THE OHFAMA JOURRING AND ANKLE MEDICAL ASSOCIATION + WWW.OHFAMA.ORG

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The Ohio Delegation attends the APMA House of Delegates on March 12-13 in Washington, DC.

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Sarah Abshier, DPM

A WORD FROM THE PRESIDENT

The Year Ahead



Sarah Abshier, DPM

As your OHFAMA president for 2022, I am excited to share with you some of our upcoming projects and goals for the association.

Accepting the office of president at the first ever annual business meeting was a great experience. We have a strong and engaged board and I am looking forward to following in the footsteps of my predecessors.

I feel strongly we need to work on addressing the needs

of young practitioners since legislative changes and medical board rulings will have a particularly long-term impact on those members. I would like to see young physicians more energized and engaged. I am technically the oldest of the millennial generation and feel that the gross generalizations about our generation just further contribute to the apathy we seem to be defined by. I encourage all young practitioners to become involved at their local academies. The Young Physician Leadership meeting that APMA hosts annually is a great platform to foster engagement. OHFAMA is able to sponsor a young individual from the state each year. Please consider applying for this event if you are interested in participating.

We have started a new membership program and have been reaching out to nonmembers via personal phone calls and emails. Through this program we are opening lines of communication with prior members and non-members alike to help them see value in their membership and identify any areas we could improve upon.

OHFAMA did a phenomenal job with PAC donations last year as our scope of practice was threatened. We need to keep that momentum moving forward as the fight is far from over. Dr. Adam Thomas will be spearheading these efforts and we encourage anyone who can donate to consider doing so. To make your contribution, visit the OHFAMA website or text Foot to 855-750-1575.

Our last strategic planning meeting was held back in 2015 and as we all know a lot has changed since then! We are excited to be able to revamp those core objectives this August at our next strategic planning meeting. These sessions help the association keep a laser focus on the issues that are most pressing to our members and create tangible and measurable goals we will aim to meet over the next few years.

COVID-19's impact on our lives continues to wax and wane and OHFAMA has been countering the unpredictable and unprecedented challenges to the association. From remote seminars to helping overcome challenges for academies to conduct business as usual I am proud of how proactive OHFAMA continues to be.

CALENDAR

2022

April 7 Budget/Finance, BOT Meetings OHFAMA Headquarters I Columbus

April 13 Steward Surloff Memorial Seminar Akron General Health and Wellness Center

> April 25 Executive Committee Meeting GoToMeeting

May 12-14 106th Ohio Annual Foot and Ankle Scientific Seminar Hilton at Easton, Columbus

August 11 Budget/Finance, BOT Meetings OHFAMA Headquarters I Columbus

> August 25-26 GXMO Didactic Course -Initial and Recertification GoToWebinar

August 27 GXMO Clinical Course GoToWebinar

September 19 Executive Committee Meeting GoToMeeting

October 6 Budget/Finance, BOT Meetings OHFAMA Headquarters I Columbus

> November 10-11 GXMO Didactic Course -Initial and Recertification GoToWebinar

November 12 GXMO Clinical Course GoToWebinar

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

Dr. Sarah Abshier

Member Profile | Dr. Sarah Abshier, OHFAMA President

Why did you choose a career in podiatry?

I have a long and sordid history of ingrown toenails, going back to my youth. My podiatrist in Seattle, Dr. Almy, is an amazing physician and she offered to let me job shadow her during my undergraduate years. I am an advocate for the podiatry mentorship program for this very reason as those days spent at my podiatrist's office are what got me into podiatry.

How did you get involved with OHFAMA?

I started working in Columbus Ohio in 2011 and immediately became involved with our local academy through attending the meetings and was elected secretary that year. I spent 6 years in leadership roles there and eventually ended up on the board of trustees as a representative for my academy.

What do you love most about podiatry?

I enjoy getting to know my patients. We are fortunate that in podiatry a lot of the procedures we do allow for time to talk with people and hear about their lives. I have learned so much and grown as a person over the years in large part because of those conversations.

What do you like to do when you aren't working?

My primary passion is running; a close second would be eating, I guess.

What has been your favorite travel destination? What is the next place on your travel bucket list?

I'm not a fan of traditional travel I prefer adventures and off the grid activities. Iceland was the most beautiful place I have ever hiked but my most profound travel was a four-month trek across Russia, Mongolia, & China. The next trek we are planning is a hike around the base of Mount Blanc.

What are three little-known facts about you?

- 1. I could swim before I could walk
- 2. While in Siberia, in a city with no electricity/running water, I ended up with sepsis from an ingrown toenail
- 3. I have completed a full Ironman triathlon

What advice would you give to someone who wants to enter podiatry?

Job shadow! As with any profession it is important to fully understand the profession you want to dedicate yourself to.

Get involved! Advocate for the things that matter to you and are within your sphere of influence.



New OHFAMA President Sarah Abshier, DPM, addresses members at the 2021 Annual Business Meeting

PROFESSIONAL PROFILE

Undergraduate Education:

University of Washington Bachelor of Science, Microbiology, Russian Literature, 2004

Medical School:

Pennsylvania College of Podiatric Medicine Doctorate of Podiatric Medicine, 2008

Residency:

Veterans Affairs Medical Center Internship and Residency

Board Certifications:

American Board of Podiatric Medicine American Board of Wound Management Mike Mathy, CAE

The Future of Podiatry is in Your Hands



Mike Mathy, CAE

I had the privilege of accompanying the Ohio delegation to the APMA House of Delegates in Washington, D.C. in early March. The annual gathering, which was an in-person event for the first time since 2019, brings podiatrists from around the country to formulate policies that will shape the future of podiatry.

