

ON THE COVER—

OHFAMA Centennial Gala

Congressman Brad R. Wenstrup,
DPM, Second District, Ohio,
Addresses Members on
June 5, 2015
HIGHLIGHTS PAGES 7–8

The OHFAMA 2015 Service
Award Recipients
SEE PAGE 7

DON'T MISS IT—JULY 31
Ohio ICD-10 State Seminar!
REGISTRATION FORM
SEE PAGE 18



Journal

OF THE
OHIO FOOT AND ANKLE MEDICAL
ASSOCIATION

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A WORD FROM THE PRESIDENT

Happy 100th Birthday, OHFAMA

Happy birthday to you! Happy birthday to you! Happy 100th birthday OHFAMA! Happy birthday to you!

Greetings and salutations from your President!

The summer season has got off to a tremendous start with a record number of attendees to The Annual OHFAMA Scientific

Seminar in Columbus and almost 200 attendees to our Centennial Gala. The Annual seminar was a rousing success under the chairmanship of Drs. Larry DiDomenico and Robert Mendicino as well as the hard work of Dr. Jimelle Rumberg, Luci Ridolfo and the OHFAMA staff. The seminar was highlighted by a number of panel presentations and discussions involving some of our best and brightest speakers in Podiatric Medicine and Surgery. I personally want to thank Larry, Bob and all the speakers, exhibitors and attendees who contributed to our most successful seminar to date!

The Centennial Gala was of the highest caliber and a true credit to the past 100 years of our association! Thank you to Dr. Rumberg, Luci Ridolfo and the OHFAMA staff as well as the Centennial committee who put together an amazing night capped by the inaugural class of the OHFAMA Service award being invested by APMA President, Dr. Phill Ward. Other dignitaries in the audience included: APMA President-elect



Corey B. Russell, DPM, FACFAS
FACCWS

Dr. Dan Davis, APMA Executive Director Dr. Glenn Gastwirth, ACFAS President Dr. Richard Derner, Ohio Osteopathic Association Executive Director Jon Wills, KSUCPM Dean Dr. Allen Boike, OCPM Foundation Board members Drs. David Nicolanti and Richard Ransom as well as past APMA Presidents Drs. Ross Taubman, Jerry Ferritto and William Munsey. Every academy was well represented by officers and members alike and I thank them all for attending to support our 100th anniversary.

The presentation portion of the Centennial celebration was ended by my short speech (Maybe that came out wrong). For those who couldn't make it to the Gala, here's the speech you missed.

"I just wanted to say a few words to celebrate this auspicious occasion. So much has happened in our profession and our association over the past 100 years to get us to this point. There are so many podiatric physicians that have allowed us to continue to flourish in the medical field. Unfortunately the majority are unable to be here with us today. I want to say thank you to the thousands of podiatric physicians not specifically mentioned tonight who have contributed to our profession and our association over the last 100 years. Without their hard work and efforts to move our profession forward, we would not be here tonight to celebrate.

"There is a phrase in the Jewish religion that captures the spirit of this occasion, *L'dor V'dor*. It means from generation to generation. It refers to the passing on of histories and traditions. Just like the 100 years of our organization. We must look to the past to appreciate the present and plan for the future. We as an association will continue in the great tradition of those that have come before us. We will not let them down and we will continue to build on their hard work over the next 100

years to move our profession forward through the 21st century. Thank you."

So the summer season is underway and there is a lot on the coming agenda. The ICD-10 Coding seminar will be held at the Quest Conference Center in Columbus on July 31st. Noted coding expert, Dr. Harry Goldsmith, will be updating us all on the ICD-10 changes coming on October 1st. I encourage all of our members to attend as part of your preparation for ICD-10. It doesn't appear there will be any postponement of that October 1st, 2015 start date.

On August 6th and 7th, your OHFAMA Board of Trustees and Executive Committee will be getting together for a Board meeting and a Strategic Planning session. We have a lot to accomplish during that session to continue our association on a pathway of success for the next 5-10 years. Topics will include DPM/MD/DO parity as well as an organized grass roots effort through our Executive committee, Board of Trustees and Academy members to facilitate and foster relationships with our state and federal congressmen and women.

I look forward to continuing my visits to all the local academies. The Southern academy visit will be in July, Northwest in September and Central, Northeast and Mideast in October. I will also be attending the Midwest Academy's Quickie seminar on September 19th and I encourage everyone's attendance to hear some superb lectures and support the Midwest academy and our past OHFAMA President, Dr. Marc Greenberg.

I wish you and all your families a safe and healthy summer season! Hope to see you soon.

Faternally yours,

Corey B. Russell, DPM, FACFAS, FACCWS

REPORT FROM THE STATEHOUSE

Wrapping Up The Agenda Before Summer Recess

The Ohio General Assembly is trying to wrap up its busy agenda for the first six months of this legislative session by the end of June before beginning its annual summer recess. The main item the House and Senate continue to work on (a joint House-Senate conference committee is meeting at the time of this writing to resolve budget differences between the two chambers) is final resolution of House Bill 64, the proposed \$71.5 billion state biennial budget bill.

Budget Bill

Under the Ohio Constitution, a balanced budget must be in place by June 30, as the state's annual fiscal year begins on July 1 each year. Both the Ohio House and Ohio Senate have passed their versions of HB 64 and are working with Ohio Governor John Kasich through a six person joint conference committee to enact a balanced budget by June 30. As of this writing, the House and Senate are trying to resolve differences in the following major areas:

- Administration of the Medicaid Program (Medicaid expansion will continue in Ohio);
- Funding of school districts throughout the state at specified "hold harmless" levels;
- Specific changes in school testing requirements;
- Implementation of tax reform. The House and Senate have not adopted Governor Kasich's original proposal to raise specific taxes to raise money for a large personal income tax cut. Both chambers adopted income tax cuts but at different levels and the only other tax raised to help fund those income tax cuts was done by the Senate, who adopted a \$.40 per pack tax on tobacco (not e-cigarettes) and certain cigars. As of this writing, it appears the commercial activity tax (CAT), state sales tax and other taxes that were proposed

to increase under Governor Kasich's proposal will remain at current levels.

