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Journal

OF THE
OHIO FOOT AND ANKLE MEDICAL ASSOCIATION

VOLUME 55 | NUMBER 3 | SUMMER 2013

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A WORD OF THANKS

Successes Fulfilled through Teamwork

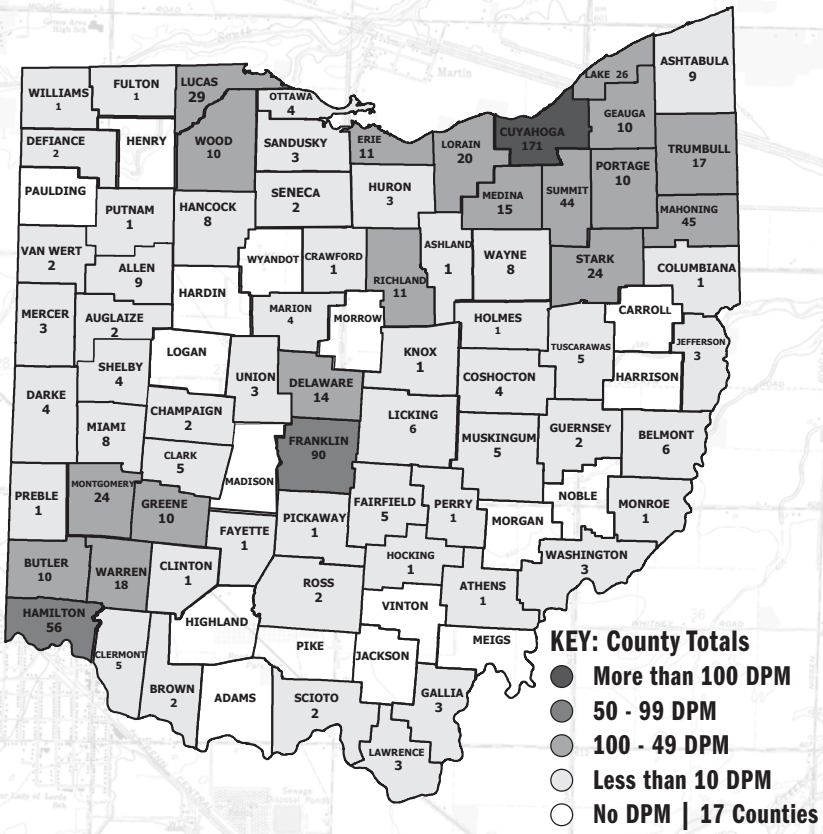
by Marc S. Greenberg, DPM

Another annual state podiatric seminar in Columbus has passed, and I am reflecting on what I participated and witnessed. "Teamwork" is a word that may take on different angles depending on the situations it is used to reference, but the core definition of the word is universally understood. It is referenced by many including politicians, business owners, engineers, teachers and coaches. It is more frequently referenced by those involved in sports, from little leagues up to professional levels, and almost always used to make the same point.

The Ohio Foot and Ankle Medical Association is dependent on teamwork. Some may contribute more than others and some may not even realize that they play such a big role. I'm not talking about your dues, though that is certainly important. I'm talking about what it means to be a part of this organization. I can tell you that when you volunteer at a higher level, like I have the opportunity to this year, you have a greater appreciation for the teamwork that goes into everything that gets done. I have taken it as one of my objectives this year to make leadership within the Ohio Foot and Ankle Medical Association more transparent so you can see how things get done, understand what each staff member has accomplished to benefit us, and decipher what, in the name of our progress, might you be willing to do the next time a similar situation rolls around. I preach it to our members all the time and I bring it to the table when I visit your Academy.

One of our most recent examples of teamwork involves both the national level (APMA) and state level (OHFAMA/OPMA). Ohio's APMA delegates visited the offices of our Senators and Representatives with a message unified by the APMA's direction. As we await the final representation of the legislation to take shape and the CBO number to come out (the price tag attached to our plan that Congress references), APMA assists members with e-advocacy in Washington D.C. Meanwhile, Dr. Rumberg represents us at the Ohio level on Title XIX to keep podiatry in the budget. Individual members are called upon to donate PAC dollars to the OPPAC to help our lobbying efforts and contact their Senators and Representatives to support our legislation, the Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act.