One of the perennially hot topics at the APMA House of Delegates has been student recruitment. It's no secret that over the past several years, the overall quality of podiatric medical school applicants has decreased. Similarly, the overall number of qualified applicants is declining.

This concern prompted a significant investment of staff and financial resources by APMA and likeminded organizations in 2018 to raise awareness of podiatry as a career path for the next generation of physicians and improve strategies and tactics around recruiting prospective students.

PODIATRIC MEDICAL SCHOOL APPLICANTS

- Approximately 1,000 applicants apply to podiatric medical school each year
- First year enrollment totals range from 500-600 per year.
- For the 2021-22 academic year, 910 individuals applied to at least one of the nine podiatric medical schools
- 648 first year students began study in the fall of 2021
- Women made up 452 (50%) of the applicants and 342 (50%) of matriculating students in 2021.

Source: American Association of Colleges of Podiatric Medicine As part of this process, APMA embarked upon a comprehensive market research effort among current and prospective students and developed a strategic recruitment plan based on the outcomes of that research.

Among the tactics to increase awareness of careers in podiatric medicine was the development of the Step into Podiatry website, a non-branded, informational website geared specifically to students considering a career in podiatry, skewing toward high school students.

The website, co-sponsored by several podiatry associations, has generated 18 million page views, 350,000 unique visits, and over 1,400 mentor requests from prospective students.

While these initial results at generating interest in podiatry from high school students are impressive, the American Association of Colleges of Podiatric Medicine Application Service (AACPMAS), a centralized application service that processes all podiatric medical school applications, released primary 2022 applicant data on February 23 that shows the year-to-date applicant pool decreased to 465 in 2022 from 551 in 2021, a 16% decrease.

This data does not necessarily indicate our efforts to-date have been unsuccessful—most of the student market for the digital marketing and social media campaigns will take anywhere from 4–8 years to matriculate into podiatric medical school—but is evidence that a strong, sustained campaign is necessary to strengthen the quantity and quality of the applicant pool.

While much of the focus from APMA and other national organizations has focused on large-scale efforts in the digital world, APMA's research confirmed what many in the profession had long suspected: Firsthand exposure to podiatry plays a significant role in generating interest in careers in podiatric medicine.

To put it simply, students who received care from a podiatrist or who shadow a podiatrist are more likely to apply to podiatric medical school.

That is why it is critical for OHFAMA members to participate in student recruitment efforts in their communities. No one is better suited to talk about the benefits of a career in podiatry than current podiatrists. So, what can you do to help?

1. Arm Yourself with Resources

Visit the Step into Podiatry website and APMA student recruitment toolkit on the APMA website, which feature a wealth of resources designed to help you take an active role in recruiting students and promoting the profession.

2. Sign-up for the Mentor Network

Join the APMA Mentor Network and volunteer your time to mentor students in your area. You can now opt-in through your account profile on APMA.org, making the process easier than ever:

- Log in to APMA.org
- Click "My Account" on the top of the screen
- Click "Update Contact and Mentor Info"
- Scroll down; select the box next to "Become a Podiatry Mentor"
- Click "Save"

3. Share Your Story

You don't necessarily need to deliver any presentations or distribute educational pamphlets. The most important thing you can share with students is your personal story.

- Why did you choose a career in podiatry?
- What do you like best about being a podiatrist?
- What are the benefits of podiatry compared to other medical careers?
- How do you help your patients live better lives?

The future of our profession depends on getting more qualified, dedicated young people interested in careers in podiatric medicine. I encourage you to step up to the plate and encourage students to step into podiatry.

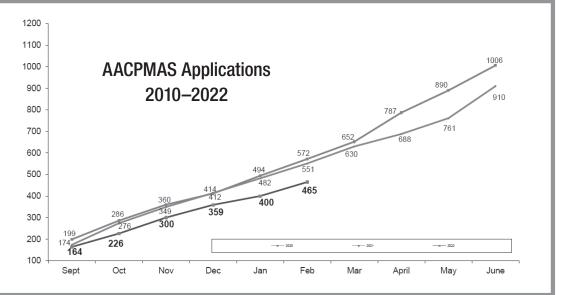
Please give the office a call at 614-457-6269 or send me an email at mmathy@ohfama.org if you are interested in joining our student recruitment efforts. We are always here to help.

APMA, AACPM Launches Student Recruitment Project

APMA endorsed a new student recruitment project that challenges each state component to contact undergraduate colleges to make presentations to the college's science/medical interest societies, student clubs and organizations, and individuals interested in medical careers.

OHFAMA will be participating in this program as a means to build relationships with students and undergraduate colleges and universities.

If you are interested in supporting our recruitment efforts, please contact OHFAMA headquarters for sample PowerPoint presentations, handouts, and assistance with setting up meetings.



Source: AACPM

2022 OHFAMA Service Award Winners Announced

The OHFAMA Service Award will be bestowed to a deserving recipient(s) who have demonstrated commitment to fulfilling the mission of OHFAMA by devotion to the association through dedicated leadership and volunteerism at the academy and state level.

This is an award based on service to organized podiatry in Ohio and may include the organization's political action committee, OPPAC. Although community and professionalism are quality attributes, this award is based exclusively on service to OHFAMA as a valued leader and/or volunteer.



OHFAMA is pleased to announce that two longtime leaders have earned the 2022 OHFAMA Service Award:



Karen Kellogg, DPM

Dr. Karen Kellogg Mideast Academy

Dr. Karen Kellogg, a Toledo native, has been selected as one of two recipients for the 2022 OHFAMA Service Award. Dr. Kellogg is a 2000 graduate of Ohio College of Podiatric Medicine and earned her Master's in Business Administration from Kent State University.