Within the Medicaid program, debate is continuing on the level of funds devoted to primary care services increases; increases our members would be eligible for under certain circumstances. In his original budget proposal, Governor Kasich wanted a \$156 million increase in this area but the House lowered that level to \$62 million. This is one of the issues the conference committee is debating in formulating the final version of the budget. OHFAMA will provide our membership with a budget update after the final version of the budget is signed by Governor Kasich and enacted.

Physical Therapy Scope Expansion Bill

The issue of a huge expansion in the scope of physical therapy is currently before the House Commerce & Labor Committee in the form of House Bill 169, legislation that will propose to allow physical therapists to offer a medical diagnosis and order certain diagnostic tests for patients. OHFAMA is strongly opposed to this legislation and is working with a comprehensive coalition of physician groups, such as the OSMA and OOA, to jointly work on opposing this legislation. OHFAMA has signed on to a joint letter from all the physician groups to Commerce & Labor Committee members and House leadership stating our strong opposition to this bill and our association has offered opposition testimony before the committee on this bill.

In our collective meetings with House leadership and members of the committee, HB 169 does not look like it will move out of committee before the onset of the legislative summer recess. It appears that OHFAMA and the other physician groups will be instructed to meet with the PT's over the summer to see if there is any "common ground" that could be agreed to regarding the bill. It appears the House committee will take the bill back up when it returns in the fall.

Other Bills of Interest

Meetings over the summer will also take place regarding the proposed legislation of Republican Representative Dorothy Pelanda to allow nurses to practice at much more independent level by seeking elimination

of current physician/nurse consultation agreements and dissolving of the current state formulary for nurses. This bill was just introduced and has only had a sponsor hearing before the onset of the summer recess.

SB 141: The Senate Health Committee unanimously approved SB 141, legislation sponsored by Senator Dave Burke (a pharmacist) to make changes in the current physician-pharmacist consultation agreements in Ohio law. A companion bill, HB 188, sponsored by Representative Nathan Manning, is scheduled for a vote before the summer break by the House Health & Aging Committee. Both bills slightly expand the parameters of the consult agreements to not require them to be solely patient specific but still leave the physician ultimately in charge of what that physician feels comfortable allowing the pharmacist to perform in relationship to treating a patient. Under the bill, a pharmacist still may not independently prescribe drugs.

HB 116: The House Health & Aging Committee is also scheduled to hold a committee vote on HB 116, legislation that would allow the synchronization of a patient's medication refills. Under the bill, managed care organizations would be required to pay for a "pro-rated" amount of medication for a patient in order to get that patient's medications on a similar refill schedule at the retail pharmacy or through mail order. It is anticipated that HB 116 will pass committee and win approval of the Ohio House.

HB 519: As of this writing, there has been no movement regarding introduction of legislation by Representative Kirk Schuring (at the request of the State Medical Board) that will seek to make changes to certain Revised Code sections concerning the operations of the State Board. The Schuring bill, which was HB 519 last session, also included language that would make minor changes in the language regarding podiatric physicians and surgeons. OHFAMA has been deeply involved in discussions with the State Board on this language and your association expects this bill to be introduced in the near future.

EXECUTIVE DIRECTOR'S MESSAGE

Professional Affiliations — A Need Next to Oxygen

Recently in the Washington Post, Paul Polman, the CEO of Unilever, expressed his



Jimelle Rumberg, PhD, CAE

CEO's philosophy and outlined some intriguing ideas about leadership. Polman's one professional fear is of being obsolete and of becoming less relevant by not keeping up with the pace of change. He says, "One of the main human desires is to be part of something. It is probably one of our greatest needs next to oxygen." Interesting thought! Interesting in the fact that when you joined OHFAMA, you joined a professional podiatric association to be a part of something. Professional affiliation is the only way to advocate, educate and invest in yourself as a physician. As a simple observation, those outside the fold seldom have the passion and vision that we see in our membership and actions do speak louder than words!

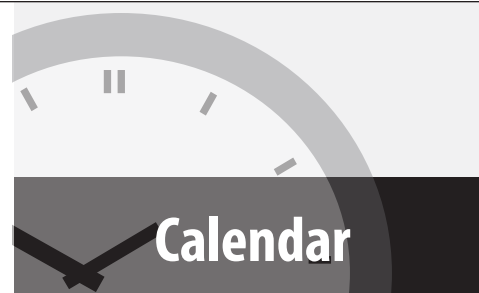
Polman asserts that the "moment you discover in life that it is not about yourself, that it is about investing in others...you are entering a steadier state to be a great leader...the main quality of a leader is to be a human being." When it comes to our OHFAMA leadership, our Board of Trustees spends one day a quarter investing in YOU. Yes, they have busy practices, but they serve for the greater good. They book-off and drive to Columbus to meet as a board to chart the course of our association. Why on earth does one lose income just to sit on the OHFAMA board? Because it's not about

them, it's about YOU and a strong connection of collegiality. State regulatory agencies know us, legislators know us and we make a difference in our communities, academies and state. We are well-regarded and that's because OHFAMA has taken the responsibility to be leaders and investors in our members...true action, not just words.

A Five-Year Strategic Plan

In August, the OHFAMA Board of Trustees will strategically develop the next five years of direction for OHFAMA. With a vigilant staff, we are now 657 members strong – the largest membership ever in the association's history. We are solvent and we are promoting ourselves through a great PR campaign to the public as physicians who are a part of a strong professional affiliation. Did you know that OHFAMA has one of the highest member penetration ratios of any medical association in Ohio? That happens because our board has invested in YOU as a member. That filters down to your academy, when you welcome residents with your camaraderie and fellowship. Ohio will soon add a new residency program in Cincinnati which brings us to 17 residency programs total. Additionally, with 400 students at Kent State University College of Podiatric Medicine, the future of podiatric medicine and surgery has never looked brighter or bigger in Ohio. We are developing strong, professional physicians and teach by example. Join, advocate, educate and invest in yourself as a podiatric physician!

