

THE MORE YOU KNOW



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INSIDE THIS ISSUE

President's Message2	Foot and Ankle Surgery Symposium6	Insurance Articles10
APMA Public Health Fellow Researches Opioid Epidemic2	CMS Articles7	State Medical Board Updates12
Get the facts on Issue 23	Board of Pharmacy8	Curricular Guide for Podiatric Medical Education12
Overdose deaths up more than 30%3	Victory on Orthotics and Prosthetics Proposed Rule9	Report from WVPMA15
Executive Director's Message4	Disaster Preparedness.....9	OHFAMA Classifieds15

A WORD FROM THE PRESIDENT

Learn, Grow and Lead

Fall is in the air and I hope all is going well with everyone and your favorite teams are winning. We have continued to stay busy at the board level and headquarters with new initiatives and member-centric results.



Thomas J. McCabe, DPM

Recently, OHFAMA signed an agreement with the OSMA health benefit plan to provide an opportunity for you and your office to obtain health insurance. This is only available to members of OHFAMA who are in good standing. The “MEWA” (Multiple Employer Welfare Arrangement) insurance information, which you received in the mail in August, was sent in the OHFAMA Membership Packet. It’s another member resource OHFAMA is providing to assist you and your practice with health insurance as we continue to keep your practice independent. This agreement was achieved through the long-standing working collaboration we have nurtured with OSMA by your BOT and executive director, Dr. Rumberg. I hope every member will benefit from this opportunity to reduce or control your healthcare costs for your practice today. Give James with the OSMA-HBP a call at 614-527-6760 and get a quote.

OHFAMA continues to monitor the activities at the state house as they pertain to our profession and medicine - in general. We strive to keep you informed with various broadcast emails through our listserv. Please

take the time to read the emails and stay informed on topics such as the State-wide ballot proposition on Issue 2 - VOTE NO (Deceptive Drug Issue), and further updates from the board of Pharmacy on TDDD and opioid prescribing rules for acute pain.

Another sure sign of Fall is the upcoming OHFAMA HOD, held on November 3rd and 4th, at the Columbus Airport Embassy Suites. I can’t stress enough the importance of members representing your respective Academy as a delegate. We are always looking for aspiring candidates for leadership to come forward. One way to initiate this is by becoming active as a new delegate. To stay vibrant and productive as an Association, we always need different ideas and viewpoints to continue to grow. If you have any inkling of becoming active in leadership, please step forward, either at the local Academy level, or as a delegate to the HOD. Learn, grow and lead; organized podiatric medicine and surgery’s future is everyone’s duty.

Thomas J. McCabe, DPM
President, OHFAMA

APMA Public Health Fellow Researches Opioid Epidemic

Rebecca Sundling, DPM, MPH, spent this past year as APMA’s Public Health Fellow at The Dartmouth Institute for Health Policy and Clinical Practice (TDI).



Rebecca Sundling, DPM, MPH

During this time, Dr. Sundling studied many aspects of the health-care field, expanding her knowledge in patient-centered health care, among other topics. Throughout the course of the year, Dr. Sundling

partnered with James DiResta, DPM, MPH, and the Massachusetts Podiatric Medical Society (MPMS) to work on a project assessing and addressing pain management education in podiatric residency in light of the opioid epidemic.

The first component of Dr. Sundling’s project assessed the attitudes and knowledge of the podiatric residents in Massachusetts regarding pain management and addiction

recognition. To do this, Dr. Sundling used knowledge gained from her qualitative research class at TDI to create a 30-question survey, including a 10-point knowledge assessment with two patient cases. The results of the survey, completed by 33 out of 39 residents, demonstrated that the residents were challenged by basic pain medication knowledge, including side effects and equivalent doses.

The residents responded that they felt confident in managing surgical pain, but related their difficulty with chronic pain and managing patients with unrealistic pain expectations. The residents were questioned as to whether they believed that podiatrists and surgeons, in general, were contributing to the opioid epidemic. In each of the three categories (surgeons of any background or specialty, podiatrists, and the respondent themselves), more than half the residents were unsure about the contribution of those in the category. Another third of the residents believed that podiatrists and surgeons, in general, were contributing to an equal extent, while feeling that they as residents were not contributing to

the epidemic, an indication that the residents may not fully appreciate the role they play in this public health issue.

In an effort to improve the residents’ confidence surrounding pain management, they attended a half-day seminar in conjunction with the 2017 MPMS Spring Meeting covering topics of pain management, addiction recognition, and legal aspects of prescribing opioids. A pocket-sized reference card regarding these topics was created and distributed to the residents during the seminar. While the residents believed that this seminar was helpful, they requested further dedicated time during their residency programs, for themselves and for their attendings, to learn more about pain management.

Dr. Sundling of Holland, MI, launched her clinical career at Northwood Foot and Ankle Center. She is hoping to continue her work on combating the opioid epidemic, a major public health issue nationwide. Dr. Sundling will be presenting at the February 10th Surgical Symposium in Columbus, see page 6 for registration details. For additional opioid resources, visit www.apma.org/opioids.



Ohio voters need to get the facts on Issue 2

It's hard to believe another election day is almost upon us. The 2017 Ohio election landscape will see voters deciding on local races but also a statewide ballot issue called Issue 2.

The OHFAMA Board of Trustees voted to oppose Issue 2. As a member and practicing podiatric physician, you may be getting questions from patients about Issue 2. As a trusted professional, the information you can share about Issue 2, with patients and colleagues and your community, will be important in our work to defeat this risky plan.