She joined OHFAMA during her residency at Dunlap Memorial Hospital in Orrville and was the initial Young Physician Trustee on the OHFAMA Board of Trustees before becoming the Trustee for the Mideastern Academy. Dr. Kellogg served as OHFAMA president in 2014 and has continued her service to OHFAMA as an APMA Delegate since 2014 and Mideastern Academy Trustee since 2018.

At the local level, Dr. Kellogg served for years as the secretary for the Mideastern Academy and always encourages Academy members to support the Ohio Podiatric Political Action Committee.

She has earned several awards, including the OHFAMA Young Physician of Podiatry Award (2005), OHFAMA Thomas J. Meyer Award for Leadership (2014), and Kent State University Alumni Service Award (2016).

Dr. Kellogg is employed by the Louis Stokes VA Medical Center, where she has served as a podiatrist at the Ravenna Outpatient Clinic since 2009. She previously was employed by Suppan Foot & Ankle Clinic and established her own practice, Fairlawn Foot & Ankle Clinic, which she operated from 2002-2014.

Dr. Kellogg is highly respected by her peers and continues to inspire all by her leadership and service at both the state and local levels. She is a most deserving recipient of the 2022 OHFAMA Service Award.

Dr. Charles Marlowe Northwest Academy

Dr. Charles Marlowe, Jr., is the second recipient of the 2022 OHFAMA Service Award. Dr. Marlowe earned a Bachelor of Arts in Psychology prior to graduating from the Ohio College of Podiatric Medicine in 1968.



Charles Marlowe, DPM

After a one-year residency with Dr. Ray Suppan, Dr. Marlowe established a private practice, C.R. Marlowe, Jr., DPM, Inc., in Toledo in 1968. His practice focused on surgery and sports medicine.

In 1970, Dr. Marlowe became the first podiatric physician to have full surgical privileges at Riverside Hospital in Toledo and was Section Head of the Podiatry Staff from 1970-1981. In 1977, Dr. Marlowe established the first hospital-based Podiatric Residency Program at an allopathic teaching hospital. Through this endeavor, Dr. Marlowe gained a reputation as an excellent instructor, role model and mentor to podiatry residents.

Dr. Marlowe also served as Team Podiatric Physician for Bowling Green State University from 1990-2010 and continued to practice at Bowling Green Orthopedics (2006-2010) and Foot and Leg Specialty Center in Newport Richey, FL, from 2007-2015. He continues to practice part-time in Northwest Ohio.

In addition to his longstanding service to the Northwest Academy, Dr. Marlowe is a Diplomate with the American Board of Podiatric Surgery, a Fellow with the American College of Foot and Ankle Surgeons, and earned Life Member status with the American Podiatric Medical Association.

Dr. Marlowe has been a role model, mentor, and friend to podiatrists throughout Northwest Ohio for decades. He is a staple at Northwest Academy meetings and events and is widely respected for his podiatry and business skills. For his decades of service, OHFAMA is pleased to present Dr. Marlowe with the Service Award.

Ferritto Earns APMA Distinguished Service Citation

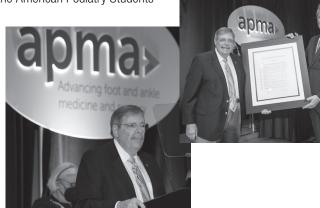
APMA President Jeffrey R. DeSantis, DPM, presented the Distinguished Service Citation, APMA's highest honor, to Past President and Former Speaker of the House Jerauld D. Ferritto Jr., DPM, for his long and distinguished record of service to APMA and the profession.

"There's no one individual, single committee, or club that has done more for the profession than our national organization, APMA," said Dr. Ferritto in accepting his award. "It is you who will take this profession to a more intense integration into the health-care system of this country."

Dr. Ferritto has a long and distinguished record of service to podiatry at the local, state, and national level. During medical school, he served on the Board of Trustees of the American Podiatry Students Association, where he served as

chairman in 1975-76.

Dr. Ferritto joined APMA in 1976 and began his service to APMA in 1992 when he joined the Board of Trustees. During his 13-year tenure on the Board of Trustees, he chaired seven committees and ascended to become APMA president in 2003-2004.



Following a successful tenure as president, Dr. Ferritto continued his service to APMA as House of Delegates Protocol Officer, member of the Bylaws Committee, and Speaker of the House of Delegates, a role he held from 2015-2021.

He further was a Delegate to the APMA House of Delegates in 1992, 2014, and 2015 and served as an Alternate Delegate for 12 years.

In addition to his long and distinguished service to APMA, Dr. Ferritto served as a member of the Council on Podiatric Medical Education as a student from 1974-76 and as a practicing physician from 1983-92.

> He further served on the OHFAMA Board of Trustees from 1986-1994, led the association as president in 1992-93, and earned the OHFAMA Service Award in 2018. He also has been a member of the Central Academy since 1977, where he served as president in 1983-84.

APMA House of Delegates Passes Physician Parity Resolution

The APMA House of Delegates passed Policy Proposition 2-22 with multiple state component societies and affiliated organizations joining as cosponsors.



Ohio Delegates Sarah Abshier, DPM, Mark Gould (center), DPM, and Chief Delegate Marc Greenberg, DPM, attend the APMA House of Delegates in Washington, DC.

The proposition made it the official position of APMA that Doctors of Podiatric Medicine have achieved parity with allopathic and osteopathic physicians in that they are physicians and surgeons qualified by their education and training; their licensing exam is comparable to licensing exams administered by NBME and NBOME; CPME-approved residency programs meet standards comparable to ACGME residency programs; and certifying boards recognized by CPME meet standards comparable to those of ABMS.

