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100 Years** — Join in
Celebrating OHFAMA's
Centennial Anniversary
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Journal

OF THE
**OHIO FOOT AND ANKLE MEDICAL
ASSOCIATION**

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A WORD FROM THE PRESIDENT

100 Years Old and Still Strong

Greetings and salutations! I hope you are all enjoying a wonderful holiday season! I am humbled and honored to be your OHFAMA President. Congratulations to Dr. Karen Kellogg on a very successful presidential term in 2014.

She did an outstanding job leading our association over the past 12 months. Additionally, let me congratulate

our new 1st Vice President Dr. Richard Schilling, our new 2nd Vice President Dr. Tom McCabe and our Secretary/Treasurer Dr. Alan Block. I am looking forward to a productive year with our new Executive committee.

As many of you know, 2015 is the 100th Anniversary of our association. We are putting together a fantastic 100th anniversary gala to be held at The Annual Seminar in Columbus in June. We will be initiating our inaugural group of Podiatric Physicians with the career honor of the Distinguished Service Award. There will be one inductee coming from each of our local academies from across the state of Ohio. These inductees will include those Podiatric Physicians who have donated their time and efforts throughout their career to our profession and our association.

We will continue to reflect on the past at the time of the Annual seminar and gala event, but for now let us look to the future. 2015 will be another challenging year in



Corey B. Russell, DPM, FACFAS
FACCWS

the medical profession with continuing changes. Podiatric medicine needs to continue to change and evolve as well. At the 2013 House of Delegates, myself and the Northwest Academy put forward a resolution to meet with physician leadership at the Ohio State Medical Association and Ohio Osteopathic Association.

Since passage of that resolution, our Executive committee and Executive Director have met with both groups as well as the Ohio Academy of Family Physicians. The meetings were productive and have allowed for us to lay the groundwork for future collaboration.

In 2015, it is my goal to continue to build on that relationship and work towards our future of parity and equivalency for the field of Podiatric Medicine. My goal in 2015, as your President, is to continue to work on this vital issue for the future of our profession and put together a 5-year strategic plan. After discussion with our colleagues in California, who have been working for equivalency over the last several years, I wish to establish the framework for parity and equivalency for Podiatric Physicians here in the State of Ohio.

As our education and training has continued to evolve, we are working more closely than ever with MDs and DOs. Education at our Podiatric Schools of Medicine closely mirror the education at Allopathic and Osteopathic Schools of Medicine. Podiatric Residents are indiscernible and integrated with MD and DO Residents.

Continued discrimination of Podiatric Physicians in reimbursements, hospital privileges and ACO memberships, as well as our continued discriminatory definition under Title 19, defies fairness. Title 19 continues to put Podiatric Physicians at risk to be removed from Medicaid budgets biennially. Even though Podiatrists are defined as Physicians under Title 18, we are not de-

fined under the R1 category as are MDs and DOs. Hence those of us providing diabetic shoes have to wait on approval from MD and DO physicians as a result of our R3 designation.

The future of Podiatric Medicine lies in the removal of these discriminatory barriers once and for all. As MDs and DOs continue to be concerned about the growth and influence of Nurse Practitioners and Physician Assistants, it is becoming clearer that our education and training more closely parallels MD and DO training as opposed to NPs and PAs.

We're in an optimal position to work with OSMA and OOA leadership in pursuit of an unrestricted license as afforded MD and DO specialists and defined by our State Medical Board. This process will take some time, but I believe, as do our colleagues in California, Oregon, New York, etc., that the time has come to push for our final goal of equivalency.

In my role as your President in 2015, I will strive to formalize the framework and continue the progression toward equivalency and unrestricted licensure as already granted to MDs and DOs. This will be a very inclusive process. It will require an integrated task force of Allopathic, Osteopathic, Podiatric and Orthopedic physicians as well as other educational experts including Educators from the KSUCPM as well as Allopathic and Osteopathic medical schools and residencies. Our common goals will be to the benefit of us all and it will insure the highest quality standard of care for all patients.

Fraternally yours,
Corey B. Russell, DPM,
FACFAS, FACCWS

2014 OHFAMA House of Delegates

Dr. Karen Kellogg, Immediate Past President received the Thomas J. Meyer Award from Dr. Corey Russell, President.

Changing of the Guard included a hug as the OHFAMA Gavel was passed from Dr. Karen Kellogg to Dr. Corey Russell, 2015 President.

Reference Chair Dr. Thom Arnold (far right) presided at the OHFAMA 2014 HOD Reference Hearing.



OHFAMA Elects New Officers for Centennial Year

The Ohio Foot and Ankle Medical Association's 2014 House of Delegates elected officers for 2015, which will be their centennial year. Elected officers are President Corey Russell, DPM, from Toledo; Immediate Past President Karen Kellogg, DPM, from Akron; First Vice President Richard Schilling, DPM, from Columbus; Second Vice President Thomas McCabe, DPM, from Toledo; and Secretary/Treasurer Alan Block, DPM, MS, from Columbus.

Newly elected officers of the Ohio Foot and Ankle Medical Association: Drs. Thomas McCabe, Corey Russell, Richard Schilling, Karen Kellogg and Alan Block.