As OHFAMA invests in YOU, be an active and involved member and leader. Volunteer to help at your academy level, ask vendors to support your academy and your state association. After all, we are in this podiatric community together. What greater legacy can we give in our next 100 years of service than that of a strong and active professional presence in Ohio as podiatric physicians!



2015

July 9
Southern Academy (SOAP)
Visit with the President
Cincinnati

July 31
Ohio State ICD-10 Seminar
Quest Conference Center | Columbus

August 6
OHFAMA Board of Trustees Meeting
Kalahari | Sandusky

August 7
OHFAMA Strategic Retreat
Kalahari | Sandusky

September 3
Northwest Academy
Visit with the President
Toledo

September 10
OHFAMA Executive Committee
Teleconference

September 18-19
ASPE Conference
Seattle, WA

September 19
2015 Quickie Seminar
Hilton Garden Inn | Dayton

October 5
Central Academy
Visit with the President
Columbus

October 22-25
Super Saver Seminar
Marriott Cleveland Airport | Cleveland

October 28
Mideast Academy
Visit with the President
Location TBD

November 13-14
OHFAMA House of Delegates
Embassy Suites Airport | Columbus

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Photo Highlights from The 99th Annual Scientific Seminar



BAKO received the Platinum Sponsor Certificate. Left to right: OHFAMA President Dr. Corey Russell with Laura Moser; Dr. Richard Schilling, 1st VP and Dr. Thomas McCabe, 2nd VP.



ATI Physical Therapy receives the Gold Sponsor Certificate presented by Drs. McCabe, Schilling, Russell to Joe Purpura, MS.



Thanking EIP for their 2015 Industry Affiliate Sponsorship is Drs. Kellogg, Russell, Schilling and McCabe with Jacci Fischietto.



OCPM Foundation received the Platinum Sponsor Certificate that was presented by Drs. McCabe, Russell, Kellogg, and Schilling to Drs. Ransom, Nicholai of the OCPM Foundation Board.



Grant Residents poster competition at the 99th Annual Scientific Seminar.



The five finalists of the scientific paper competition at the 99th Annual Scientific Seminar.



PICA was presented the Platinum Sponsor Certificate. Left to right: Dr. Schilling, Megan Hawkins at PICA, Drs. Russell and McCabe.



Alliance Residents poster competition at the 99th Annual Scientific Seminar.



Dr. Coleman Cloughy, winner of the scientific paper competition at the 99th Annual Scientific Seminar.

Photo Highlights from OHFAMA 100th Gala Celebration and OHFAMA 2015 Service Awards Presentations



Dr. Corey Russell presides over the Gala festivities.



Dr. Phillip Ward, APMA President invests Dr. William Munsey of the Central Academy with the 2015 OHFAMA Service Award.



Dr. Phillip Ward, APMA President invests Dr. Brian Ash of the Southern Academy with the 2015 OHFAMA Service Award.



Dr. Kevin Schroeder, Silver Gavel Club President and Dr. Corey Russell, OHFAMA President invests Dr. Carl Sosinski of the Northeast Academy with the 2015 Service Award during the Silver Gavel Luncheon.



Dr. Phillip Ward, APMA President and Dr. Karen Kellogg, OHFAMA Immediate Past President invests Dr. Shellee Suppan of the Mideast Academy with the 2015 OHFAMA Service Award.



Dr. Ed Cosentino, President of the Eastern Academy receives the 2015 OHFAMA Service Award for the late Angelo Petrolia from Dr. Phillip Ward, APMA President.



Dr. Phillip Ward, APMA President invests Dr. Dan Duffy of the North Central Academy with the 2015 Service Award.



Dr. Phillip Ward, APMA President invests Dr. Thomas Zoldowski of the North West Academy with the 2015 OHFAMA Service Award.



Dr. Phillip Ward, APMA President invests Dr. Kevin Schroeder of the Midwest Academy with the 2015 OHFAMA Service Award.

Photo Highlights from the OHFAMA 100th Gala Celebration



Dr. John Clarke enjoying a dance at OHFAMA's 100th Anniversary Gala Celebration on June 5, 2015 at Hilton at Easton.



New Lecture Hall staging kept attendees engaged at the 99th Annual Scientific Seminar.



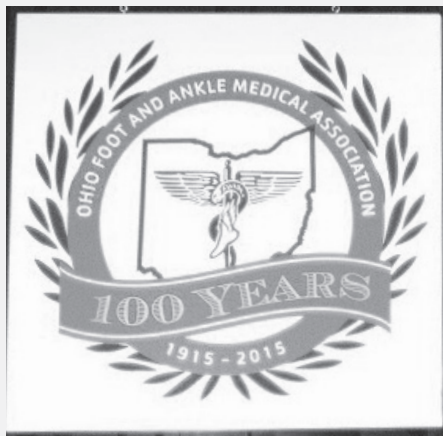
A full crowd enjoying the band on hand at OHFAMA's 100th Anniversary Gala Celebration on June 5, 2015.



Dr. Brad Bakotic warming up to Joey, the kangaroo, in the foyer before the banquet. The Columbus Zoo staff brought several species of baby animals to entertain guests.



The Gala banquet set up before guests arrive to enjoy dinner, awards presentations and dancing to a live band.



So proud of our history — *L'dor, V'dor* — from generation to generation, the fabulous legacy of podiatric medicine.

ANOTHER HISTORIC OHFAMA MILESTONE

West Virginia Joins Ohio's Region IV

The Region IV has officially expanded. The OHFAMA Board of Trustees voted to accept West Virginia into the Region IV during the April 23 OHFAMA Board of Trustees meeting. WVPMA had previously been with Region VIII.

On Saturday, June 6, West Virginia held a state meeting in the Lilac Room, Columbus Hilton at Easton at the 99th Annual Foot and Ankle Scientific Seminar in Columbus. The Executive Committee of OHFAMA met with WVPMA officers and members to discuss management directions for WVPMA. Ohio has agreed that OHFAMA would assume management duties for the volunteer-run WVPMA. The collective felt that there were many benefits to collaborating as a region and that Ohio could help maintain and grow West Virginia's 23-member base for the APMA.