The proposition further stipulates that APMA will work to ensure that DPMs are authorized by federal and state governments, hospitals, private and public health systems, and third-party payers to practice to the full extent of their education and training. It notes that parity is a collaborative effort and should include equal pay for equal services; acknowledgment of the equivalency of education and training among allopathic, osteopathic, and podiatric physicians; and public recognition of podiatric medicine and surgery as a specialty within medicine.

OHFAMA Announces Members-Only 401(k) Plan Exchange

By: Peggy N. Slaughter, CFP®, CRPS®, AIF®, CPFA®

If your practice sponsors a 401(k) Plan, or you would like to start one, you won't want to pass up this opportunity to join the 401(k) Plan Exchange, another member benefit brought to you by the Ohio Foot & Ankle Medical Association.

The 401(k) Plan Exchange allows OHFAMA members to join forces to reduce the expense, liability and burden of sponsoring a 401(k) Plan. While you retain all the Plan design features of your own 401(k), such as benefit formula, eligibility and vesting schedule, you will share common service providers with your fellow association members. This provides economy of scale, allowing for reduced administrative expenses.

Reduced liability is secured through utilizing service partners who have fiduciary responsibility for your 401(k) Plan. Fiduciaries are regulated under the Employee Retirement Income Security Act of 1974 (ERISA). The 401(k) Exchange includes an ERISA 3(38) Fiduciary Investment Manager and an ERISA 3(16) Fiduciary Administrator.

The 401(k) Exchange is:

SIMPLE

Remove virtually all administrative burden. Get the type of support typically reserved for large retirement plans with a staff of highly trained specialists, so you can focus on your practice.

SAFE

Shift fiduciary liability to qualified entities with legally defined obligations to act on behalf of your retirement plan, providing the highest level of protection allowed by law, including an investment fiduciary gualified to select and indemnify the investment lineup.

COMPLIANT

While 65% of plans failed Department of Labor random audits in 2018*, Plan Sponsors following this protocol have never been sanctioned by the DOL for Plan failure. Best of all, DOL inquiries and audits are also outsourced to the assigned fiduciary!

POOLED PRICING

This plan is built on a pooled pricing model and often costs less than other programs that offer fewer solutions. Plan costs are negotiated on a large plan scale, then rolled out to small plans. And if you have a large plan (over 100 participants), even the required audit is done at a reduced price.

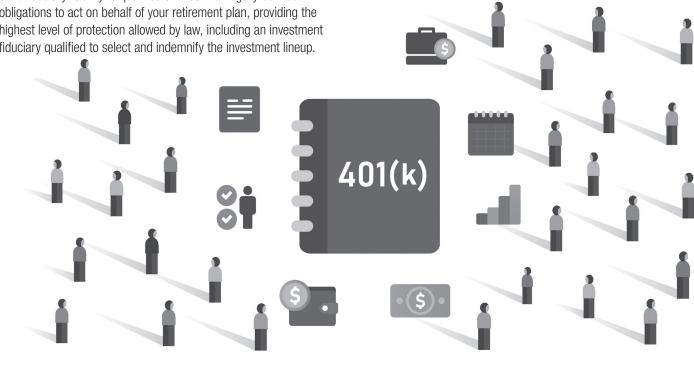
Please contact me at (614)841-1881 or peggy.slaughter@ salingsimms.com to learn more about this great program.

Peggy Slaughter is a retirement plan specialist at Saling Simms Associates and has been working with Associations for over 20 years. Investment advisory services offered through

Saling Simms Associates, 7965 North High Street, Suite 130, Columbus, Ohio, 43235,

614-841-1881.

*Fact Sheet, Employee Benefits Security Administration, 2018.



ADVOCACY UPDATES

Medical Board Ohio Proposes New Telehealth Rules in Response to HB 122

By Daniel S. Zinsmaster, Legal Counsel, Dinsmore & Shohl LLP



Daniel S. Zinsmaster

Following the passage of House Bill (HB) 122 and the expansion of telehealth services by Ohio health care providers, the State Medical Board of Ohio (Ohio Board) has released proposed administrative rules in furtherance of the recent legislation. These proposed rules are offered by the Ohio Board to provide further guidance to licensed health care professionals

regarding applicable standards of care and regulatory expectations relative to informed consent, record keeping, and remote prescribing. These new rules would apply to podiatrists, among other types of health care professionals regulated by the Ohio Board.

Under the proposed new rules, "telehealth services" are defined as "health care services provided through the use of information and communication technology by a health care professional licensed in Ohio, within the professional's scope of practice, who is located at a site other than the site where the patient is receiving the services or the site where another health care professional with whom the provider of the services is formally consulting regarding the patient is located." Under the new proposed rules, telehealth services include the following:

- Synchronous communication technology audio and/or video technology that permits two-way, interactive, real-time electronic communication between the health care professional and the patient or between the health care professional and the consulting health care professional regarding the patient.
- Asynchronous communication technology also called store and forward technology, means the transmission of a patient's stored clinical data from an originating site to the site where the health care professional is located. The health care professional at this distant site can review the stored clinical data at a later time from when the data is sent and without the patient being present. Stored clinical data that may be transmitted via asynchronous communication technology means video clips, sound/audio files, or photo images that may be sent along with electronic records and written records about the patient's medical condition. Asynchronous communication technology does not include telephone calls, images transmitted via facsimile machines, and text messages, such as in electronic mail, without either visual or audio files of the patient included with the text message. Photographs or video images that are visualized by a telecommunications system must be both specific to the patient's medical condition and sufficient for furnishing or confirming a diagnosis and/or a treatment plan.

 Remote monitoring devices – means a medical device cleared, approved, or authorized by the United States Food and Drug Administration for the specific purpose which the health care professional is using it and which reliably transmits data electronically and automatically.

Notably, while Ohio health care professionals are permitted to provide telehealth services through the use of synchronous or asynchronous communication technology, telephone calls do not fall within these categories when they are routine or simply involve the communication of information.