OHFAMA's APMA Delegates for 2015 (left to right): Drs. Kevin Schroeder, Chair of the Delegation; Corey Russell; Bruce Blank; Mark Gould; Karen Kellogg; Alan Block; Marc Greenberg; Atta Asef (Alternate); and Jerauld Ferritto (Alternate); and Animesh Bhatia, DPM (Alternate, not pictured).

OHFAMA Board of Trustees for 2015

First row: Drs. Thomas McCabe, Michael Bodman, Corey Russell, Richard Schilling, Karen Kellogg and Alan Block; back row: Drs. David Hintz, Richard Kunig, David Kaplansky, Ms. Mandi Kamery, Sara Abshier, Samuel Feinberg, Mark Gould and Brian Ash.



Ohio Congressional fundraiser hosted hospitality of BBQ, hot apple cider and a bonfire

Dr. Bruce Blank, Dr. Jobeth Rollandini and Belmont County GOP Chairman Kent Moore hosted a Congressional fundraiser for Representative Bill Johnson (R-OH 6th District) at Achilles Foot and Ankle Surgery, PC, on historic National Road in St. Clairsville, Ohio. Unique over the typical fundraisers, the cookout served BBQ ribs, chicken and hot apple cider under a tented dining-area. Following dinner, Congressman Johnson addressed the crowd of about 50 attendees beside a bonfire in the brisk autumn evening. Congressman Bill Johnson sits on the Committee on Energy and Commerce and the Committee on Science, Space, and Technology in the United States House of Representatives and represents Ohio's 6th Congressional District. He is a co-sponsor of the HELLPP Act (HR1761/S 1318).



OHFAMA members pictured are: Drs. Kevin Schroeder; Barb Hagey; Alan Block; Congressman Bill Johnson; Bruce Blank and Jobeth Rollandini. Also attending was Dr. Jimelle Rumberg, OHFAMA executive director.

Membership Congratulations for 2015



25 YEAR MEMBERS

Thomas J. McCabe, DPM

John A. Mehnert, DPM

John C. Roseman, Jr., DPM

Marc Slomovitz, DPM

Raymond G. Stolarski, DPM

Stephen Weeber, DPM

50 YEAR MEMBERS

Joseph F. Burian, DPM

Merton H. Lynn, DPM

James D. Ritchlin, DPM

Shoes and boots collected for annual drive

A Boardman, Ohio-based business is continuing a tradition designed to provide shoes and socks to those in need. Podiatrists and staff at Ankle & Foot Care Centers began collecting new or gently used shoes and boots and unused socks in late-November. Collected items will be distributed to individuals and families in the tri-county region of Columbiana, Mahoning and Trumbull counties.

In operation since 1994, the region's largest podiatric care provider has 19 offices including one in Greenville, Pennsylvania. The practice has 17 podiatric physicians and surgeons on staff and employs about 90 people among all of its locations. In addition to exams and testing, services range from trauma and reconstructive surgery to diabetic limb salvage and wound care. The group began its shoe drive in 1998.

"We saw that patients did not have proper shoes and could not afford to buy them so we decided to start our own shoe drive," said Operations Manager Betty Emch. "We set up drop-off containers in each of our 19 offices and take the donations to the Salvation Army to distribute."

"The effort fits in well with our goal of providing overall foot care to our patients since inadequate shoes can lead to skin, nail and bone problems down the road," said Dr. Michelle Anania, a podiatrist who has worked for Ankle & Foot Care Centers for 13 years. "We believe in giving something back to the community aside from providing medical care," she said. "We also put on a diabetic golf outing each year, which I run. Last year we raised over \$19,000. Most of the proceeds went to support the local Diabetes Partnership of the Mahoning Valley."

The current drive will run through Jan. 9, and donations may be made by anyone. Shoes can be dropped off for men and women, children or adults and may include athletic, casual and dress. Children's boots are especially in need. Last year's drive yielded over 750 pairs of shoes and boots. This year the practice is hoping to receive even more. Collection locations include Alliance, Andover, Austintown, Boardman (two offices), Campbell, Champion, Columbiana, Cornersburg, East Liverpool, East Palestine, Greenville, Pennsylvania, Liberty, Niles, Poland, Salem, Struthers, Warren and Youngstown.

Akron Legal News: SHERRY KARABIN: December 11, 2014

Berkowitz Testifies in Infant Injury Trial

Dr. Richard J. Berkowitz, who practices at several Cuyahoga County locations, was called as the first witness in the case, which has awaited trial for six years and is the longest ongoing criminal case in Medina County Common Pleas Court. Berkowitz said he received a call from Grad's father, a fellow podiatrist and former classmate, who asked Berkowitz

to treat the infant as a "professional favor." Berkowitz said Grad's father told him the boy was suffering from heel pain. "This was not a heel

problem, as I'd been told," Berkowitz told the jury. Under questioning from Medina County Assistant Prosecutor Scott Salisbury, Berkowitz said he suspected the child had a fracture.

Berkowitz testified that he referred a couple's infant son to Akron General Hospital for a leg injury in 2008, sparking the court case being heard this week against the child's father. Kenneth Alex Grad, 44, is standing trial on eight charges of child endangering and felonious assault, and six second- and two third-degree felonies. Grad is accused of breaking two dozen of his infant son's bones and lacerating the baby's scrotum. | Source: The Medina Gazette [12/10/14]



Medical Board Names Executive Director

Anita M. Steinbergh, D.O., Board member and Chair of the Medical Board's Ad Hoc Executive Director search committee, announced that Anthony (A.J.) Groeber has been named Executive Director of the Medical Board effective November 16, 2014.