Issue 2 would regulate how state government purchases prescription medication for large programs such as Medicaid. Our association studied the issue and determined it is wrong for Ohio. In fact, most experts who have studied the proposal ---including a former state Budget Director and three former Ohio Medicaid Directors who served under both Democratic and Republican governors ---say passing Issue 2 would only make the problem of affordable prescription drugs even worse by raising drug costs for a majority of Ohioans and reducing access to needed medications for some of our most vulnerable citizens.

And that is why a coalition of over 70 statewide organizations representing veterans, business, labor, and more than 30,000 Ohio doctors, nurses, pharmacists, and hospitals are urging Ohioans to

vote "no" this November. It is important for voters to understand that Issue 2 would only apply to prescription drugs purchased by our state government. But 7 million Ohioans ---nearly two-thirds of the population ---aren't included because we don't obtain our medications through state programs. This means everyone who has private insurance, employer-provided insurance, and senior citizens who rely on Medicare---are not covered by Issue 2 and, because of cost-shifting, could see their costs go up if the initiative passes.

Issue 2 would not help taxpayers. The ballot issue would require that Ohio government pay no more for drugs than the price paid by the U.S. Department of Veterans Affairs (the VA). But three-quarters of the drugs Ohio buys are for Medicaid recipients ---and under federal law, Medicaid drugs already receive a 23.1 percent discount, which is extremely close to the 24 percent federally mandated discount enjoyed by the VA. Moreover, Ohio also currently benefits from additional discounts and rebates that our state government negotiates directly with drug manufacturers. If passing Issue 2 results in the loss of those voluntary discounts as the Medicaid Directors warn might happen, the state's drug costs could actually increase by millions of dollars per year.

Yes, Ohioans need access to affordable drugs. But Issue 2 isn't the solution because it won't help anyone ---not the state, not the public, and not the taxpayers. To read more visit noonissue2.org. The Issue 2 campaign offers extensive policy analysis on the impact of Issue 2, which is available on the website.

Drug overdose deaths up more than 30% in Ohio

The number of unintentional drug overdose deaths jumped 32.8 percent last year to 4,050, according to a state report released this week (Source: "Over 4,000 Ohioans died of drug overdoses in 2016, a 33 percent increase," Cleveland Plain Dealer, Aug. 30, 2017).

State officials are attributing the surge to stronger drugs, including fentanyl and the emergence of a similar drug, carfentanil. Carfentanil was involved in 340 overdose deaths, most of them in the second half of the year, according to the Ohio Department of Health's annual drug overdose death report.

Ohio has spent millions of dollars in drug prevention education, increasing access to treatment programs, arrests of traffickers and providing communities kits with medication that reverses drug overdoses. Yet overdose deaths continue to rise.

Ohio's opioid epidemic began in the mid-1990s, said Dr. Mark Hurst, medical director of the Ohio Department of Mental Health and Addiction Services. Officials continue to work to try to stay ahead of the state's addiction problem, Hurst said, adding that a silver lining in Wednesday's report was that 2016 had the fewest unintentional prescription opioid overdose deaths since 2009.

Source: OH Health Policy News 9/1/17

National Prescription Drug Take Back Day

Saturday, October 28th is National Prescription Drug Take-Back Day, which aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications. The Ohio Foot and Ankle Medical Association encourages you to inform your patients of this great opportunity to safely dispose of unused prescription drugs.

EXECUTIVE DIRECTOR'S MESSAGE

Office Health Benefits Plan is Just What the Doctor Ordered!

For twelve years, I've received calls to inquire if OHFAMA has health insurance for our members. My answer was always "no, but please check with your local Chamber of Commerce and maybe they can help you." The reason was simple. In the

past, association health plans were a risky business and often didn't pass muster with the ODI. We tried to piggy-back on another professional association's agency twice, but it simply didn't pan out and

the premiums were high. With federal mandates, ERISA compliance and the ODI approval, times have changed. We are very pleased to be able to partner with the Ohio State Medical Association in their Health Benefits Plan for physicians. The self-funded Multiple Employer Welfare Arrangement (MEWA) helps to stabilize the cost of health coverage, offers many traditional style plan designs with stable rates and is an alternative to the Affordable Care Act (ACA). It is a Members-ONLY service for OHFAMA.

We did our homework

Actuaries reviewed the loss experience of the OSMA Health Benefits Plan (HBP) and determined that a 5% increase in the base rates is all that is needed to maintain a health bottom line for the rate filing back in 2016. The OSMA HBP offers nine different plan options with individual deductibles as low as \$500 and as high as \$6,350. They offer various co-insurance plans as well as high deductible plans (HDP). Those HDPs are compatible with Health Savings Accounts (HSA) and Health Reimbursement Accounts (HRA). Utilizing an HSA or HRA is an excellent financial tool to help you, as the employer, reduce costs to the employee to save money. Another bonus is that groups may choose more than one plan to meet the needs of their employees. Participating employers of the OSMA HBP have access



Jimelle Rumberg, PhD, CAE

to COBRA regardless of the practice size. If the practice has a retiree plan in place, the OSMA HBP can be offered to their retirees until they become Medicare eligible. I think this is just what the doctor ordered, don't you?

Working to Keep Your Practice Independent

If you are a solo practitioner or in a larger multi-specialty practice, the OSMA HBP was intended to meet the needs of the independent physician practice in Ohio. If there are at least two employees in the practice, the group is eligible to apply for health coverage through the OSMA HBP. Groups with good experience will benefit from the ability of the OSMA HBP to underwrite each group compared to the fixed costs of community rating.