Furthermore, the Ohio Board's new proposed rules define "consent for treatment" via telehealth technology to mean a "process of communication between a patient or, if applicable, the patient's parent, guardian, or person designated under the patient's health care power of attorney and the health care professional discussing the risks and benefits of, and alternatives to, treatment through a remote evaluation that results in the agreement to treatment that is documented in the medical record or signed authorization for the patient to be treated through an evaluation conducted through appropriate technology, as specified in this rule, when the health care professional is in a location remote from the patient."

In addition to the above definitions, the Ohio Board reaffirms in its new proposed rules that the standard of care for a telehealth visit is the same as the standard of care for an in-person visit. Such reaffirmation echoes guidance the Ohio Board has been issuing since 2012. Under the new proposed rules, should a health care professional determine that the standard of care cannot be met via telehealth services, the practitioner must take appropriate steps to schedule an in-person visit or otherwise refer the patient for emergency care. Moreover, these efforts must be documented by the health care professional in the patient's medical record. Other standard of care requirements under the proposed new rules outline requirements to verify the patient's identity and physical location; document consent for treatment; maintain privacy and security standards outlined in federal and state law; complete and document an appropriate medical evaluation and treatment plan; coordinate with other health care providers and follow-up appointments as appropriate; and make medical records available to patients and/or guardians.

With regard to prescribing activities, the Ohio Board's proposed new rules largely track the agency's prior administrative rules for remote prescribing, with distinctions drawn between regular prescription medication (i.e., dangerous drugs) and controlled substances. For

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ADVOCACY UPDATES

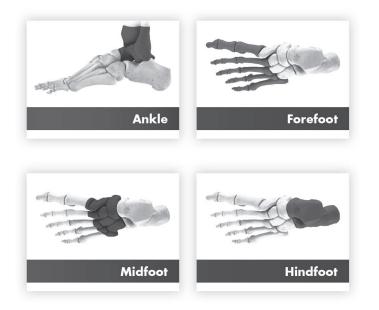
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example, a health care professional is required to conduct a physical examination of a new patient prior to prescribing a schedule IIcontrolled substance, such as Vicodin or Ritalin. However, exceptions exist for the in-person examination requirement for new patients when the provision of telehealth services occurs in the following settings: hospice or palliative care; medication assisted treatment for addiction; mental health treatment; and emergency situations. In the event one of these exceptions to the in-person examination requirement for new patients applies, the health care professional must document this in the patient's medical record.

The Ohio Board's proposed new rules are consistent with the mandates of HB 122 and spirit of recent COVID 19-related exemptions to prior in-person examination requirements that facilitated greatly expanded use of telemedicine. Even so, health care professionals should be aware that the standard of care must always be maintained regardless of the method with which treatment is provided to a patient.

stryker

Dedicated to the Foot & Ankle surgeon



Early and Effective Web Space Dermatitis Treatment Through Accurate Diagnosis May Prevent Compounding Infections

By: BakoDx

Based on years of research and experience in podiatric pathology, Bako Diagnostics developed a Web Space PCR assay to identify the infectious agents involved in web space dermatitis. This highly sensitive and highly specific test provides podiatric clinicians with rapid results and the most accurate diagnostic method available – allowing for the best patient care.

The assay utilizes real-time polymerase chain reaction (RT-PCR) technology to detect the causative agent within the web space keratin when present, resulting in the clinically identified dermatitis.

The BakoDx Web Space panel dermatitis assay tests for:

FUNGI

- Dermatophytes
- Candida spp

BACTERIA

- Corynebacterium minutissimum
- Gram-negative bacteria
- Staphylococcus aureus*

*If positive, reflex to mecA (methicillin resistance)

All results should be utilized in context with clinical presentation.

Interdigital infectious dermatitis may be due to a variety of organisms that may look similar, but their treatment differs. Differential diagnosis may include: *Corynebacterium minutissimum* in erythrasma, tinea pedis, candidal intertrigo and/or primary or secondary bacterial infections. There is also a growing awareness of gram-negative bacterial web space infections. The differential diagnosis of web space dermatitis would also include non-infectious etiologies including web space eczema or psoriasis.^{1,2}

"This test is designed for those patients with web space dermatitis, where an infectious etiology may be included in the differential diagnosis," said Dr. Wayne L. Bakotic, Chief Medical Officer at BakoDx. "PCR analysis allows us to identify the infectious agent in the most accurate, efficient and rapid manner."

To get started with BakoDx's Web Space Infection PCR test, call 855-422-5628 or visit bakodx.com/webspace to learn more.

¹Hainer BL. Dermatophyte infections. Am Fam Physician. 2003; 67(1):101-8.

²Bristow I. Non-ulcerative skin pathologies of the diabetic foot. Diabetes Metab Res Rev. 2008;24(Suppl1):S84-89.



Celebrating PICA's 40th Anniversary

40 years of protecting the reputations and livelihoods of podiatric physicians and surgeons

40 years of influencing and growing with the podiatry industry and advancing the podiatric profession.

40 years of protecting our podiatrists so they can focus on patient care and being the best healthcare practitioner possible.

Forty years and forward!

Call today for your free quote! picagroup.com | 800.251.5727, ext. 2750

CAC-PIAC Annual Report

By: Martin Lesnak, DPM, Ohio PIAC Representative

The 21st Annual Joint National Carrier Advisory Committee (CAC) and Private Insurance Advisory (PIAC) Representatives' Meeting took place November 12, 2021 in Alexandria, VA. Please find below a report of recent CAC and PIAC updates.