Mr. Groeber comes to the Medical Board from the Ohio Board of Tax Appeals, where he has served as Executive Director since March, 2013. Mr. Groeber holds BS/BA degrees from Ohio University and earned his MBA from the Fisher College of Business at The Ohio State University.



Michael Canales, DPM, the first podiatrist in the conference's history, addressed an international audience at the 2014 International Trauma Conference.

First Podiatrist to Speak at International Trauma Conference

On Friday, November 7th Dr. Michael Canales spoke on management of foot and ankle trauma at the 2014 International Trauma Conference. He served as the first podiatrist to speak in the conference's history.

The International Trauma Conference is the premier pre-hospital trauma conference attracting Emergency Medical Service providers and physicians from all over the globe. The conference was held at The Westin Cleveland Downtown in Cleveland, Ohio, USA from November 5-8 and featured speakers from China, Portugal, the United Kingdom, Canada, Japan, and the United States.

Ohio Board of Pharmacy Appoints New Executive Director

Ohio State Board of Pharmacy President Michael A. Moné, R.Ph., JD, announced that Steven Schierhold, Esq., has been named executive director effective November 17, 2014. A native of Lima, Ohio, Mr. Schierhold served in the Bureau of Criminal Investigation at the Ohio AG's office as Assistant Superintendent. Schierhold, a US Army Veteran, also served as Adjunct Professor of Criminal Justice, Deputy Sheriff with the Auglaize County Sheriff's Office and Assistant Franklin County Prosecutor. He received his undergraduate degree and Juris Doctorate from Capital University.

Young Physicians Discuss Leadership

The 2014 APMA Young Physicians' Institute (YPI) took place in October in Franklin, Tennessee, at the headquarters of the Podiatry Insurance Company of America (PICA). During the three day meeting, more than 50 young physicians and APMA Trustees gathered for leadership training, practice management advice, and networking.

The YPI provides insight into the concerns of young physicians and helps shape the future direction of the APMA.



Sara Abshier, DPM

Breakout discussions at the YPI were led by members of the Young Physicians' Leadership Panel and were focused on young physicians in leadership roles and the APMA Annual Scientific Meeting.

The YPI continues to grow as more state components recognize the importance of nurturing young leaders, and 2014 saw the largest meeting yet. This year, nineteen components and two residency programs sent a representative to YPI. OHFAMA was represented by Dr. Sarah Abshier, of Columbus, who is on the Board of Trustees and represents the Central Academy.

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EXECUTIVE DIRECTOR'S MESSAGE

Turning 100: No Small FEAT for FEET in Ohio

It's 2015! Happy Birthday OHFAMA! Did you notice the Centennial logo on the cover of this issue? There are so many good things happening; where should I begin? First, let me thank you, our members, for



Jimelle Rumberg, PhD, CAE

an outstanding year in 2014. OHFAMA grew by 5.2%. What an outstanding accomplishment! We have been growing thanks to you and our great network of OHFAMA Academies throughout Ohio. If you haven't been to an academy meeting lately, that should be your ultimate New Year's Resolution in 2015 – after all, turning 100 is no small “feat” for a state podiatric association. You'll hear the latest OHFAMA news at your academy plus get free CME, meet area residents who are just beginning their professional careers and re-connect with colleagues in your area. If you feel that you need more information, just give us a call at OHFAMA. We appreciate hearing from you! Let me begin by telling you what to expect in 2015, and dates that you need to note on your calendar immediately. You definitely need to book-off for several upcoming OHFAMA events, so tell your staff NOW without delay. It's time to CELEBRATE!

In January's mail, look for a static cling OHFAMA Centennial logo for your office. We want your patients to see that you are a proud member of the Ohio Foot and Ankle Medical Association. Please place it in a prominent place in your office, at your front desk window, doorway or even on a mirror in your office. We want to promote you as a professional and a member of OHFAMA, today, tomorrow and always.

To further tell our association's story, OHFAMA will be rolling out a radio campaign, telling patients to seek out an OHFAMA member podiatrist. These commercials will be heard in all 88 Ohio counties on both AM and FM radio channels. It will tie into an informational “landing web page” for Asso-

ciations Advance Ohio (AAO) through ONN radio network, where we will have a video and information on our association and member podiatrists. This will begin in early March. We will send members waiting room tent cards, to ask patients if they've heard the advertising and where to find the local radio stations in your area. We hope that this will open the door to patient conversation on your professional membership and your training as a podiatric physician. Your association is actively engaged to drive patients into OHFAMA member offices.

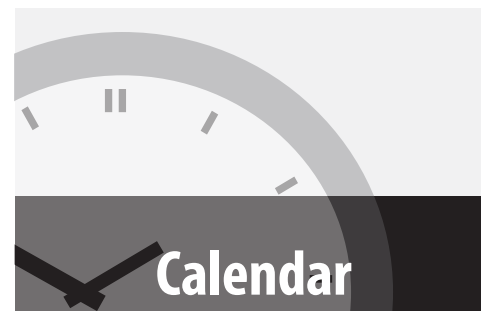
Coincidentally, in addition to the March landing page for the AAO web site on our member podiatrist advertising campaign, we will be launching our new OHFAMA web site and have many new upgrades for registration, dues and information. It will have a new look with more functionality beginning in March at www.OHFAMA.org.