These types of arrangement are not uncommon. Michigan PMA has teamed up to manage Indiana PMA, and North Carolina Foot & Ankle Society and Virginia PMA are managed by the same executive director. Because some states lack a critical mass to employ staff, states are teaming up to collaborate and assist smaller state associations to keep them afloat.

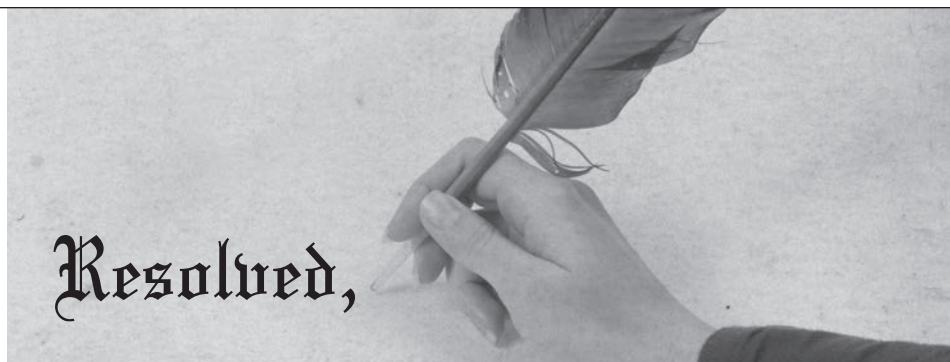
Dr. Jimelle Rumberg, Executive Director said, "I'm very excited about the potential of growth in WVPMA and I'm hopeful that Ohio can assist West Virginia's state association. Each association will be totally separate and distinct. We will offer OH member pricing on CME events to West Virginia's members and assist them operationally in upcoming months. It's the right thing to do for podiatry and the podiatric physicians in both states."

SAVE THE DATE

2015 OHFAMA House of Delegates Meeting

The 2015 OHFAMA House of Delegates will be held November 13 and 14, 2015 at the Embassy Suites Columbus Airport. Academy Delegates must be confirmed by Wednesday October 28, 2015. Academy Annual reports are due by Friday October 30, 2015. Meeting information including resolution forms, delegate forms and annual report templates are currently posted to the OHFAMA HOD webpage. HOD meeting information including the final schedule and meeting materials will be posted as it becomes available.

Please contact your local academy officers for more information on how to represent your Academy at the 2015 House of Delegates or call Dr. Jimelle Rumberg at (614) 457-6269.



Resolutions are formal expressions of opinion or formal motions by the association which become policy.

The Resolutions Process and How You Can Impact the Profession

Resolutions are the method by which OHFAMA members can formally set the direction of our association and the podiatric profession. Resolutions are formal expressions of opinion or formal motions by the association which become policy. Policies are both strategic and tactical which give direction to the Board of Trustees and the staff. The composition of a resolution is a fundamental way for members to express their ownership of OHFAMA.

Members are welcome to compose and submit proposed resolutions for consideration of the Reference Committee for review and referral to the House of Delegates.

Resolution submission is open until October 15, 2015. Our House of Delegates will convene on Saturday, November 14, 2015.

Parts of a Resolution

A resolution contains three basic parts.

- **Title of the Resolution.** The staff numbers the resolution denoting year and number along with the subject title.
- **Supporting Information.** This includes background information on the topic and an idea as to why this resolution is being proposed. This should be brief, but provide a persuasive argument as to why this resolution should be supported. Each statement should start with "Whereas."
- **Operative Clause.** This is signaled by the phrase "Be it resolved." It is the official policy or position which the association would adopt should the resolution pass.

The resolve clause should specifically define the actions you would like to see taken.

Sample Resolution

Resolution 11-01: The Ohio Foot and Ankle Medical Association

WHEREAS, the name of the Ohio Podiatric Medical Association doesn't envelope the scope and practice of today's podiatric physician to the average citizen; and

WHEREAS, the name of the organization should reflect and embody in the simplest language of what we do; encompass Vision 2015, and

WHEREAS, the Ohio Podiatric Medical Association in no way wants to disenfranchise our relationship or affiliation with the American Podiatric Medical Association but simply wants to clarify our profession to the public, and

WHEREAS, podiatrists are not being viewed for all their qualification and other specialists are capitalizing on this fact; therefore be it

RESOLVED, that this the Ohio Podiatric Medical Association change its incorporation name to the Ohio Foot and Ankle Medical Association.

*Submitted by Alan J. Block, DPM, MS
Central Academy*

Proposed resolutions may be submitted to Dr. Jimelle Rumberg, Executive Director at jrumberg@ohfama.org. All are welcome to attend the House of Delegates and participate in developing OHFAMA's progress for the next year. The House will be held at the Columbus Airport Embassy Suites Hotel, 2886 Airport Drive, Columbus.

DID YOU KNOW?

Five Facts about ICD-10

To help dispel some of the myths surrounding ICD-10, CMS recently talked with providers to identify common misperceptions about the transition to ICD-10. These five facts address some of the common questions and concerns CMS has heard about ICD-10:

The ICD-10 transition date is October 1, 2015. The government, payers, and large providers alike have made a substantial investment in ICD-10. This cost will rise if the transition is delayed, and further ICD-10 delays will lead to an unnecessary rise in health care costs. Get ready now for ICD-10.

You don't have to use 68,000 codes. Your practice does not use all 13,000 diagnosis codes available in ICD-9, nor will it be required to use the 68,000 codes that ICD-10 offers. As you do now, your practice will use a very small subset of the codes.

You will use a similar process to look up ICD-10 codes that you use with ICD-9. Increasing the number of diagnosis codes does not necessarily make ICD-10 harder to use. As with ICD-9, an alphabetic index and electronic tools are available to help you with code selection.