Medicare Payment Updates

Payment Update for 2022

- Under current law, payments to physicians under the Medicare Physician Fee Schedule (MPFS) are scheduled to be reduced by up to 9.75% for 2022.
 - -3.75% expiration of a temporary increase in MPFS for 2021 only (MPFS only)
 - -2% Medicare sequester reductions that were suspended for the COVID-19 PHE but scheduled to resume on 1/1/2022 for all Medicare providers.
 - -4% PAYGO sequester reductions that are triggered by spending in the American Rescue Plan that was not offset (all Medicare providers)
- Significant advocacy is underway to avert these reductions, but uncertainty remains.

Medicare Physician Fee Schedule Highlights

- Overall impacts
 - Final 2022 conversion factor:33.5893
 - -3.71% less than 2021, almost fully due to the expiration of temporary increase for 2021.
 - Estimated impact on podiatrists for 2021 not including scheduled payment reductions: +1%

Telehealth and Virtual Health Visit Changes

- CMS finalized proposal to retain all Category 3 services on the Medicare telehealth services list through 12/31/2023.
- CMS also finalized with modification of some provisions that implement changes in the Consolidated Appropriations Act, 2021 expanding telehealth access for mental health disorders.
 - Allowing audio-only delivery of telehealth for mental health disorders if certain conditions are met.
 - No expansion of audio only telehealth to other services such as E/M.

Teaching Physicians Policies

 CMS finalized its proposed policies related to level selection for office/outpatient E/M visits based on time for teaching physician services:

- Only the time that the teaching physician is present can be counted. This includes time spent by the teaching physician performing qualifying activities listed by the CPT (with or without direct patient contact on the date of the encounter).
 - Under the Primary Care Exception, time cannot be used by residents for level selection, only medical decision making.

Physician Assistant Billing

- CMS finalized its proposal to implement another provision from the Consolidated Appropriations Act, 2021, which authorizes PA's to bill Medicare and be directly paid for their services starting on 1/1/2022.
 - Eliminates requirement for payment to go to the employer of the PA, as required by law.

eRx Controlled Substances

 Exception for prescribers who issue 100 or fewer Part D controlled substances in a calendar year.

Move to Zero Day Globals

- CPT 28001- Current work RVU-2.78
- CPT 28002- current work RVU-5.34
- CPT 28003-current work RVU-9.06

Medicare Virtual Check-In

- G2012 Brief communication technology-based service, eg, virtual check in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided with the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- G2252 Brief communication technology-based service, eg, virtual check in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided with the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20minutes of medical discussion.

Merit-Based Incentive Payment System (MIPS) Final Rule Highlights

- COVID related EUC Exceptions
 - 2019- Application
 - 2020- Automatic
 - 2021- Application
 - 2022-Application ??

- Performance Threshold
 - 75 MIPS Points to Avoid Penalty
- Measure #154 Deleted
 - Quality ID#1549 NQF 0101): Falls: Risk Assessment
- Promoting Interoperability
 - Automatic reweighting of PI category for small practices in 2022.
- Win!! NOT HAPPENING
 - Add requirement to Provide Electronic Access to Their Health Information measure:
 - Patients have access to their health information indefinitely, for encounters on or after 1/1/2016

Advocacy Updates

LCD's

- APMA continues to have concerns regarding local coverage processes:
 - Lack of notice and comment opportunities for LCA's
 - Limited engagement with CAC's
 - Lack or transparency in coverage processes
- APMA will be launching a sign-on letter to raise concerns with CMS collectively with other like-minded stakeholders.

MA Chart Reviews

- APMA has partnered with several other organizations to address concerns members have raised regarding MA chart reviews.
 - Sign-on letter in February of 2021
 - Joint meeting with CMS October 2021
- Additional engagement continues.

Private Insurance Issues

What's New

- The Consolidated Appropriations Act of 2021 (Passed early 2021)
 - No Surprises Act
 - Ensures patients are not obligated to pay more than the in-network cost sharing under their commercial health plan in certain situations when out-of -network providers furnish services and sets forth a process for non-contract providers and insurers to come to an agreement on payment amounts.
 - APMA will hold webinar in January to provide detailed information on the law which is effective in 2022.
 - Directed HHs to begin rulemaking to fully implement the 10 year old provider non discrimination (Section 2706(a)) no later than January 2022 and issue a final rule no later than 6 months after the proposed rule.

 July letter from the Congressional Members to Agency heads urging them to full consider congressional intent in drafting.

What's Old

Medicare Advantage Records Requests

- MA Plans requests records for a variety of reasons
 - Mining for diagnostic data for risk adjustment
 - Confirming diagnosis on submitted claims
 - In response to a RADV audit by CMS
 - Resolving disputes (appeals and grievances)
 - Meeting their fraud, waste and abuse/oversight obligation through audits
- APMA Recommendations
 - Follow a standardized process for all medical records request
 - Require plans to identify the reason for each record request
 - Provide reasonable deadlines for medical record submissions as well as a process for extending the submission deadline for extenuating circumstances.
 - Impose limits on the number of medical records that may be requested or reviewed by a MAO.
 - Allow practices to submit medical records through a secure web-portal, on CD/DVD, or by fax, when possible
 - Reimburse practices for completing medical record requests submitted in hard copy.

Two Types of Payment Denials

- Denial based on Coverage-remittance notice will indicate the services not medically necessary or not a covered service.
 - Indicating that a service covered under Medicare FFS is not a covered service may be a compliance issue for the plan
- Denial in whole or in part based on administrative rule or payment policy- includes situations in which certain modifiers are not recognized or certain services are not paid for the same visit. Generally, where plan rules are different from Medicare rules.