March is not only March Madness Month for basketball but for the Second Annual OHFAMA Sports Injury Clinic on March 7 at Quest Conference Center (at Polaris) on I-71 in Columbus. It promises to be an awesome roundup of information if you have interests in sports injuries and many of the complications seen in podiatric cases due to athletic injuries. Our clinic will have hands-on learning as well as exhibitors for your convenience. We hope that you'll join us at Quest for the day on March 7.

April 24 is a definite “Save the Date” for you and your staff for the OHFAMA Coding and Financial Institute at Nationwide Hotel and Conference Center (formerly the North-Pointe Conference Center) on Rt. 23. We will have ICD-10 information for Medicare and Medicaid as well as CGS's staff and assistance by our expert Ohio coders.

It's full steam ahead on planning our Friday, June 5 Centennial Gala Reception and Banquet at the Columbus Hilton at Easton, where the first class of OHFAMA's Service Award inductees will be awarded. Of course, most of you will be attending for the 99th Annual OHFAMA Scientific Seminar on June 4-6, where co-chairs Dr. Larry DiDomenico and Dr. Bob Mendicino will have an outstanding faculty and the latest information on medicine, wound care and surgery. New this year will be a Young Members track as well as poster session for our researchers. We will have our PICA Lecture followed by the Opening Conference Welcome Reception, sponsored by PICA. Our seminar has

been reconfigured in space and planning, so you'll just have to be there for a once in a lifetime celebration in Ohio. What more can I tell you...guess you'll just have to 1) celebrate the centennial; 2) listen to your radio; 3) come to the Sports Injury Clinic on March 7 at Quest Conference Center; 4) attend the OHFAMA Coding and Financial Institute at Nationwide Hotel and Conference Center on April 24; and 5) attend the 99th Annual OHFAMA Scientific Seminar at the Columbus Hilton at Easton on June 4-6. We will be toasting you on Friday evening, June 5 at the Centennial Gala Reception and Banquet, so be there and enjoy the celebration. Thanks OHFAMA. Happy New Year and Happy Birthday to YOU!!



2015

January 15-17
NWOAPM Scientific Seminar
Kalahari I Sandusky

January 31
Foot and Ankle Surgery Symposium
Embassy Airport I Columbus

March 7
Sports Injury Clinic
Quest Conference Center I Columbus

March 13-15
No Nonsense Seminar
Holiday Inn I Independence

April 24
Coding and Financial Institute
Nationwide Conference Center
Lewis Center

June 4-6
The Annual Foot and Ankle Scientific Seminar
featuring OHFAMA's
CENTENNIAL CELEBRATION
with a Centennial Gala Banquet
Friday, June 5, 2015
5:30 pm - 9 pm
It's a once-in-a-lifetime event for
podiatry in Ohio
Plan to attend

COVER STORY



Place Your Calling Card as Member Congratulations for our Centennial Program or History Book

Help convey your congratulations by placing a Calling Card Ad for our Centennial Gala Program.

The cost is \$30 per square.

Likewise, if you would like your Calling Card Ad to also be placed in our Centennial History publication (release is June 2016) please remit an additional \$30 (\$60 total).

Select your card and OHFAMA will do the rest.

Happy Birthday, OHFAMA!

Join The Centennial Gala
Reception and Banquet
on Friday, June 5, 2015 at
the Columbus Hilton
at Easton

Congratulations on the Centennial of
OHFAMA

Dr. Bruce G. Blank

Sample A

Best Wishes on the Centennial of
OHFAMA

Alan J. Block, DPM

Sample B

Congratulations
OHFAMA

Dr. Corey Russell

Sample C

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Centennial History Publication Ad @ \$30 (2016): (Select) ☐ Sample A; ☐ Sample B; ☐ Sample C

Total \$ _____

Celebrating OHFAMA's 100 Years of Dedication and Service

Congratulations to all Academies who helped celebrate OHFAMA's 100 years of service to the profession of podiatry and to the wonderful work that podiatrists perform to keep people on their feet, healthy and functioning.

The importance of the profession and the association for helping save lives and for keeping the people of our communities healthy and happy is an incalculable gift.

Help OHFAMA celebrate the wonderful work of OHFAMA members. Let OHFAMA keep you posted via the new website and promotions planned for the Centennial Year 2015!

OHIO



AT THE OHIO GENERAL ASSEMBLY

Legislature Wraps Up Work for 130th General Assembly

by Dan Leite, Capitol Advocates



Amid a flurry of activity during the post-election traditional “lame duck” session, the General Assembly wrapped up its legislative work for this two year period focused on passing a historic change in how legislative districts will be drawn and passing a large number of bills that will be sent to Governor Kasich for his signature.

House Bill 519, legislation sponsored by Representative Kirk Schuring on behalf of the State Medical Board, will seek to update certain areas of the Ohio Revised Code regarding podiatric physicians and their scope of practice. OHFAMA worked with Representative Schuring and the State Medical Board on the language included in HB 519, as well as additional Code update language that will be inserted into the bill. Rep. Schuring will be reintroducing the bill once the new session begins in January of 2015.