For more information on this new addition to our member service tools, get a quote today by contacting James D. Smith at the OSMAGENCY@osmaia.com; call 800-860-4525; fax your contact information to 614-527-6725; or website at www.osmainurance.com.

During this harvest season of bounty and blessings, we wish every member our best with family and friends, as we continue to raise the bar at OHFAMA to assist our members professionally and dutifully. Thank you for your continued support of OHFAMA, our mission and organized podiatry in OH.

Jimelle Rumberg, Ph.D., CAE
Executive Director

Enhance Your Career with Leadership in OHFAMA

Consider a position in OHFAMA's 2017 ballot at the House of Delegates. Leadership in OHFAMA will afford you the opportunity to contribute to the planning process in moving Ohio's DPMs forward, to develop skills that will benefit you professionally and personally, and to meet and exchange ideas with innovators in the profession. The OHFAMA web site has job descriptions for positions at the bottom of the Executive Committee page. APMA Delegation term dates are posted on their page, and the Board of Trustees, which is elected within every academy, has job descriptions posted in that section.



2017

October 7

WVPMA Fall Seminar And Meeting
St. Francis Hospital | Charleston, WV

October 12

Budget/Finance BOT
OHFAMA Headquarters | Columbus

October 26-28

NEOPAM Fall Classic
Marriott Cleveland Airport | Cleveland

November 3-4

OHFAMA House of Delegates
Embassy Suites Airport | Columbus

November 16-18

GXMO Training
OHFAMA Headquarters | Columbus

2018

January 18-20

NWOAPM Scientific Seminar
Kalahari | Sandusky

February 10

Foot and Ankle Surgery Symposium
Embassy Suites Airport | Columbus

March 9-11

No Nonsense Seminar
Holiday Inn | Independence

May 17-19

The Annual Foot and Ankle
Scientific Seminar
Hilton at Easton | Columbus

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



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Mark Hardy, DPM · Elizabeth Hewitt, DPM · Mark Prissel, DPM · Rebecca Sundling, DPM · Randall Thomas, DPM

REGISTRATION FORM

Welcome to the **2018 Current Concepts in Foot and Ankle Surgery Symposium** hosted by the Grant Podiatric Surgical Residency Program and OHFAMA Central Academy. This seminar has been approved for 7.5 CME Category 1 Hours.

**Embassy Suites Columbus-Airport
2886 Airport Drive, Columbus OH**

**Saturday February 10, 2018
7:30 am - 5:00 pm**

Full Name _____

Preferred First Name _____

Company/Clinic Name _____

Address _____

City _____ State _____ ZIP _____

Business Phone _____

Fax _____

E-mail _____

Please mark one (add \$25 late fee after February 5, 2018)

- OHFAMA/WVPMA Member: \$100
- Non Member: \$150
- APMA Member Out of State: \$125
- Student/Resident/Life Member \$25

Payment Methods (please mark one)

- Check payable to **Ohio Foot and Ankle Medical Foundation***
*PREFERRED PAYMENT METHOD
- American Express Discover Card
- Master Card VISA

Amount Authorized \$ _____

Account Number _____

Expiration Date _____ Security Code _____

Name (as printed on Credit Card) _____

Billing Address (of Credit Card) _____

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Columbus, OH 43220**

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E-mail: Iridolfo@ohfama.org

Alert: Medicare Fraud, Improper Payment Audit Process Changes

CMS has updated its Medicare fraud and improper payment audit process to target providers and suppliers who frequently demonstrate high medical billing error rates. The new Targeted Probe and Educate method replaces a medical review strategy that included broad medical billing investigations and provider education.

CMS decided to replace the original Probe and Educate method with a more targeted approach, according to its website. Under the Targeted Probe and Education method, Medicare Administrative Contractors (MACs) will review 20 to 40 claims from Medicare providers and conduct one-on-one, personalized education sessions to address medical billing errors found in the reviewed claims.

CMS launched the Probe and Educate initiative in 2014. The program selected a limited number of claims from each Medicare provider for review. MACs assessed the claims for noncompliance and educated providers on proper medical billing and Medicare fraud prevention strategies. Providers who demonstrated higher medical billing error rates than their peers received more training from MACs.

Based on the successes of a Targeted Probe and Educate pilot in four MAC jurisdictions from June 2016 to July 2017, CMS elected to expand the initiative to all Medicare providers. CMS will introduce the process to all MAC jurisdictions later in 2017, according to the website.

Source: APMA Weekly Focus: Sept 5, 2017

Ask the Experts: How do I handle a DME item that was not picked up by my patient?

Recently, the AAPP received a question seeking clarification about the ability for a practice to bill for a DME device if the patient died before picking up the dispensed device. Here is the response that might help you as well:

If the patient does not pick up the device because the patient changed his or her mind, does not like it or has died, you may still bill DMERC for the item?

Here's the process to follow:

- 1) Submit a claim with the FULL billing amount you usually bill. Date of Service should be Date of Refusal or Date of Death
- 2) Include in the narrative section a brief explanation of the situation. Mention that the item 'has no salvage value' and is a complete loss.
- 3) After receipt of claim, they may ask for more information such as a receipt of the purchase of the item, explanation of your other related costs such as staff time, your own time, etc. It is their discretion depending on many factors such as how often you have claims such as this, the total amount involved, and other DME history of patient and provider.
- 4) Based on all this, the carrier will pay whatever they feel is appropriate, even up to the full amount billed!

This decision can be appealed up to the various levels following usual procedures.