Appeals-Best Practices

- Number 1 rule: If you feel your claim was improperly denied/down coded or requested coverage was denied: APPEAL
- Failure to appeal can:
 - Result in lost opportunity to get a payor's systems issue fixed in a timely manner.
 - Reinforce a payor's belief that the practice is acceptable
 - Deprive APMA or other advocates of evidence to identify systematic practices and bring them to the attention of the payors.

- Successfully appealing may get you on an exclusion list for a payor's claim review process.
- Review each claim for which you do not receive the expected payment amount. Determine the reason it was denied, down coded or not paid in full.
 - This exercise serves two purposes
 - If you are doing something wrong that is causing the issue, it allows you to change your practices to avoid problems in the future or:
 - If the payor has made a mistake, it allows you to identify decisions you wish to appeal
- Know the Rules
 - The process will vary depending on the line of business and payor
 - For the payors/lines of business that you bill the most or have the most problems with, the appeals information should be written down and readily available, so you don't have to look it up every time.

- Develop an Appeals Process
 - For each payor under which you appeal you should maintain a file which includes:
 - The appeals procedures for the payor to make them easy for you or your office staff to find.
 - Includes links if electronic appeals can be filed for that payor
 - Addresses to cut and paste
 - A copy of any contract you have with that payor, so that your rights are easily identifiable.
 - Every appeal you have submitted and the response to each appeal. This allows you to track your appeals. It also gives you important information for future appeals and adjusting practice policies.
 - If an appeal is successful, you can cut and paste the next appeal letter/rationale and any attachments.
 - A page for notes. On this page you can include any individual with whom you have had discussions or whose assistance you have found particularly helpful.

OHFAMA CLASSIFIEDS

Associate Needed Northeast, Ohio (Stow, Canton, Rittman, and Medina)

Searching for motivated, enthusiastic podiatric surgeon qualified in forefoot and rearfoot surgery to join our growing practices in Stow, Canton, Rittman and soon Medina. We are a very busy office and perform many surgical procedures. Competitive salary and benefits. Would like to have person to start within the next 3-6 months based upon credentialling. Please contact **drchokan@gmail.com** with questions or to submit your CV

Partnership Opportunity - Cincinnati

Cincinnati Foot & Ankle Care (CFAC.net), a regional 18-physician podiatric group has a partnership track position for which we are now recruiting. Our ideal candidate has excellent medical, surgical, communication, and organization skills sufficient to manage higher volumes with quality. The ability to work well in a team environment is also important. Due to a potential shorter pre-partnership term a minimum of two years' post-residency experience is required and ABFAS certified or qualified.

CFAC is a fully merged, podiatrist-owned medical group operating across the Greater Cincinnati, Ohio region. Our quality of service and care have generated dedicated referral relationships with some of the region's highest quality primary care physicians and groups and an excellent reputation. Having the depth and resources of a large podiatry group, we have developed a business model that accelerates practice growth and success.

Our group offers an attractive employment package including guaranteed salary, health, retirement and other benefits and performance incentives. Send your CV to David.Gibson@MediSync.com

DARCO

Our Roots Run Deep in Ohio Podiatry!

Dr. Darby was a graduate of **OCPM** 1976 **APMA President**

Darco continues to support the following organizations by attending their conferences on a regular basis:

FPMA, NYPMA, NCPMA, OFAF - OPMA, The Midwest Podiatry Conference, The Western Foot and Ankle Conference, The APMA National, Goldfarb, and others.



Dr. H. Darrel Darby, DPM Founder of DARCO Int.

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106th Annual Ohio Foot and Ankle Scientific Seminar May 12 – 14, 2022

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

Physicians Seminar Schedule

Thursday, May 12	2, 2022
7:00 - 9:00 AM	Dermatology and Primary Care in the Foot & Ankle
9:00 – 9:30 AM	Break
9:30 - 10:30 AM	Understanding Remote Patient Monitoring in Podiatry
10:30 – 11:30 AM	Lower Extremity Skin and Nail Conditions That EVERY Podiatrist Should Know
11:30 – 1:00 PM	Lunch and Learn — Choose from 3 Presentations
11:30 – 1:00 PM	Silver Gavel Luncheon — Past OHFAMA Presidents
1:00 – 3:00 PM	Scientific Paper & Poster Competitions: Presentations from Podiatric Physician Residents in Ohio
1:00 – 3:00 PM	Wound Care Workshop
1:30 - 3:00PM	WVPMA Membership Meeting
3:00 – 3:30 PM	Break
3:30 - 5:30 PM	PICA Risk Management Lecture — Five Strategies to Tune Into: A Risk Management Soundtrack
5:30 - 6:30 PM	KSUCPM Welcome Reception
Friday, May 13, 2	022
7:30 – 9:30 AM	Infection and Reconstruction of the Diabetic
7:30 – 9:00 AM	APMA Breakout Session: Coding and Documentation in 2022
9:00 – 10:00 AM	Break (depending on session)
9:30 - 11:30 AM	APMA Breakout Session: Coding and Documentation in 2022 continued
10:00 – 11:30 AM	My Lapidus
10:00 – 11:30 AM 11:30 – 1:00 PM	
	My Lapidus
11:30 – 1:00 PM	My Lapidus Exhibitor's Marketplace Luncheon Complications in Bunion Surgery Breakout Session: Incorporating Quality Reporting Into Your Practice (MIPS) and Understand How the OSHA Regulations Translate Into Protecting
11:30 – 1:00 PM 1:00 – 2:30 PM	My Lapidus Exhibitor's Marketplace Luncheon Complications in Bunion Surgery Breakout Session: Incorporating Quality Reporting Into Your Practice (MIPS) and Understand How the
11:30 – 1:00 PM 1:00 – 2:30 PM 1:00 – 2:30 PM	My Lapidus Exhibitor's Marketplace Luncheon Complications in Bunion Surgery Breakout Session: Incorporating Quality Reporting Into Your Practice (MIPS) and Understand How the OSHA Regulations Translate Into Protecting Yourself, Your Staff and Your Patients
11:30 – 1:00 PM 1:00 – 2:30 PM 1:00 – 2:30 PM 2:30 – 3:00 PM	My Lapidus Exhibitor's Marketplace Luncheon Complications in Bunion Surgery Breakout Session: Incorporating Quality Reporting Into Your Practice (MIPS) and Understand How the OSHA Regulations Translate Into Protecting Yourself, Your Staff and Your Patients Break
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Trauma and Fractures of the Foot and Ankle