OHFAMA is continuing to work with the Ohio Department of Medicaid on a proposed administrative rule regarding the delivery of telemedicine services in the Medicaid program. Dr. Richard Schilling, OHFAMA 1st Vice President, recently testified at an administrative hearing on behalf of your association to ask the Department to amend the currently proposed rule to

allow podiatric physicians and surgeons to provide these telemedicine services.

One of the bills that will be before the Governor is House Bill 326. This legislation will add pharmacists to the current list of exempted health care providers who can fit diabetic shoes. A much more encompassing version of this bill passed the Ohio House without opposition earlier in the year, but under debate in the Senate, the bill was narrowed to exempt pharmacists. Under the terms of the bill, only the pharmacist will be able to do the actual shoe fitting. Pharmacy Technicians (like other “lay people”) will still be required to go through the licensing process now existing under Ohio law.

2015 will bring some significant changes to the Ohio General Assembly. The Ohio House will be led by its new Speaker of the House, 33 year-old Republican Cliff Rosenberger (who will have a 65-34 seat majority), who will succeed outgoing Speaker Bill Batchelder. Speaker Batchelder wrapped up his legendary, long time service in the Ohio House in late December. The Democrats in the Ohio House will also be under new leadership, as Representative Fred Strahorn of

Dayton will be leading their caucus. Current Republican Senate President Keith Faber and his current leadership team will once again direct the Ohio Senate (with a 23-10 seat majority) while current Democratic Leader Joe Schiavoni will continue to lead his caucus in the new legislative session.

One of the biggest issues of the new legislative session in January will be the unveiling by Governor Kasich of his biennial budget (expected within the first two weeks of February). The Governor is expected to again seek a large cut in the state income tax while having to consider possibly raising certain business and service taxes in conjunction with that proposed cut. The Governor also seeks to include the statutory renewal of Ohio’s Medicaid expansion program, which OFAMA supported this past session with the condition that podiatric physicians and surgeons be permitted to treat Medicaid patients of all categories (traditional Medicaid and Medicaid expansion populations). Needless to say, 2015 will be a very busy year for OHFAMA and our members on the legislative front.

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MEMBER MONEY MATTERS

Quantus' Solution on EMV Terminal Migration

By Michael DiPietro, Senior Vice President
Quantus Solutions Medical Division
Cell 305-297-2137
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www.quantussolutions.com

When it comes to paying for stuff we buy, most of us swipe the plastic to pay for it.

That appears to be on the verge of changing as major banks roll out what are called EMV cards, or "chip cards," designed to foil the likes of data breaches that hit Target, Neiman Marcus and now, Home Depot.

The cards are embedded with a microchip, a small gold or silver rectangle seen on the front of a card.

EMV is short for Europay MasterCard Visa. The microchip cards have been commonly used in Europe and other countries since 1995. Also known as IC Cards (Integrated Circuit Cards) or "smart cards," it works off of a "chip and pin" process that is dynamic and not static. Dynamic means the authorization information is encrypted and

constantly changes. The magnetic stripe, which will also be available for use on new cards, is very 1960s. The data on it is static, making an easy target for thieves.

While not calling the chip card hack-proof, it is much stronger. It's basically encrypted, and for every transaction, there's a cryptogram code that actually rotates. Breaches are not going to go away, but what the chip card will do is make the data that's available, make that not as valuable to the criminals.

So between the cards, the terminals and all parties involved, it is really about establishing a technological platform for the next generation of payments—a chip-based EMV smart card. EMV is considered more secure because it's harder to copy account numbers and security codes from chips than from the magnetic strips on most cards used in the U.S. EMV cards create a unique code for each transaction, making them more difficult to hack or counterfeit than striped cards.

In addition to banks issuing the cards, podiatry offices will have to be able to accept them.

While compliance is not mandated, the liability for fraud will fall on the foot and ankle practitioner who did not upgrade. If you have a chip card, but your podiatry office is not able to accept it, your podiatry practice would be liable for any fraud, according to new credit card standards.

Beginning in October 2015, you will stop swiping the credit card. Instead, you will insert your card into a slot, just like people do in much of the rest of the world, where the machine will read a microchip, not a magnetic stripe.

The U.S. is the last major market to still use the old-fashioned swipe-and-sign system, and it's a big reason why almost half the world's credit card fraud happens in America, despite the country being home to about a quarter of all credit card transactions.

Once the country transitions to the new system, which includes credit cards embedded with a microchip containing security data, these kind of hacking attacks will be much more difficult to pull off.

Continued on next page.

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Continued from page 11.

The EMV terminal migration is coming though and both MasterCard and Visa have set October 2015 as an important deadline in the switch. Much of the rest of the world switched to chip and PIN cards years ago. For MasterCard, now is the time. It introduced its road map for migration in 2012.

The “liability shift” is a big moment in the changeover. When the liability shift happens, what will change is that if there is an incidence of card fraud, whichever party has the lesser technology will bear the liability.

If a podiatry practice still uses the old system, they can still run a transaction with a swipe and a signature; however, they will be liable for any fraudulent transactions if the customer has a chip card. And vice versa – if the foot and ankle office has a new terminal, but the bank hasn’t issued a chip and PIN card to the customer, the bank would be liable.