Outpatient and office procedure codes aren't changing. The transition to ICD-10 for diagnosis coding and inpatient procedure coding does not affect the use of Current Procedural Terminology (CPT) for outpatient and office coding. Your practice will continue to use CPT.

All Medicare Fee-For-Service providers have the opportunity to conduct testing with CMS before the ICD-10 transition. Your practice or clearinghouse can conduct acknowledgement testing at any time with your Medicare Administrative Contractor (MAC). Testing will ensure that you can submit claims with ICD-10 codes. During a special acknowledgement testing week to be held in June 2015, you will have access to real-time help desk support. | Source: MLN Connects® Provider eNews; April 30, 2015



October 1, 2015 is the deadline for all merchants to obtain their free smart chip EMV terminal from Quantus Solutions.

DID YOU KNOW?

Payment Processing for Medical Practices

by Michael DiPietro, Senior Vice President
Contact: 305-297-2137;
mdipietro@quantussolutions.com;
www.quantussolutions.com

The focus of medical professionals is first and foremost on the well-being of their patients. In today's rapidly changing health-care environment, it's more important than ever that they also keep their finger on the pulse of their practice.

A fully-integrated processing solution from **Quantus Solutions** can optimize the collection of patient payments and help you improve the financial health of your practice. Here's how:

- Practice efficiency results from being able to check patients in and out faster with one system. Additionally, your staff saves time by no longer needing to manually enter data into dual systems, reducing hard-copy patient records. You can also reduce expenses by eliminating a dedicated phone line.
- Payment assurance is realized with an increase in cash flow that comes from managing payments and getting paid faster. You are also able to maximize revenue by collecting payment at multiple points of service and post-service, improving collections and reducing bad debt.
- Patient satisfaction is maintained because you are providing payment convenience by accepting their credit, debit and HSA cards. Patients also receive emailed statements and reminders and they're able to set up recurring and scheduled payments that simplify their finances.

Quantus Solutions offers multiple payment options, including all major credit

cards, ACH and manual recurring payments; 24/7, U.S.-based customer support; automatic payment posting to patient ledgers and daily account reports; and increased efficiency and faster checkout time through single-system use.

Industry Deadline Reminder

October 1, 2015 is the deadline for all merchants to obtain their FREE smart chip EMV terminal from Quantus Solutions. Most competitors are charging as much as \$599.00 for this terminal! After this date, the liability shifts to the merchant if they have no terminal that can read smart chip credit cards. Unfortunately most merchants are still unaware of this deadline. But you can call **Quantus Solutions** today and ask for your FREE smart chip EMV terminal.

Quantus Solutions is an endorsed partner with OHFAMA and works with dozens of professional healthcare associations and thousands of practices, providing the experience and expertise to know the best processing options for your practice. Talk to one of our representatives today by calling 800-698-5150 to learn more.

DID YOU KNOW?

DPM Gets House Arrest for Prescription Drug Offenses

An Ohio podiatrist, who is not a member of OHFAMA, was sentenced May 27 to 30 days' house arrest and one year probation after admitting that she committed three felony drug offenses. Dr. Deborah L. Cook of Mentor could lose her state medical license indefinitely. Cook, 46, pleaded guilty in Lake County Common Pleas Court to one count of deception to obtain a dangerous drug and two counts of illegal processing of drug documents. | Source: PM News, May 28, 2015

Ohio 2013 BRFSS Annual Report

The annual Ohio Behavioral Risk Factor Surveillance System (BRFSS) survey is conducted by the Ohio Department of Health and supported by the Centers for Disease Control and Prevention. Results are based on 11,972 telephone surveys on both landline and cell phones. The survey sample consists of non-institutionalized adults 18 years or older. The data are weighted to ensure that estimates are representative of the Ohio adult population.

Diabetes

Respondents were asked, “Has a doctor, nurse or other health professional ever told you that you had diabetes?” In 2013, 10.4 percent of Ohio adults reported ever being told by a doctor, nurse or other healthcare professional that they had diabetes. The prevalence of diabetes increases with age. The prevalence of diabetes decreases as household income increases; 14.6 percent of adults with a household income less than \$15,000 have diabetes, compared with 5.5 percent with a household income of \$75,000 or more. Prevalence of diabetes decreases as education level increases. Prevalence of diabetes does not significantly differ by race/ethnicity and prevalence of diabetes is the same for males and females.

Prediabetes

Respondents were asked, “Have you ever been told by a doctor, nurse or other health professional that you have prediabetes or borderline diabetes?” In 2013, 7.2 percent of Ohio adults reported being told by a doctor that they had prediabetes. Prevalence of prediabetes increases with age through 55-64 years. Prevalence of prediabetes is significantly higher among adults with a household income less than \$25,000 compared with adults with a household income of \$25,000 to \$74,999. Prevalence of prediabetes is significantly higher among adults with less than a high school education compared with adults with a high school diploma and a college degree. Prevalence prediabetes does not significantly differ by race/ethnicity. The prevalence of prediabetes does not significantly differ by gender.

Diabetes¹

Demographic Characteristics	Prevalence (%)	95% Confidence Interval
Total	10.4	9.6 - 11.1
Age		
18 - 24	0.7	0.0 - 1.5
25 - 34	1.9	1.0 - 2.8
35 - 44	5.5	3.7 - 7.2
45 - 54	9.6	7.9 - 11.3
55 - 64	14.6	12.8 - 16.5
65+	24.0	22.0 - 26.1
Gender		
Male	10.3	9.3 - 11.5
Female	10.3	9.4 - 11.3
Race/Ethnicity		
White, Non-Hispanic	10.1	9.3 - 10.9
Black, Non-Hispanic	11.7	9.3 - 14.0
Hispanic	8.1	4.0 - 12.2
Other, Non-Hispanic	13.4	7.9 - 18.9
Multi-Racial	9.2	3.7 - 14.6
Annual Household Income		
< \$15,000	14.6	12.0 - 17.2
\$15,000 - \$24,999	13.8	11.8 - 15.8
\$25,000 - \$34,999	13.2	10.7 - 15.7
\$35,000 - \$49,999	10.9	8.8 - 13.0
\$50,000 - \$74,999	8.8	7.0 - 10.6
\$75,000+	5.5	4.2 - 6.8
Education		
Less than High School	15.2	12.1 - 18.2
High School Diploma	11.9	10.7 - 13.2
Some College	9.5	8.2 - 10.8
College Graduate	6.5	5.5 - 7.4

1. Among adults, the proportion who reported ever being told by a doctor, nurse or other health professional that they have diabetes (non-gestational).