We'd like to thank the AAPP for providing this information to us and hope that you find this information of use in your practice.

CMS Reveals New Medicare Card Design

Removing Social Security numbers strengthens fraud protections for about 58 million Americans. Today, the Centers for Medicare & Medicaid Services (CMS) gave the public its first look at the newly designed Medicare card. The new Medicare card contains a unique, randomly-assigned number that replaces the current Social Security-based number. CMS will begin mailing the new cards to people with Medicare benefits in



April 2018 to meet the statutory deadline for replacing all existing Medicare cards by April 2019. In addition to today's announcement, people with Medicare

will also be able to see the design of the new Medicare card in the 2018 Medicare & You Handbook. The handbooks are being mailed and will arrive throughout September. "The goal of the initiative to remove Social Security numbers from Medicare cards is to help prevent fraud, combat identity theft, and safeguard taxpayer dollars," said CMS Administrator Seema Verma.

Avoid Negative Adjustments under MIPS in 2019

All providers wanting to avoid a negative adjustment under the MIPS program in 2019 for the 2017 reporting year needs to be aware that the end of 2017 reporting is approaching. That's not necessarily rocket science; however, your chance to successfully perform, report and attest to

the various aspects of MIPS can be done with the help of the APMA Registry (FREE member service) EVEN IF YOU DON'T USE EHR.

CMS is using 2017 as a test year. CMS is only wanting you to do minimal work to avoid a 2019 penalty (negative adjustment), but doing more work could earn you a positive adjustment. Using the APMA Registry also helps podiatry build their data to make our podiatric specific registry more robust with data. Some aspects of MIPS require as little as 90 days of participation to be successful, such as reporting 6 Quality Measures,

attesting to 5 Advancing Care Information measures, and attesting to 4 Improvement Activities. If you have not yet started this process, you will want to start by October 1, so you have time to complete it by the end of the 2017 year. Please reference the Summer Issue of the *OHFAMA News Journal*, Page 7, for the chart, and more information. If you can't find your issue, it is posted/archived on the home page of the OHFAMA web site (www.ohfama.org). To learn more about MIPS, visit APMA.org or CMS QPP site at <https://qpp.cms.gov/mips/what-to-report>.

NEW RULES ON OPIOID PRESCRIBING FOR ACUTE PAIN

New Limits on Prescription Opioids for Acute Pain

Effective August 31, 2017, the State of Ohio will have new rules for prescribing opioid analgesics for the treatment of acute pain. Please be advised, these rules **DO NOT** apply to the use of opioids for the treatment of chronic pain.

In general, the rules limit the prescribing of opioid analgesics for acute pain, as follows:

1. No more than seven days of opioids can be prescribed for adults.
2. No more than five days of opioids can be prescribed for minors and only after the written consent of the parent or guardian is obtained.
3. Health care providers may prescribe opioids in excess of the day supply limits only if they provide a specific reason in the patient's medical record.
4. Except as provided for in the rules, the total morphine equivalent dose (MED) of a prescription for acute pain cannot exceed an average of 30 MED per day.
5. The new limits do not apply to opioids prescribed for cancer, palliative care, end-of-life/hospice care or medication-assisted treatment for addiction.
6. The rules apply to the first opioid analgesic prescription for the treatment of an episode of acute pain.

NOTE: These rules do not apply to veterinarians.

A guidance document and links to the rules for prescribers can be accessed at:

www.pharmacy.ohio.gov/AcuteLimits.
Rule 4729-5-30 – Manner of Issuance

- **Starting December 29, 2017**, rule 4729-5-30 will require prescribers to include the first four characters (ex. M16.5) of the diagnosis code (ICD-10) or the full procedure code (Current Dental Terminology - CDT) on all Opioid prescriptions, which will then be entered by the pharmacy into OARRS.
- **Starting June 1, 2018**, this requirement will take effect for all other controlled substance prescriptions.
- **Starting December 29, 2017**, rule 4729-5-30 will also require prescribers to indicate the days' supply on all controlled substance and gabapentin prescriptions.
- **Effective December 29, 2017**, rule 4729-37-05 requires the use of the ASAP Version 4.2A Standard for reporting dispensing information to OARRS. Pharmacies should begin contacting software vendors now to be able to implement this change by the effective date of the rule.

For additional questions regarding the proposed rules, please review frequently asked questions by visiting: www.pharmacy.ohio.gov/AcuteFAQ.

If you need additional information, the most expedient way to have your questions answered will be to e-mail the Board office by visiting: <http://www.pharmacy.ohio.gov/contact.aspx>.

TDDD Fee Increases –Effective September 29, 2017

Effective September 29, 2017, provisions of Ohio HB 49 (Biennial Budget) go into effect. One such provision included in the budget is a new set of application fees charged by the Board for the following licenses:

- Category II Terminal Distributor of Dangerous Drugs - \$160.00 (includes limited licenses)
- Category III Terminal Distributor of Dangerous Drugs - \$220.00 (includes limited licenses)
- Category II & III Terminal Distributor of Dangerous Drugs – Veterinary Facility - \$60.00
- Category II Wholesale Distributor of Dangerous Drugs - \$950
- Category III Wholesale Distributor of Dangerous Drugs (controlled substances) - \$1,000

Persons applying for licensure **on or after September 29, 2017** will be expected to include the new fees

OARRS Now Connects with Pennsylvania

Ohio prescribers and pharmacists can now request patient prescription information from Pennsylvania through Ohio's prescription monitoring program, known as the Ohio Automated Rx Reporting System (OARRS). This addition closes the loop, and OARRS users can access controlled substance prescribing information from neighboring states West Virginia, Kentucky, Indiana and Michigan.