One important thing to know is that it’s not as if everybody just got to the starting line. There has been a lot of work on this already. For podiatry offices that are mem-

bers of the Ohio Foot and Ankle Association (OHFAMA), the EMV terminals are available from Quantus Solutions; they already have the equipment ready to handle the new cards. Banks that issue cards, in many cases, already can issue cards with the chip.

“There is a potential delay in that to upgrade to an EMV certified terminal there is a high cost – \$500 to \$1,000 per payment terminal” – if the foot and ankle office were to purchase one from their current processor – according to researcher Javelin Strategy & Research, a division of Greenwich Associates. But more important, the EMV terminal must be certified. To certify any one

EMV make/model terminal costs \$150,000 and takes 6–9 months for a processor to receive that certification at this time.

Quantus has been deploying EMV certified terminals since the end of July 2014. Quantus is providing each podiatry office with a FREE EMV Terminal as long as the podiatry merchant is processing with Quantus.

Contact Quantus at 800-698-5150 to request your EMV terminal today. This is a group benefit offered to OHFAMA members. This benefit is brought to you by Quantus Solutions, a proud endorsed partner of the OHFAMA.

Smarter Cards

EMV cards, known by their gold, squarish symbols, are inserted into a card payment terminal, where they stay securely until the transaction is complete.

**Benefits****Security**

The chips are harder for hackers to copy.

Data

A unique transaction code is generated each time the card is used.

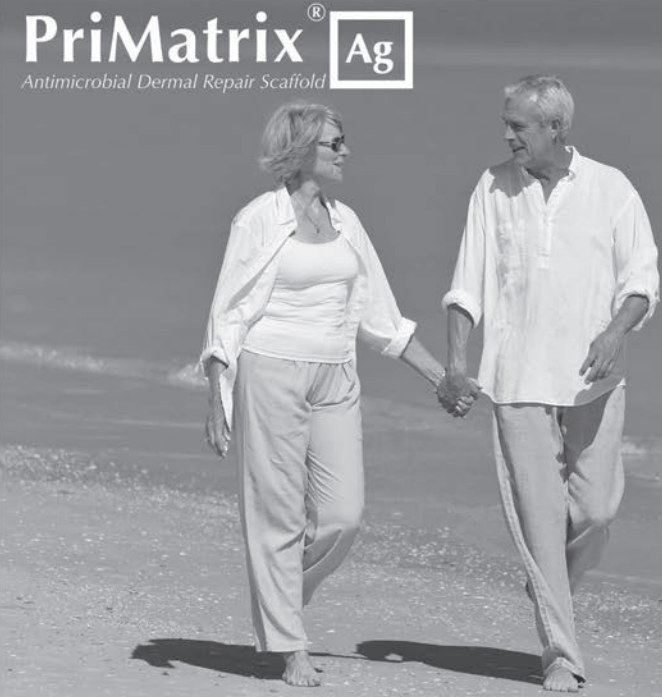
Pitfalls**Adaptation**

Consumers will have to be trained to use chip cards, and that could slow down store lines.

Price tag

Chip cards aren't cheap and require the installation of expensive new payment terminals in stores.

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STATE MEDICAL BOARD OF OHIO NEWS

The Evolving One Bite Rule

Daniel S. Zinsmaster, Esquire
Dinsmore & Shohl, LLP

The State Medical Board of Ohio ("Board") receives over 4500 complaints annually with regard to applicants and license holders, including physicians, podiatrists and physician assistants. Many complaints are filed by licensed practitioners, who have a mandatory duty under Ohio law to report professional misconduct to the Board. A practitioner who suffers from an impairment of his or her ability to practice because of abuse of drugs or alcohol is subject to Board disciplinary action. However, an exemption known as the One Bite Rule can relieve practitioners of mandatory reporting duties and Board discipline in certain circumstances.

The One Bite Rule addresses situations in which practitioners suffering from chemical impairment seek and complete treatment at a Board-approved treatment provider. If the practitioner has not relapsed, has not compromised patient care, and has not committed a criminal offense stemming from use or abuse (other than OVI/DUI), the practitioner may remain in the private sector for monitoring and avoid Board discipline. In other words, if the practitioner has addressed the impairment prior to Board intervention, the practitioner will get a free pass. However, if the Board becomes involved before treatment, the practitioner no longer qualifies for the One Bite Rule and will be subject to Board discipline.

In terms of the mandatory reporting duty, practitioners who are aware that a fellow practitioner is impaired are relieved of their legal duty to report the individual to the Board if two conditions are met: the impaired practitioner promptly cooperates and enters treatment; and there is no reason to believe the practitioner has engaged in additional professional misconduct apart from impairment.

Recently, the Board has raised concerns about the reporting duty and the Rule:

- It's confusing to practitioners;
- Some practitioners who do not qualify nonetheless fail to report to the Board;
- Facts that preclude One Bite Rule applicability may be known only to the Board.

Given these concerns, the Board is considering the following changes:

- All practitioners diagnosed with chemical dependency or abuse will be required to complete a confidential notification to the Board.
- The Board's Secretary, Supervising Member and compliance staff will review each notification to determine if the requirements are met. If the requirements are met, the practitioner will be flagged in an internal, confidential computer system, and a letter sent to the practitioner advising of the Board's continuing treatment requirements.
- If the practitioner does not meet the requirements, then a complaint will be filed and investigated, and in all likelihood, the practitioner will be disciplined.