Prediabetes¹

Demographic Characteristics	Prevalence (%)	95% Confidence Interval
Total	7.2	6.3 - 8.0
Age		
18 - 24	3.7	1.3 - 6.1
25 - 34	4.0	1.6 - 6.3
35 - 44	5.3	3.5 - 7.0
45 - 54	8.7	6.5 - 10.9
55 - 64	10.8	8.7 - 13.0
65+	9.3	7.5 - 11.0
Gender		
Male	6.9	5.6 - 8.1
Female	7.5	6.3 - 8.6
Race/Ethnicity		
White, Non-Hispanic	6.9	6.1 - 7.8
Black, Non-Hispanic	7.9	5.1 - 10.8
Hispanic	10.7	1.5 - 19.9
Other, Non-Hispanic	7.8	2.0 - 13.5
Multi-Racial	6.4	1.1 - 11.8
Annual Household Income		
< \$15,000	11.4	7.5 - 15.2
\$15,000 - \$24,999	10.9	8.2 - 13.5
\$25,000 - \$34,999	5.5	3.6 - 7.4
\$35,000 - \$49,999	5.6	4.0 - 7.3
\$50,000 - \$74,999	5.1	3.6 - 6.6
\$75,000+	6.4	4.6 - 8.2
Education		
Less than High School	12.2	8.2 - 16.3
High School Diploma	6.0	4.7 - 7.3
Some College	7.4	5.8 - 8.9
College Graduate	6.2	4.9 - 7.6

1. Among adults, the proportion who reported ever being told by a doctor, nurse or other health professional that they have prediabetes or borderline diabetes.

OHFAMA CLASSIFIEDS

Podiatrist Positions

Associate Wanted

Northeast Ohio. Associate Position.

Expanding group practice seeking full time and part time podiatric physicians with Ohio license. Duties include wound care, house calls, and nursing home coverage. Competitive salary and benefits.

Email cover letter and CV to mike@ankleandfootcare.com.

Associate Wanted

Northern Ohio. Northern Ohio Podiatrist Wanted. Well-established, busy, 37-year-old group practice with multiple locations. Great opportunity for energetic, motivated, personable individual. Full-time position available. High salary based on production and includes malpractice. Hospital privileges available

Please send CV and cover letter to pnnwlls@hotmail.com.

Associate Wanted

Northwest Ohio. Associate Wanted Immediately. Associate needed to join a well-established Podiatry Group in Northwest Ohio. Must be motivated and able to practice independently.

Email cover letter, CV and references to footdoc@bright.net.

Practices for Sale

Greater Cincinnati Area

Two Great locations; buy them together or separately. Well-established practices for sale: **Erlanger, KY** is a large building and will accommodate all the administrative staff necessary to run a busy medical and surgical practice; **Mt Healthy, OH** is

centrally located in the Cincinnati area. Both offices to be sold with equipment and a digital x-ray system. Practice grossed over 3 million last year. This is a unique opportunity for a motivated ethical physician.

Serious inquiries please send email to lbeltz@cincinnatifootcare.com or call 513-317-7854.

Kettering, Ohio

Practice located in Kettering, OH, a south suburb of Dayton, OH. The practice is a medical and surgical podiatric practice and the hospital is one of the country's top 100 and is five minutes away with full podiatry privileges available. The office location that is 1,700 sq ft with five treatment rooms, and all have hydraulic chairs. Yearly gross is \$500,000. Special equipment includes oxygen and nitrous oxide piping in all rooms, central vacuum, a call light box system, WiFi

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For more information please call (937) 293-6896 or email lmalusky@woh.rr.com.

Ravenna and Warren, Ohio

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FREQUENTLY ASKED QUESTIONS

Common Controlled Substance Prescriptions

Q I am going on vacation for two weeks. Can I give prescriptions for controlled substances to my patients that I signed today and that are dated for a day during my vacation?

A No. Section 3719.06(C) of the Ohio Revised Code requires that the prescription be signed and dated on the same day. Federal law also has this requirement. See 21 C.F.R. §1306.05(a). Violations of this law could subject the prescriber to criminal prosecution and Medical Board administrative action against the prescriber's license.

Q Is there some way for me to give my patient a prescription today that can only be filled at a future date but that I sign and put today's date on the form?

A Yes. While you are required to date and sign the prescription with today's date on the date line of the prescription form, you can add writing to the prescription indicating "Do not fill until" with the future date written on the form. The patient cannot get the prescription filled until the future date. For further information about other limitations, please see the guidance from the Drug Enforcement Administration at http://www.deadiversion.usdoj.gov/faq/mult_rx_faq.htm

Q I have a very busy practice and I would like to sign otherwise blank prescription forms on Monday that I intend to use that week for controlled substances prescriptions for my patients. Can I do that?

A No. Section 3719.06(C) of the Ohio Revised Code prohibits the signing of otherwise blank prescription forms.

Q Can I prescribe more than one controlled substance on the same prescription form?

A No. Under Ohio pharmacy law, writing prescriptions orders for more than one controlled substance on the same prescription form is prohibited. See Rule 4729-5-13 of the Ohio Administrative Code.

Q My office staff has my signature stamp for stamping routine documents. Can my staff use my signature stamp on controlled substances prescriptions that I have authorized?

A No. Federal law requires that a prescriber manually sign any prescription for a controlled substance. See 21 C.F.R. §1306.05(d).

Q Do I have to complete the entire controlled substance prescription form myself?