Assistant's Program -

Assistants may register for Thursday and/or Friday								
Thursday, May 12, 2022								
7:30 - 8:00 AM	Registration							
8:00 - 8:15 AM	The Early Bird Gets the Worm							
8:15 - 9:00 AM	Anatomy of the Foot and Ankle							
9:00 - 10:00 AM	Reason for Visit/Most Pressing Issue (Mastering the Art of Patient Evaluation)							
10:00 - 10:30 AM	Break							
10:30 - 11:00 AM	Preparation is Half the Battle							
11:00 - 11:30 AM	Director of First Impressions, Collections and Customer Service							
11:30 - 12:30 PM	Lunch (on your own)							
12:30 - 1:15 PM	Diagnosing Nail, Skin, Bone and Nerve Pathology							
1:15 - 2:00 PM	Keeping Doctors Moving and Schedules Running on Time							
2:00 - 2:45 PM	Attracting the "Right" Patients and Managing your Practice Reputation							
2:45 - 3:15 PM	Break							
3:15 - 5:00 PM	Interactive Hands-On Workshop							
Friday, May 13, 2	022							
7:00 - 7:30 AM	Registration							
7:30 - 9:00 AM	APMA Presents — Coding and Documentation							
9:00 - 9:30 AM	Break							
9:30 - 11:30 AM	APMA Presents — Coding and Documentation Continued							
11:30 - 1:00 PM	Exhibitor Marketplace Luncheon — Easton Ballroom							
1:00 - 1:30 PM	Incorporating Quality Reporting Into Your Practice (MIPS)							
1:30 - 2:30 PM	Understand How the OSHA Regulations Translate Into Protecting Yourself, Your Staff and Your Patients							
2:30 - 3:00 PM	Break							
3:00 - 4:00 PM	The Impact of Ancillary Care							
4:00 - 5:00 PM	Improving Office Efficiencies to Increase Patient Satisfaction							

2022 Faculty:

Lawrence DiDomenico, DPM – Seminar Chair; Robert Mendicino, DPM – Seminar Chair; Brooke Bisbee, DPM; Michael Brody, DPM; Dock Dockery, DPM; Jordan Grossman, DPM; Carol Hackman; Mark Hardy, DPM; Mark Hofbauer, DPM; Byron Hutchinson, DPM; Michael King, DPM; Allen Jacobs, DPM; Jeffrey Loveland, DPM; Suhail Masadeh, DPM; Brad Mehl, DPM; Krupa Patel, DPM; Cindy Pezza, PMAC; Barry Rosenblum, DPM; Adrianne Ross, DPM; Laurence Rubin, DPM; Richard Schilling, DPM; Brian Steginsky, D0; Randall Thomas, DPM

1:00 - 3:45 PM

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THURSDAY (Check ALL that apply) May 12, 2022	 Thursday Morning - 7:30 AM - 11:30 AM Thursday Early Afternoon 1:00 PM - 3:00 PM Please select Resident Paper Competition Wound Care Workshop Thursday Late Afternoon PICA LECTURE 3:30 PM - 5:30 PM Yes, I'm attending KSUCPM Welcome Reception (entry by name tag only at no additional cost) 5:30 PM - 6:30 PM 						
FRIDAY (Check ALL that apply) May 13, 2022	 Friday Early Afternoon 1: Please select Friday Late Afternoon 3: Please select 	- 9:30 AM M - 11:30 Exhibitor's OO PM - 2 DO PM - 5	AM A	APMA B My Lapi APMA B ace for lu ions in Bu Session: M Ansfers Session: T	n and Reconstruction of the Dia reakout Session: 2022 Coding dus reakout Session: 2022 Coding nch (entry by name tag only at nion Surgery AIPS and OSHA he Impact of Ancillary Care/Im entry by name tag only at no a	— continued no additional cos [,] proving Office Effi	ciencies
SATURDAY (Check ALL that apply) May 14, 2022	 Saturday Morning 7:30 A Please select for 9:45 AM Saturday Afternoon 1:00 	M - 11:30 - 11:30 A	D AM] Adult Ac	quired Flatfoot Breakout Session: The Future is		
	Early Bird Special p	ostmark	ed by Apı	ril 15*	Postmarked	after April 15	- May 7**
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Guest/Spouse		\$50.00				\$50.00	
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Thursday May 12, 2022		Program 8:00) AM – 5:00 PM			
Friday May 13, 2022		Program 7:30	AM - 5:00 PM			
		Early Bird Specia narked before Ap		Postmar	ced after April 15	- May 7**
	Early Bird Thursday Only	Early Bird Friday Only	Early Bird Thursday & Friday	*After April 15 Thursday Only	*After April 15 Friday Only	*After April 15 Thursday & Friday
OHFAMA Member Assistant	\$ 85.00	\$ 85.00	\$160.00	\$110.00	\$110.00	\$185.00
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**Registration closes on May 7. After May 7, you must register on-site and add an additional \$50 on-site registration fee.

The contact information should contain the address where you wish to receive confirmation. Registrations will not be processed without payment. Use a separate form for each registrant.

FIRST NAME MI LAST I			ME	DEGREE		
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