Additionally, OARRS users can access patient data from Arizona, Arkansas, Colorado, Connecticut, Idaho, Kansas, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, New York, North Dakota, South Carolina, South Dakota and Virginia.

Victory on Orthotics and Prosthetics Proposed Rule

APMA has defeated a proposed CMS rule that would have changed certification requirements for podiatric physicians furnishing and fabricating prosthetics and custom orthotics. Proposed Rule CMS-6012-P, originally released in January, would have required previously exempted, qualified practitioners to obtain additional certification and licenses to furnish and fabricate prosthetics and orthotics. The proposed rule has been withdrawn after a massive and multifaceted advocacy effort from APMA.

APMA submitted formal comments to CMS in March and mobilized a significant

grassroots advocacy initiative among members, affiliated organizations, and state component societies, which also submitted comments. Nearly 1,000 individual members participated in that effort, adding strength through their numbers. APMA met in person with representatives from the CMS Center for Program Integrity to discuss the shortcomings of the proposed rule. APMA acknowledged that certification guidelines were necessary, but that CMS should maintain exemptions for qualified physicians, including podiatrists, whose advanced education and training negate the need for additional licensing and certification.

APMA also collaborated closely with the American Academy of Orthopaedic Surgeons, the American Occupational Therapy Association, the American Orthopaedic Foot and Ankle Society, the American Orthotic and Prosthetic Association, the American Physical Therapy Association, and industry representatives to defeat the proposed rule. APMA extends its appreciation to Rep. Tim Walberg (R-MI), who helped address APMA members' concerns directly with CMS. APMA will continue to collaborate with stakeholders and Congress to explore a legislative fix to permanently codify physician exemption and thwart any possible future CMS action.

Hurricanes, Tornadoes and Floods, Oh My!

Did you know that being prepared is half the battle when it comes to natural disasters? As we recently witnessed disasters in Texas and Florida, Ohio is certainly not immune to disasters like tornadoes or even major snow blizzards. Ohio has an excellent site at <http://www.ready.ohio.gov/>. You should have a Basic Emergency Supply Kit for home and your office.

- Water, one gallon of water per person per day for at least three days for drinking and sanitation

- Food, at least three-day supply of non-perishable food
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries
- Flashlight; extra batteries
- First aid kit; first aid book
- Whistle to signal for help
- Dust mask (to filter contaminated air); plastic sheeting and duct tape to shelter in place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers (to turn off utilities)
- Can opener for food
- Candles and dry matches in zip lock bags
- Local maps
- Pet food; extra water for pets
- Prescription medications; glasses
- Important family documents, insurance policies, ID, bank account records in waterproof, portable container
- Cash; change
- Sleeping bag or warm blanket for each person
- Household chlorine bleach and medicine dropper – when diluted, nine parts water to one part bleach; bleach can be used as a disinfectant. In an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.
- Complete change of clothing including a long-sleeved shirt, long pants and sturdy shoes. Add additional clothing for cold-weather climate.
- Feminine supplies and personal hygiene items
- Mess kits. Paper cups, plates and plastic utensils, paper towels
- Writing paper and pencil
- Books, games, puzzles or other activities for children.
- Fire extinguisher



INSURANCE

Russell Elected PIAC Chair for OH



Dr. Corey Russell, of Toledo, will be serving a two-year term as OHFAMA PIAC Representative. The position, which was held by Dr. Bruce Blank for many years, was vacated by Dr. Blank this summer. Dr. Russell was elected at the August board meeting by the OHFAMA Board of Trustees to fill the unexpired term. Dr. Russell will be attending APMA's November meeting of the CAC / PIAC in Baltimore, MD. The PIAC (Private Insurance Advisory Committee) works closely with Health Policy within the APMA. One of the PIAC's chief charges is to advise members on how to resolve insurance issues, denials and appeals, provide updates, and review materials provided by members. Dr. Russell currently serves as the Academy President of the Northwest Academy and is a past president of the OHFAMA. Dr. Blank will continue in his role as a member of the Health Policy Committee.

ANTHEM: Prior Authorization Change for Orthotics

On December 1, 2017, Anthem Blue Cross and Blue Shield's prior authorization (PA) requirement will change for orthotics. PA reviews will be performed primarily on back, knee, ankle and foot orthoses. Federal and state law, as well as state contract language and Center for Medicare and Medicaid Services Guidelines, including definitions and specific contract provisions/

exclusions, take precedence over these prior authorization rules and must be considered first when determining coverage. Non-compliance with new requirements may result in denied claims. Detailed PA requirements are available to contracted providers but non-contracted providers should contact the Health Plan for further information.

It's Easy to PAC!



Please consider financial support of our state legislative efforts by contributing to the Ohio Podiatric Political Action Committee (OPPAC). Did you realize that 100%

of OPPAC's money goes to help candidates who support podiatry in Ohio? It's easy. Go to OHFAMA.org, and under Advocacy, select state. You may print a form and make your 2017 contribution BEFORE we publish the final 2017 listing by mail or FAX. Past contributors are posted on web site for your review.

Your credit card may be Faxed via our secure line at 614-457-3375 or personal check should be made to OPPAC and mailed to OPPAC at 1960 Bethel Road, Suite 140, Columbus, OH 43235. Corporate checks or corporate credit cards cannot be accepted. OPPAC contributions are not deductible as contributions for income tax purposes. Check with your tax advisor if you have questions.

