3.9% by 2015, a period that also saw a surge in opioid overdoses and deaths.

The drug class, known as gabapentinoids, includes gabapentin (Neurontin, Gralise, Horizant) and pregabalin. "Nearly 1 in 25 adults takes a gabapentinoid during a year, which matters because we have little data to support much use of this drug class and minimal data to support the long-term safety of the medications," said study author Dr. Michael Johansen of the Heritage College of Osteopathic Medicine at Ohio University in Athens.

Source: Reuters Health News via MDLinx [1/8/18] via PM News [January 10, 2018 #6,098]



OHFAMA CLASSIFIEDS

Associate Needed - SW Columbus
Busy surgical podiatric practice has immediate opening for a self-starter with strong surgical skills, a good work ethic, and is a team player. Brand new office located in a beautiful hospital complex adjoining a surgery center and new hospital. For more information, please call 614-593-0704 or send CV to ehewittone@yahoo.com.

Associate Needed – Warren/Youngstown, Ohio
Ankle & Foot Care Centers operates 20 locations in Northeast Ohio. We are looking to add a full-time podiatric physician to help cover expanding office hours. Tremendous growth opportunity for a hardworking individual with an interest in reconstructive surgery and wound care. To learn more about us, visit our website at www.ankleandfootcare.com Please email your letter of interest and CV to Michael Vallas, Practice Administrator at mike@ankleandfootcare.com.

Associate Needed – Warren/Youngstown, Ohio
Ankle & Foot Care Centers operates 20 locations in Northeast Ohio. We are looking to add a full-time podiatric physician to help cover expansion of our Outreach Services. Tremendous growth opportunity for a hardworking individual with an interest in wound care, nursing home and house call patient care. To learn more about us, visit our website at www.ankleandfootcare.com Please email your letter of interest and CV to Michael Vallas, Practice Administrator at mike@ankleandfootcare.com.

Associate Needed - Midwest, OH
Gentle Foot Care is a rapidly growing podiatry practice. Well established, busy 37-year-old group podiatric practice with multiple locations. Great opportunity for energetic, motivated, personable podiatrist. Broad scope of practice. Part-time position available in our Cleveland location. Full-time available if able to travel between multiple locations. High salary based on production includes malpractice insurance. Hospital privileges available. Please send CV and cover letter to pnnywlls@hotmail.com.

Physician / Surgeon Wanted - Akron / Canton Area
Multi-Location Podiatric Practice and Revisional Reconstruction Surgical Institute needs an additional Podiatric Surgeon. We are looking for a motivated, dependable, and ethical physician to join our offices in the Akron / Canton area. Our practice is a 10-year-old business with continued growth. We have surgeons performing total ankle replacements and currently work with 2 residency programs. Our surgeons receive a competitive base salary with commission, 401K benefits, health insurance, malpractice coverage, and seminar allowances. All Physicians have the opportunity for partnership/buy-in after signing and completing a 2-year contract. Requirements: Board qualified foot and rear foot/ankle. Must relocate near office locations for ER call/hospital consults. Please send CV/References to drchokan@gmail.com. We are looking for a physician in a timely manner.

Associate Needed - West Central, OH
Looking for a podiatrist to join a well-established, busy, Podiatry Practice in West Central Ohio. This is a full time position. Opportunity is available to participate in the local residency program if interested. Candidate must be self-motivated, ethical, energetic, and able to practice all aspects of Podiatry independently. We treat a wide variety of different pathologies in the region and time in the office is split between surgery, biomechanics, and diabetic foot care. Salary and benefits are negotiable. Fax cover letter, CV, and references to 419-394-1148 or email to footdoc@bright.net. We are also willing to consider a 3rd year Podiatric Surgical Resident.

A5513 and K0903 Victory!

Diabetic shoe inserts fabricated using scanning devices will be reimbursed the same as those inserts made over a positive model of the patient's foot, effective April 1, using a temporary HCPCS code, K0903.

CMS justified that the processes were essentially equivalent and the fee needed to be identical. APMA, AOPA, the O&P Alliance, and the Amputee Coalition, as well as the congressional assistance of OHFAMA member Rep. Brad Wenstrup, DPM, collaborated to reach the successful resolution. Podiatry should be hopeful that this success will be a precedent on how other similar technological advancements will be addressed in the future.

Partial Victory: Modifier -59 Reimbursement for Podiatrists

APMA has been advocating to CMS for the revision of recently issued National Correct Coding Initiative (NCCI) guidance, as it relates to the -59 modifier and coding for CPT 11055 and 11720. APMA has been in correspondence with CMS since 2016, and most recently met directly with CMS in August 2017, to address this problem, providing materials and background information to CMS representatives.