For over 25 years, the One Bite Rule has encouraged and rewarded Ohio practitioners who have voluntarily obtained treatment. What will remain to be seen is whether the changes, if implemented, will indeed simplify and add clarity to the One Bite Rule or act as a deterrent for practitioners who may otherwise take appropriate action to achieve sobriety.

Podiatric Advertising

The State Medical Board occasionally receives questions concerning advertising by podiatrists which may not follow statutory requirements. Section 4731.56, Ohio Revised Code, states in part: A certificate authorizing the practice of podiatry permits the holder the use of the title "physician" or the use of the title "surgeon" when the title is qualified by letters or words showing that the holder of the certificate is a practitioner of podiatry.

Therefore, when podiatrists advertise themselves as a physician or surgeon, it is not sufficient to indicate that they "specialize" in foot and/or ankle care. Advertisements must also include a designation that the practitioner is a "D.P.M.," "podiatrist," or "practitioner, podiatric medicine." Careful observance of this requirement will avoid any misunderstanding or misperception by the public and will prevent the need to involve the Medical Board.

This policy or position statement is only a guideline and should not be interpreted as being all inclusive or exclusive. The Board will review possible violations of the Medical Practices Act and/or rules promulgated hereunder on a case by case basis.

Approved January 10, 1990; Revised 7/10/08 to include disclaimer; Revised 12/10/14.

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IN THE FINAL INSURANCE ANALYSIS

The 10 Top States Where Health Insurers Dominate

An annual analysis of commercial health insurance markets reveals the 10 most- and 10 least-competitive states among health insurers. The top 10 most competitive are:

- | | |
|-----------------|---------------|
| 1. Oregon | 6. Missouri |
| 2. Wisconsin | 7. Washington |
| 3. Pennsylvania | 8. Ohio |
| 4. New York | 9. California |
| 5. Colorado | 10. Florida |

The 10 states with the least competitive commercial health insurance markets are:

- | | |
|--------------|-------------------|
| 1. Alabama | 6. South Carolina |
| 2. Hawaii | 7. Alaska |
| 3. Michigan | 8. Illinois |
| 4. Delaware | 9. Nebraska |
| 5. Louisiana | 10. North Dakota |

At No. 8, Illinois makes its first appearance in the top 10 least competitive markets this year, displacing Rhode Island from last year's list. Louisiana entered the top five, moving from ninth on last year's list.

The 2014 edition of the AMA's Competition in Health Insurance: A Comprehensive Study of U.S. Markets reports commercial health insurance market shares and federal concentration measures for 388 metropolitan markets as well as all 50 states and the District of Columbia. The study is based on 2012 data captured from commercial enrollment in fully insured and self-insured health plans, and includes participation in consumer-driven health plans.

More findings include:

- In 72 percent of the metropolitan areas studied, there is a significant absence of health insurer competition. These markets are rated "highly concentrated," based on the guidelines used by the U.S. Department of Justice and Federal Trade Commission to assess the degree of competition in a given market.
- In 17 states, a single health insurer had a commercial market share of 50 percent or more.
- In 45 states, two health insurers had a combined commercial market share of 50 percent or more.
- In 90 percent of metropolitan areas, a single health insurer has at least a 30 percent share of the commercial health insurance market.

This AMA report is intended to help researchers, lawmakers, policymakers and regulators identify markets where mergers and acquisitions among health insurers may cause competitive harm to patients, physicians and employers.

"The AMA is greatly concerned that in 41 percent of metropolitan areas, a single health insurer had at least a 50 percent share of the commercial health insurance market," said AMA President Robert M. Wah, MD. "The dominant market power of big health insurers increases the risk of anti-competitive behavior that harms patients

and physicians, and presents a significant barrier to the market success of smaller insurance rivals."

WellPoint has a bigger geographic footprint than any other private health insurer in the country, and it holds a market share advantage in more than double the number of metropolitan areas as the next two insurers. Health Care Service Corp. was second, with a market share lead in 37 metropolitan areas, followed by UnitedHealth Group, with a market share lead in 35 metropolitan areas.

Source: AMA Wire, 10/9/2014



Soon to be renamed Anthem, Inc., WellPoint Inc. is the largest private health insurer by market share in more than one in five metropolitan areas.



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Baby Steps

Therapeutic Shoe Guidelines Published by APMA

APMA has created Documentation Guidelines for the Medicare Therapeutic Shoe Program to assist members with meeting coverage and reimbursement requirements. Please print the contents from <http://www.apma.org/files/secure/index.cfm?FileID=49953> to have the flow chart and template forms for MD/DO plus more.

APMA does not guarantee that use of their forms will result in Medicare reimbursement. It is presumed that proper usage of the forms, along with good medical record documentation practices, will improve the likelihood of submitting cleaner claims and lower the financial liability resulting from non-payment.

APMA continues its federal legislative and regulatory efforts to clarify documentation requirements for the Medicare Therapeutic Shoe Program. APMA met with CMS in September to discuss members' concerns with the burdensome documentation and adverse patient outcomes associated with the current rules for prescribing therapeutic shoes.