Thank you to our 2017 OPPAC Contributors (as of 9/19/2017)

Central Academy

- Sarah Abshier, DPM
- Drew Belpedio, DPM
- Scot Bertolo, DPM
- Animesh Bhatia, DPM
- Timothy Brown, DPM
- Jerauld Ferritto, DPM
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- Thomas McCabe, DPM
- Chase Ranker, DPM
- Corey Russell, DPM
- Pamela Sheridan, DPM

Southern Academy

- Brian Ash, DPM
- Renee Ash, DPM
- Ruth Ann Cooper, DPM
- Todd Loftus, DPM

- Amy Masowick, DPM
- Steve Mirkos, DPM
- Raymond Stolarski, DPM
- Brad Wenstrup, DPM
- David Zink, DPM

Additional Contributors

- Ira Kraus, DPM
- Luci Ridolfo, CAE
- Jimelle Rumberg, PhD, CAE
- Ross Taubman, DPM



There is so much going on in the world right now that workers' comp seems like a trivial matter; in light of that, I sincerely hope that this finds you safe and sound! When there are natural disasters, it reminds us to help each other through these challenges. With that thought in mind, I will take this opportunity to let you know that your team at CareWorksComp is ready and willing to help you with any workers' comp matters. Here's hoping for a quiet and uneventful fall.

Upcoming deadlines:

■ **September 29, 2017** - effective date for the change to the filing date for a workers' comp claim **from two years to one year** following the date of injury.

■ **September 30, 2017** - "snapshot date" that BWC uses to capture costs in claims for the 2018 experience calculation.

■ **October 23, 2017** - AC3 cutoff date to get a free traditional group experience rating quote. Please see the OHFAMA website for an AC3 form to print or follow the link to CareWorksComp's online form.

■ **November 13, 2017** - Group Rating enrollment deadline. Please return your enrollment documents to be filed in the 2018 program.

2018 Group Programs: Group rating renewals have been mailed to current clients, and most of group retro invitations have been sent as well. Your office may be eligible for **multiple programs** (we refer to this as "dual eligibility"), in which case you have, or will receive, both a **group rating** invitation and a **group retro** invitation. We are eager to discuss these options with you, as each year there may be a different mix of cost-saving strategies that work best for your office.

Our Philosophy Regarding Cost

Containment Strategies: At this time of year as you are making workers' comp program decisions, there are factors to consider beyond fees and group savings.

You also want to be *absolutely confident* that CareWorksComp has a dedicated cost containment team that is focused on minimizing the financial impact of claims to reduce your premium dollars.

Here's how CareWorksComp does it:

- ✓ Continuously reviews and monitors all potential claims for handicap and settlement.
- ✓ Creates an action plan and identifies the best time frame to pursue the cost containment action in an effort to maximize the employer's return on investment.
- ✓ Communicates with our customer on our pre- and post-cost containment efforts, and the expected savings as a result.
- ✓ Provides the most comprehensive cost containment experience for our customers.

We encourage you to contact your CareworksComp Program Manager, Amber Hart, to see how she can help your office. Amber can be reached at: amber.hart@careworkscorp.com or 614-932-1553.



Our Practice Counts on CareWorksComp to Help Us Improve Safety and Control Our Ohio Workers' Compensation Costs

The Ohio Foot & Ankle Medical Association sponsors an Ohio workers' compensation program to help its members significantly lower their Ohio BWC premium.

CareWorksComp's results-oriented approach integrates accident prevention, risk control and claims management to deliver a

significant return on your investment with us.

For a no-cost, no-obligation analysis of potential group rating savings, please visit careworkscorp.com/groupratingapplication/ohiofootandankle and complete our *Temporary Authorization to Review Information* form.

For employers who don't qualify for group rating, CareWorksComp can still evaluate your best premium discount options.

To learn more, contact CareWorksComp Program Manager Amber Hart, toll-free at (800) 837-3200, Ext. 51553 or send her an email at amber.hart@careworkscorp.com.



STATE MEDICAL BOARD

UPDATES FROM THE MEDICAL BOARD

Final Filings:**Emeritus registration -
4731-22-02 Application.**

Capping months of debate between (A) Any practitioner duly licensed to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, massage therapy, or cosmetic therapy in this state for at least ten years who declares that he or she is retired and no longer in active practice in Ohio may apply to the board for emeritus registration.

(B) The practitioner may do so by indicating on his or her biennial registration form or in written correspondence to the board the wish to apply for emeritus status and including the following information:

(1) He or she is in fact retired as that term is defined in rule 4731-22-01 of the Administrative Code and is no longer in active practice in Ohio; and

(2) He or she has not been the subject of disciplinary action in Ohio resulting in the revocation, suspension, probation, reprimand, or any other limitation of the practitioner's license to practice.

**4731-22-07 Change to
active status.**

(A) A registrant may apply to change to active status by completing the following:

(1) If the application is received no more than two years after the date the registrant's Ohio license expired, the registrant shall have submitted a reinstatement application. (2) If the application is received more than two years after the date the registrant's Ohio license expired, the registrant shall have submitted a restoration application.

(B) The reinstatement or restoration application shall include all of the following.

(1) Documentation of compliance with the continuing medical education requirements for an active licensee for the time period in which the registrant's license was in inactive status. This requirement must be fulfilled prior to submission of the application. (2) Submission of appropriate renewal fees and any applicable monetary penalty pursuant to section 4731.281 of the Revised Code if the registrant is a physician or pursuant to section 4731.15 of the Revised Code if the registrant is a massage therapist or cosmetic therapist. (3) Submission of any other information required by the board.