A No. Federal law permits your agent to fill out all but the signature portion of the prescription form, but you are responsible if there is a deficiency in the way the form was filled out. See 21 C.F.R. §1306.05(f).

Q Can I prescribe a controlled substance for a colleague or staff member?

A Yes. However, you must conduct an appropriate examination; arrive at a diagnosis and purpose for which the controlled substance is utilized and document the examination, diagnosis, the purpose of the prescription in the colleague or staff member's patient record. Please note that, if the colleague or staff member is a family member, there are further restrictions as described in Q&A number 9 and 10 below.

In addition, as for all patients, you must:

- take into account the drug's potential for abuse, the possibility the drug may lead to dependence, the possibility the patient will obtain the drug for a nontherapeutic use or to distribute to others, and the possibility of an illicit market for the drug; and,
- complete and maintain accurate medical records. See Rule 4731-11-02 of the Ohio Administrative Code

Q Can I prescribe a controlled substance to myself?

A No. Rule 4731-11-08(A) of the Ohio Administration Code prohibits self-prescribing any controlled substance. A licensee can purchase an over the counter schedule V controlled substance for personal use if that use conforms to state and federal law and if the medication is obtained in the same manner as a non-physician.

Q Can I prescribe a controlled substance to my family?

A No, under most circumstances. Rule 4731-11-08(B) of the Ohio Administrative Code prohibits prescribing controlled substances to family except in the event of an emergency.

Q Who is considered to be a family member for prescribing controlled substances?

A Rule 4731-11-08 defines a family member as a spouse, parent, child, sibling or other individual when a physician's personal or emotional involvement could make that physician unable to use detached professional judgment in determining diagnoses or therapy choices.

Q Can I prescribe a Schedule II controlled substance stimulant, e.g., Adderall, Dexedrine, etc., to a patient for the purpose of weight loss?

A No. Rule 4731-11-03(B) of the Ohio Administrative Code specifically prohibits prescribing schedule II controlled substance stimulants for purposes of weight loss or control.

Q When do I have to document a controlled substance prescription in a patient chart?

A Every time. Rule 4731-11-02(D) of the Ohio Administrative Code requires that every controlled substance prescription be documented in the patient chart.

Approved April 8, 2015

JOINT REGULATORY STATEMENT

OARRS Integrated Services — Compliance with Mandatory Use Requirements June 2015

This statement should not be construed as a new policy, but rather, as an attempt to clarify existing law. Such clarification is intended for the benefit of practitioners and the public as a way to promote better understanding of the laws governing the practice of medicine, pharmacy, nursing and dentistry.

It has been brought to our collective attention that questions have been raised regarding the use of OARRS integrated services to satisfy the mandatory use requirements in the Ohio Revised Code and Ohio Administrative Code governing the prescribing of controlled substances, including opioid analgesics and benzodiazepines. Integrated services are those that automatically query OARRS on behalf of a prescriber (for example, NarxCheck). Please be advised that the State of Ohio Board of Pharmacy requires any integrated OARRS service to be able to provide the identification of the prescriber who accessed a patient's report. Therefore, use of integrated services satisfies the mandatory use requirements in the Ohio Revised Code and Ohio Administrative Code.

While integrated services may not require a prescriber to be registered with OARRS, all prescribers must adhere to all laws and regulations regarding authorized access to the system. For more information, please review the OARRS acceptable use policies by visiting: <https://www.ohiopmp.gov/portal/docs.aspx>

Ohio law also requires that each prescriber who prescribes or personally furnishes opioid analgesics or benzodiazepines, as well as all pharmacists who dispense or plan to dispense controlled substances within the state of Ohio, certify to their respective licensing board that they have access to OARRS upon renewing their li-

cense. While a prescriber or pharmacist with access to an OARRS integrated service can meet this requirement even if they do not have an individual account, these licensees are strongly encouraged to obtain their own individual registration in the event that such a service is unavailable.

For more information regarding OARRS and compliance with mandatory use requirements in Ohio law, please visit: www.pharmacy.ohio.gov/341FAQ. In addition to the requirements in law, the following health care regulatory boards have rules regarding

required OARRS checks for controlled substance medications:

- Medical Board: OAC 4731-11-11 and 4731-11-12
- Nursing Board: OAC 4723-9-12
- Dental Board: OAC 4715-6-01
- Optometry Board: OAC 4725-16-04
- Pharmacy Board: OAC 4729-5-20

Prescription Drug Monitoring Map

Dateline: April 2015

Beginning April 1, 2015, Ohio law requires prescribers who practice primarily in an Ohio county that adjoins another state to request the adjoining state's prescription drug information, which can be easily accessed through OARRS. Pennsylvania does not have a prescription monitoring program at this time.



Ohio | State Medical Board of Ohio

Opioid Analgesic

Effective March 20, 2015, section 3719.01 of the Ohio Revised Code defines an “opioid analgesic” as a controlled substance that has analgesic pharmacologic activity at the opioid receptors of the central nervous system, including the following drugs and their varying salt forms or chemical congeners:

Generic Name	Brand Name	Schedule
Buprenorphine	Butrans, Buprenex	Schedule III
Butorphanol	Butorphanol NS	Schedule IV
Codeine (acetaminophen and other combination products)	Tylenol W. Codeine #3, Tylenol, W. Codeine #4	Schedule III
Dihydrocodeine/ASA/caffeine	Synalgos-DC	Schedule III
Fentanyl	Duragesic, Actiq, Abstral, Lazanda, Fentora, Subsys, Sublimaze Onsolis, Ionsys	Schedule II
Hydrocodone	Zohydro ER	Schedule II
Hydrocodone (acetaminophen combination products)	Xodol, Maxidone, Zydone, Lorcet, Hycet, Zamicet, Co.Gesic, Zolvit, Stagesic, Liquicet, Lortab, Vicodin Norco	Schedule II (Effective October 6, 2014)
Hydrocodone (ibuprofen combination products)	Ibudone, Reprexain, Vicoprofen	Schedule II
Hydromorphone	Dilaudid, Exalgo	Schedule II
Meperidine	Demerol	Schedule II
Methadone	Dolophine, Methadose	Schedule II
Morphine Sulfate	MS Conlin, Avinza, Duramorph, Kadian, Depodur, Astramorph, Infumorph	Schedule II
Oxycodone	Oxecta, Roxicodone, Oxycontin	Schedule II
Oxycodone (acetaminophen, aspirin and other combination products)	Percodan, Percocet, Roxicet, Endocet, Xolox, Tylox, Primlev, Magnacet Xartemis XR	Schedule II
Oxymorphone	Opana, Numorphan	Schedule II
Tapentadol	Nucynta	Schedule II
Tramadol	Ultram, Ultracet, Ryzolt, Conzip, Rybix	Schedule IV (Effective August 18, 2014)