The documentation guidelines have been prepared by J. Kevin West of Parsons Behle & Latimer in consultation with members of the DME Workgroup of the APMA Health Policy and Practice Committee, through sponsorship by the Podiatry Insurance Company of America (PICA).

What about those Electronic Cigarettes?

Kelly J. Wright, PharmD, BCACP, Tobacco Treatment Specialist (TTS) and Steve Burson, R.Ph. for pharmacy and Jimelle Rumberg, Ph.D., CAE for podiatry

"What about electronic cigarettes?" is a question that more patients will ask their podiatric physicians and pharmacists as they seek to end their nicotine addictions. Use of battery-powered vaporizers, also known as *e-cigarettes*, has grown rapidly in the U.S. the past few years as advertising for the products increased.¹⁻³ Cartridges, usually containing nicotine and flavors, are placed into the device, and the vapor

is inhaled in a manner similar to cigarette smoke.

Are they safe?

E-cigarettes are largely unregulated at this point. There are concerns that nicotine, propylene glycol, and other vapor constituents may cause lung damage, health problems, environmental pollution, and second-hand harm.⁴ However, these products have not been around long enough for evidence on long-term risks. Manufacturers of e-cigarettes tout them as healthier than smoking. Some preliminary evidence supports this claim, but it is important to note that cigarettes kill up to 50 percent of users. Just because e-cigarettes are safer than cigarettes, it doesn't mean they are safe.⁵ Nicotine from e-cigarettes is still addictive, putting the user at risk for continuing their addiction. It is safe to say that e-cigarettes should be avoided by people who do not already have a nicotine addiction.

Are they an effective tobacco cessation tool?

One recent study found that e-cigarettes may have similar efficacy as nicotine patches, but overall there is still very little

research to give health professionals insight into this question.⁶ All physicians and pharmacists should recommend FDA-approved first-line treatments to patients who wish to stop using tobacco, per the Treating Tobacco Use and Dependence guidelines, preferentially to e-cigarettes at this time. These treatments include bupropion SR, varenicline, and various nicotine replacement therapies, all of which can be very effective in motivated patients who are also receiving education and counseling from a healthcare provider. When podiatric physicians sees vascular constriction, poor wound healing or other medical concerns associated with smoking, the discussion has to begin with the patient.

Appointment time is a great opportunity for podiatric physicians to help encourage smokers to quit. Smokers are more likely to quit when there is support and advice readily available. Have pamphlets in all operator treatment rooms so patients can have access to smoking cessation information.

Resources

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easy access to information on nicotine replacement products, quitting tips, and the effect that smoking cessation has on health. You need to proactively take this opportunity to inform your patients about the benefits of quitting. Some good resources can be found at www.cancer.org, www.smokefree.gov or the CDC's new smoking cessation resource area: <http://www.cdc.gov/tobacco/campaign/tips/partners/health/pharmacist/>.

You can find a free office pamphlets to personalize with your practice name on the OHFAMA Web site at www.OHFAMA.org or at www.APMA.org. Remember Meaningful Use includes educating the patient on the importance of smoking cessation, along with blood pressure, BMI and other measures. Make the discussion happen. Begin the New Year by having the conversation with all your smoking patients.

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CMS Sides with ACFAS, APMA on Sunshine Act CME Exclusions

Centers for Medicare & Medicaid Services (CMS) sided with ACFAS and APMA on a small detail in the Affordable Care Act's (ACA) "Sunshine" Open Payments regulations. CMS removed language that would have exempted continuing medical education (CME) accredited via the Accreditation Council for Continuing Medical Education (ACCME, the "CPME" for MD CME) but no other accrediting agencies. CMS said other language in the ACA accomplishes the same objective without naming specific accrediting agencies.

"All we wanted was a level playing field," said ACFAS Executive Director Chris Mahaffey. "CMS listened to us, agreed the original language was flawed and proposed a change in July. That change is effective January 1, 2015." The CMS rule change will not directly affect physicians but could have had a chilling effect on educational grants to non-allopathic CME providers. ACFAS and APMA staff met with CMS' Open Payments staff last January through the efforts of US Representative Danny Davis (D-IL).

Source: This Week @ ACFAS, November 12, 2014

Changes Employers Need to Know About Ohio Workers' Compensation

Ohio employers who pay into the state funded workers' comp program (the Ohio BWC) have been conditioned to renew their group rating every February; until this year. With changes to how premium will be collected from employers, moving from a

retrospective model to a prospective model, also come new deadlines for program enrollments. Previously, employers enrolled in group rating the last business day of February. With the new model, employers were required to enroll in traditional group rating the Monday prior to Thanksgiving. Group retrospective enrollment deadlines have also changed, from the last business day in April, to now, the last business day in January. All of this is necessary to help facilitate the change to prospective premium, where employers will pay their premiums prior to receiving coverage, which is in line with most every other insurance program. The Ohio BWC will issue a transition credit to avoid double billing employers as they move to the new model, covering the time frame January 1, 2015 through August 31, 2015. Employers will still be required to report their payroll for this time frame, but will not have to pay the premium coinciding with this period. For more information on the changes or to attend a free webinar, please contact CareWorks Consultants' Kristen Troesch at Kristen.troesch@ccitpa.com or 614-526-7247.



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