(C) In the event the holder of an emeritus certificate applies for restoration after two

years from the date the registrant's Ohio license expired or if the registrant has not engaged in practice for more than two years, the board may require the applicant to demonstrate present fitness to practice pursuant to section 4731.222 of the Revised Code.

**4731-28-01 Mental or
physical impairment.**

For the purposes of division (B)(4) of section 4730.25 of the Revised Code, division (B)(19) of section 4731.22 of the Revised Code, division (B)(5) of section 4760.13 of the Revised Code, division (B)(5) of section 4762.13 of the Revised Code, and division (B)(5) of section 4774.13 of the Revised Code, and division (B)(5) of section 4778.14 of the Revised Code, the following definitions apply:

(A) "Mental illness" includes, but is not limited to, mental disorder; and

(B) "Inability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills", includes inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision.

Curricular Guide for Podiatric Medical Education**AACPM Council of Faculties 2017 Edition**

Approved by the AACPM Board of Directors July 26, 2017

**Cultural Competence in
DPM Didactic Training**

- Define race, ethnicity, culture and their implications in healthcare.
- Define and understand the difference between cultural awareness, cultural competency and cultural humility.
- Define and describe how social determinants impact health and health care.
- Describe the inherent power imbalance between physician and patient and how it affects the clinical encounter.
- Explain and summarize the various dimensions of patient identities (race, ethnicity, sexual orientation, gender expression, disabilities, etc.) as they relate to healthcare disparities and quality of health care.
- Define and describe how historical, political, environmental, and institutional factors impact health care disparities.
- Recognize the historical impact of bias on health and health care.
- Recognize, understand and discuss the dangers of forming stereotypes and bias, and how they affect communication, judgment, relationships, and patient care.
- Discuss and demonstrate the ability to elicit patient preferences and respond appropriately to patient feedback about key cross-cultural issues.
- Recognize and acknowledge patient and family healing traditions and beliefs, including ethno-medical beliefs.
- Show a commitment to provide compassionate care to all patients regardless of the patient's disease, prognosis, age, sex, race, sexual orientation, ethnicity, religion, spiritual beliefs, cultural health-related beliefs, socioeconomic class, and/or citizenship status.
- Identify the challenges and implications of demographics in the US for healthcare providers.
- Describe methods to identify key community mediators in order to address community needs.

Welcome New Members

1st Year Resident Members

Sharif Abdelfattah, DPM - Eastern Academy
 Joseph Albright, DPM - Mideast Academy
 George Alvarado, DPM - North Central Academy
 David Bishop, DPM - Mideast Academy
 Kyle Bray, DPM - Northeast Academy
 Phuoc Bui, DPM - Southern Academy
 Daniel Bullard, DPM - Northeast Academy
 Elizabeth Chan, DPM - Southern Academy
 Chloe Chisnell, DPM - Midwest Academy
 Kaitlin Coleman, DPM - Southern Academy
 Nicholas DiMassa, DPM - Central Academy
 Tek Fish, DPM - Northeast Academy
 Victoria Fratczak, DPM - Midwest Academy
 Frederick Garland, DPM - Mideast Academy
 Noe Garza, DPM - Eastern Academy
 Terryn Giles, DPM - Northeast Academy
 Jeffrey Hammond, DPM - Northeast Academy
 Dustin Huntsman, DPM - North Central Academy
 Sharon Jay, DPM - Southern Academy
 Lance Johnson, DPM - Southern Academy
 Randi Keefe, DPM - Northeast Academy
 Kurt Kibler, DPM - Central Academy
 Kelly Kubiak, DPM - Mideast Academy

Rona Law, DPM - Central Academy
 Samantha Lesnick, DPM - North Central Academy
 Andrew Lowry, DPM - Northeast Academy
 Dominick Mastracco, DPM - North Central Academy
 Lynette Meece, DPM - Southern Academy
 Paris Payton, DPM - Northeast Academy
 James Pipes, DPM - Central Academy
 Ryan Pivor, DPM - North Central Academy
 Krustie Scott, DPM - Northeast Academy
 Justin Singh, DPM - Midwest Academy
 Brittney Stone, DPM - Northeast Academy
 Usman Sultan, DPM - Northwest Academy
 Sondema Tarr, DPM - Northeast Academy

3rd Year Resident Member

Jonathan Lesar, DPM - Northeast Academy

Fellow Member

Yvette Canaba, DPM - Northeast Academy

1st Year Associate Members

Hanya Al mudallal, DPM - Mideast Academy
 Samantha Baker, DPM - Southern Academy
 Laura Bohman, DPM - Southern Academy

Rebecca Inwood, DPM - North Central Academy
 Stephanie Kastel, DPM - Northwest Academy
 Tiffany Liu, DPM - Central Academy
 Matthew Reiner, DPM - Northwest Academy
 Erica Suprenant, DPM - Midwest Academy

2nd Year Associate Member

Paris Malin, DPM - Northwest Academy
 Karen Rodriguez-Velazquez, DPM - Northeast Academy

3rd Year Associate Member

Abigail Elliott, DPM - Central Academy
 Kenneth Foster, DPM - Midwest Academy
 Trevor Tippets, DPM - Eastern Academy

4th Year Associate Member

John Gerhard, DPM - North Central Academy

KSUCPM Faculty Member

Christina Pratt, DPM - Northeast Academy

Full Active Member

William Saar, DPM - Northeast Academy

Calling all Members!

Help to grow your associations by inviting your colleagues to join. It's as easy as 1-2-3.