WHAT TO LOOK FOR AND WHEN TO REPORT

Signs of Drug Abuse

OARRS Report Required

- Selling prescription drugs
- Forging/altering a prescription
- Stealing or borrowing controlled substances
- Drug screens inconsistent with treatment plan; refusing drug screen
- Having been arrested or convicted for drug offense while under physician's care
- Receiving controlled substances from

multiple prescribers without a clinical basis

- Having a family member, friend, law enforcement officer, or health care professional express concern about patient's use of illegal or controlled drugs
- Increasing the dosage of controlled drugs in amounts exceeding the prescribed amount

Red Flags: OARRS Report Should be Considered

- Known history of chemical abuse or dependency

- Frequently requesting early refills
- Appearing impaired or overly sedated during an office visit or exam
- Frequently losing prescriptions
- Requesting reported drugs by specific name, street name, color, or identifying marks
- Recurring emergency department visits to obtain drugs
- History of illegal drug use
- Sharing drugs with another person

Benzodiazepines

Effective March 20, 2015, section 3719.01 of the Ohio Revised Code defines a “benzodiazepine” as a controlled substance that has United States Food and Drug Administration (FDA) approved labeling indicating that it is a benzodiazepine, benzodiazepine derivative, triazolobenzodiazepine, or triazolobenzodiazepine derivative, including the following drugs and their varying salt forms or chemical congeners:

Generic Name	Brand Name	Schedule	FDA Label
Alprazolam	Alprazolam, Xanax, Niravam	Schedule IV	Benzodiazepine
Chlordiazepoxide Hydrochloride	A-Poxide, Chlor Pox, Chlordia-XE, Chlordiazepoxide, Chlordiazepoxide HC, Chlordiazepoxide Hydrochloride, Libaca, Libritabs, Librium, Mitran, Poxi, Reposan S-10, Ro-Poxide, Sereen, Sk-Lygen, Spat-10, Spaz-10, Spaz-5	Schedule IV	Benzodiazepine
Clobazam	Onfi	Schedule IV	Benzodiazepine
Clonazepam	Clonazepam, Clonazepam, Klonopin	Schedule IV	Benzodiazepine
Clorazepate Dipotassium	Clorazepate, Clorazepate, Dipotassium, Gen-Xene, Tranxene, Tranxene T-Tab, Tranxene-SD	Schedule IV	Benzodiazepine
Dextrose/Lorazepam	Lorazepam-Dextrose	Schedule IV	Benzodiazepine
Dextrose/Midazolam Hydrochloride	Midazolam-Dextrose	Schedule IV	Benzodiazepine
Diazepam	Diastat, Diastat Acudial, Diastat, Pediatric, Diastat Universal, Diazepam, Diazepam Intensol, Diazepam, Rectal Delivery System, Dizac, D-Val, Ed-Val, Q-Pam, Ro-Azepam, T-Quil, Valium, Valrelease, X-O Spaz, Zetran	Schedule IV	Benzodiazepine Derivative
Estazolam	Estazolam, Prosom	Schedule IV	Triazolobenzodiazepine Derivative
Flurazepam Hydrochloride	Dalmane, Flurazepam Hydrochloride Flurazepam	Schedule IV	Benzodiazepine
Lorazepam	Ativan, Loraz, Lorazepam, Lorazepam Amerinet, Novaplus Lorazepam, Probate, Lorazepam-Sodium Chloride	Schedule IV	Benzodiazepine
Midazolam	Midazolam, Midazolam HCl Amerinet Choice, Midazolam Hydrochloride, Novaplus Midazolam Hydrochloride, Versed, Midazolam Hydrochloride-Sodium Chloride	Schedule IV	Benzodiazepine
Oxazepam	Oxazepam, Serax	Schedule IV	Benzodiazepine
Quazepam	Doral, Dormalin	Schedule IV	Benzodiazepine
Temazepam	Restoril Temaz Temazepam	Schedule IV	Benzodiazepine
Triazolam	Halcion, Triazolam	Schedule IV	Triazolobenzodiazepine

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WELCOME, WEST VIRGINIA!

From the WVPMA President

These are exciting times for the WVPMA. Many new changes have occurred in 2015. The biggest and most exciting change is the one West Virginia has made by switching from Region 8 to Region 4. The state has several physicians who practice within the states of Ohio and West Virginia and may be seeing patients from both of those states. By joining with Ohio we will be able to take advantage of Regional meetings and seminars.

The past several years have been challenging with the conversion to electronic medical records, Obama Care, declining revenue, and this Fall the implementation of ICD-10. By teaming up with Ohio and OHFAMA we will be better prepared to meet the changes and the challenges to come.

I would like to extend a warm welcome and big thank you to Jimelle Rumberg, PhD for helping the WVPMA through these new changes. Dr. Rumberg has accepted the role of Executive Director of WVPMA. Her qualifications and past experience will help our medical associates become better prepared for the challenges that are yet to come.

I encourage and invite new members to join the WVPMA. We will be better served by being able to utilize their resources through available CME credits, legislative updates, workshops, and the experience of other seasoned members. There is strength in numbers. So join us on this new excursion as we venture into the future and make Podiatry a better profession for our members and our patients.

Jerry Hadrych, President
West Virginia Podiatric Medical Association

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