In a partial win for members, CMS issued a new MedLearns Matters Article (MLN Matters®Number: SE1418) on January 3, with updated examples that directly addressed the use of the -59 modifier and CPT 11055 and 11720. "Proximal to the DIPJ" corn(s) on a toe will now be covered when paired. While CMS still does not cover a distal corn with no relationship to the nail, APMA will continue to fight for this justified reimbursement, and we are hopeful for a positive result.

Source: APMA Weekly Focus: January 9, 2018

MIPS 2018

Please be advised that MIPS reporting requirements for 2018 are similar to 2017. There are some changes. The minimum score (performance threshold) required to avoid a penalty has been raised from 3 to 15 (out of possible 100). CMS final rule about Year 2 of MIPS can be viewed here: https://www.cms.gov/Medicare/Quality-Payment-Program/resource-library/QPP-Year-2-Final-Rule-Fact-Sheet.pdf

Smaller Providers get 2 advantages in 2018:

- May be exempted if they have less than $90,000 Part B allowed charges or less than 200 Part B patients. It looks like CMS will not be providing confirmation on which Practices are exempted by this until mid-2018.
- Individual providers, or provider groups of 15 or fewer clinicians get a 5 point bonus to MIPS score, as long as they submit data on at least 1 performance category.

Offices are strongly advised to visit https://qpp.cms.gov/ to learn more about the 2018 program and find which measures/how to report them. As a helpful summary we will provide this general guidance:

There are 3 reportable categories that providers can use to earn points, and a 4th category ("Cost" - which counts for 10% for 2018 MIPS score and replaces the Value-Based Modifier program) that CMS will calculate automatically based on data they receive about your patient's health/cost to the program.

The 3 reportable categories are:

Quality – replaced by the PQRS program
See measures here: https://qpp.cms.gov/mips/quality-measures
Counts for 50% of MIPS score
Requires reporting Quality measures for entire year

Improvement Activities (also called IA) – New Category in 2017/2018
See Activities to report here: https://qpp.cms.gov/mips/improvement-activities
Counts for 15% of MIPS score
Requires reporting IA for minimum 90 days

Advancing Care Information (also called ACI) – replaced the EHR Meaningful Use
See measures here: https://qpp.cms.gov/mips/advancing-care-information
Counts for 25% of MIPS score
Requires reporting ACI for minimum 90 days

Providers that are able to score 70 points or more may be entitled to a bonus.

Providers that do not have an EHR or fail to successfully report Quality measures for the required timeframe and count of Part B patients, they ***may*** be able to hit the minimum score (15) to avoid a penalty, by attesting successfully to the Improvement Activities category.

Providers that may fall in this category need to review, select, and begin implementing these activities now at:http://qpp.cms.gov/mips/improvement-activites

OHIO FOOT AND ANKLE MEDICAL ASSOCIATION

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102nd Annual Ohio Foot and Ankle Scientific Seminar May 17–19, 2018

Attendees will Receive Up to 25 CE Contact Hours | Register at www.ohfama.org

Thursday, May 17, 2018

Forefoot: Current Trends and Procedures; CrossRoads Extremity Systems Workshop; Legends of the Profession; Amerx Workshop; Paper & Poster Competitions: Presentations from Podiatric Physician Residents in Ohio; Podiatric Dermatology, Dermatological Disease and Melanoma of the Nail; PICA Risk Management Lecture - Amputations: It Can Happen to Anyone

Friday, May 18, 2018

If it Isn't Broke, Don't Fix It: Procedures that Have Held Up to the Test of Time; APMA Breakout Session: Coding in 2018: Your FAQs; What I Brought to The Profession; MIPS in 2018, Quality Reporting Outcomes and HIPAA: There's more than you think!; Organogenesis Workshop: Advanced Technologies Across the Continuum of Wound Care; My Favorite Surgical Procedure and Why?; Bako Workshop: Summer 2018 Podiatric Dermatology Update – "Hands-On Biopsy" Workshop; The Diabetic Foot: Soup to Nuts

Assistant's Program: Anatomy Terminology and Commonly Treated Podiatric Conditions for the Podiatric Assistant; Keeping Doctors Moving and at the Top of Their Game; There Is No "I" In TEAM: Working Together Towards Practice Success; In-Office Dispensing and the Importance of Practice Branding; Common Office Procedures & Appropriate Billing and Coding; Definitive Diagnosis – Appropriate Sampling and Diagnostic Methods; Dealing with Emergencies in the Front and Back Office; Patient Evaluations; Quick Tips for Dealing with Difficult Patients; MIPS and MACRA – What you need to know; Practice Reputation; Office Successes and Fails

Saturday, May 19, 2018

The Bad Flatfoot: A Comprehensive Review of Treatment Options; Smith and Nephew Workshop; Patients that Give Me GI Distress / Risk Management; Breakout Session: Pinnacle Practice Achievement Practicing and Succeeding in today's world of healthcare; Creating Stability through Protocols, Systems and Quality Patient Care; Interesting Cases and/or Unusual Case Presentation

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