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3. Enter to win!

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- Chance to win one of three great prizes:
 - One year of free APMA membership
 - An Apple Watch (Series 2)
 - A Fitbit One

*Eligibility: New members must join by May 31, 2018. Colleague must list your name as "referred by" on the appropriate form.



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FROM THE WVPMA PRESIDENT

Ready For The Fall ?

Hello from WV podiatrists. Fall is on the way for all of us and brings inclement weather and increased risk of sprains and falls from wet and icy ground. Falls are the leading cause of fatal and non-fatal injuries for older adults, according to the National Council on Aging (NCOA). According to NCOA, every 19 minutes, an older adult

dies from a fall. We should all be mindful of this and instruct our patients about fall prevention, especially on the upcoming National Fall Prevention Day - September 22. This could include things like instructions

on proper footwear to accommodate foot deformities such as bunions and hammertoes; recommending wearing them at all times especially at home; giving a prescription for a Richie brace, balance

brace or diabetic shoes; recommending use of cane or walker if necessary; and engaging a patient's family for support for the older patient. APMA.org and NCOA.org are excellent sources of information about this.

In WV, we are having a fall seminar on Saturday October 7 at Saint Francis Hospital in Charleston, WV. This is one of our two semiannual in-person meetings we have for WVPMA. All Ohio and WV podiatrists are cordially invited. Registration begins at 8:30 AM and the conference is scheduled to run until 3 pm. There will be four speakers who will discuss Lisfranc injuries, pain management, Diabetic infections, Venous leg insufficiency. This will provide for 4 CE hours. Coffee and lunch will be provided to attendees. Exhibitors from various companies will be present. Cost for attending is \$35 for members, \$70 for non-members. A WVPMA business meeting will occur before lunch. For more information and to register, see the calendar on OHFAMA.org. I look forward to seeing you there.

The WVPMA has grown since my last message in the July issue. WVPMA has three new members, which is significant

for our small association. I wish to thank all of our members and wish to praise the assistance of the OHFAMA executive director, Dr. Jimelle Rumberg, in helping us grow so much and formally incorporate. The WV state legislature recently passed a budget that didn't cut podiatry from Medicaid as it was rumored to do thanks to the action of our WVPMA members, lobbyist and guidance from APMA and Dr. Rumberg. Podiatry was included in a telemedicine bill the legislature passed also recently which was nice to hear. WVPMA will continue to advocate for podiatry in WV in the upcoming state legislature.

In closing, I wanted to wish all Ohio and WV podiatrists a successful and safe fall and winter. Best wishes to all.

R. Andy Dale, DPM
President, WVPMA



R. Andy Dale, DPM



OHFAMA CLASSIFIEDS

Associate Needed – Warren/Youngstown, OH

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

Associate Needed – Warren/Youngstown, OH

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

Associate Needed – Midwest, OH

Gentle Foot Care is a rapidly growing podiatry practice. Well established, busy 37-year-old group podiatric practice with multiple locations. Great opportunity for energetic, motivated, personable podiatrist. Broad scope of practice. Part-time position available in our Cleveland location. Full-time available if able to travel between multiple

locations. High salary based on production includes malpractice insurance. Hospital privileges available. Please send CV and cover letter to pnnnywlls@hotmail.com.

Associate Needed – 45 Minutes from Columbus

Podiatry practice with 2 office locations looking for an associate to join our practice in the next 6-12 months. We are located 45 minutes from Columbus, Ohio. Must be board qualified or certified with a 2 or 3 year surgical residency. Current 3rd year residents may also apply. Interested parties, please fax resume to Elizabeth at 937-652-4650.

Office Space Available – Dayton, OH Area

2010 sq ft medical office with basement in Clayton, OH. Located at corner of Garber Road and Main Street - directly across from Good Samaritan North. Currently set up with 2 private doctor offices, 4 exam rooms, large front desk area, lab area, 2 bathrooms and kitchen/break room. Call or text for more information (937) 334-0550.

Equipment for Sale

FOR SALE- 3 older model podiatry chairs in very good condition. Chairs tilt and lay flat. Great for satellite office or young practitioner just starting out. Some of the chairs have been re-upholstered. \$650 each or \$1500 for all 3. Pick up only. Located in Marysville, Ohio. Call Tina at 937-578-2424 if interested.

Moving? New office phone number? New email address? New cell phone number?

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

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



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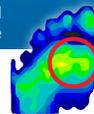
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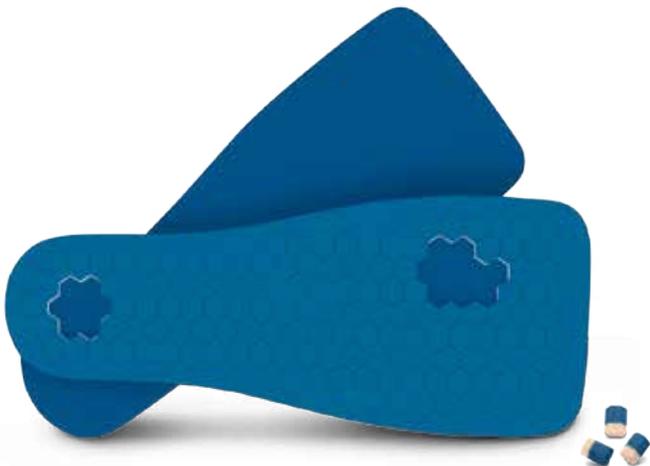
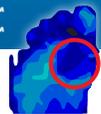
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