Thank you to the team that just made this year's annual state educational seminar in Columbus such a huge success. The members and non-members who attended, the exhibitors who supported us, the chairs who organized and moderated sessions, the volunteers who participated and the staff of the Ohio Foot and Ankle Medical Association who worked so hard to get all the pieces of the puzzle in the right place to make such a pretty picture. Nice job, team!



State Medical Board of Ohio

Geographical Distribution of DPM Licensees

May 2013 Based on Credential Mail Address County Listing

Total In-State Licensees 822

Out of State Licensees

Pennsylvania	20
Michigan	19
West Virginia	10
Kentucky	10
Indiana	10
Other States	57

Grand Total 126

OPMA/OHFAMA MEMBERS MAKING THE NEWS

OHFAMA Member Named Co-Chair of Alzheimer's Association Walk

Robert Atwell, DPM and Kevin Mishey have been named Co-Chairs of the Alzheimer's Association Walk to End Alzheimer's Kick-Off Event at The Glenn A. Gallagher Center on the Ohio Eastern Star Campus on June 26. The Kick-Off Event is designed to prepare participants for the September 28, 2013 Walk to End Alzheimer's.

As a podiatric physician, Dr. Atwell stated he knows, "firsthand that it is critical to support the Alzheimer's Association.

OHFAMA MEMBER ROBERT ATWELL, DPM

The funds we raise help families and advance important research that could change the course of Alzheimer's disease for future generations."

In Knox County alone, Alzheimer's and related conditions affect nearly 1,400 people who receive direct care from more than 4,100 Knox County caregivers.

| Source: PM News [6/20/13] |

North Central Academy Podiatrist Rides for Medical Supply Charity

Logging hundreds of miles on winding country roads in Ohio is the way more than

OHFAMA MEMBER DR. GEORGE COSTARAS

a dozen Rotarians are raising money to ship medical supplies to Third World countries. By the time members of the Elyria Sunrise Rotary, Elyria Noon Rotary and others return to the town's center sometime Thursday afternoon, they should have ridden more than 350 miles.

"We're in Willard now," said **Dr. George Costaras,** OHFAMA member and president of the Elyria Sunrise Rotary, speaking by phone Tuesday afternoon when the group stopped for lunch.

"We were in Bucyrus Monday night and Tuesday morning. I think today will be a 70-mile day."

"We are constantly collecting the equipment all year round," said Costaras, with the Elyria Foot Clinic.

"It's things as simple as wheelchairs, hospital beds to pacemakers and x-ray machines. It's a lot of things we take for granted."

| Source: PM News [6/20/13] |

DR. AARON CHOKAN AND HIS NEW BOOK

OHFAMA Member Pens Children's Book

Dr. Aaron Chokan of Uniontown, a member of the OHFAMA Mid-Eastern Academy, recently wrote a children's book titled ***Lai-Lai Meets Chub-Chub.*** The book is about a

preschool-age girl who struggles to find the "perfect" name for her new puppy. Chokan said he mirrored the story of his three-year-old daughter Calais' naming of the family's new mini golden doodle puppy.

"It's a story told through a toddler's imagination," explained Dr. Chokan

A second book is in the works featuring Lai-Lai and her adventures with her new pet. Other members of his large family will be story characters as well.

"I'm bringing the whole family in," he said.

| Source: PM News[June 2013] |

FROM THE EXECUTIVE DIRECTOR

Our Finest Year, and Here's Why

by Jimelle Rumberg, PhD, CAE

What a year for superlatives! 2013 is shaping up to be our best year EVER!

Membership, Registration, Competition Entries and Volunteerism

We have reached a new membership level at 616, which is the largest recorded Ohio membership EVER! We had 325 podiatric physicians registered for the June Seminar, which is the largest DPM registration EVER!

We had 22 residency paper competition entries, which is the largest vetting EVER! Our volunteers at the June seminar were stupendous and we had more residents and students volunteering this year than EVER too! Our members and exhibitors gave excellent written and verbal feedback/comments on our June seminar.

Member Appreciation

Please know that we appreciate our members taking the time to thank each exhibitor for their support of podiatry at our state association meeting. Sales were robust and we had more door prize giveaways than EVER! Need more superlatives?

What We're Doing

Did you notice the rollout of our new format of the OHFAMA Journal with the spring issue? Here's another; collectively, we called out several Medicare Advantage Managed Care plans to fix reported denials and resolved the problem quickly for your reimbursements. Honestly, it's just been a great year to date as we continue the momentum into fall with planning statewide ICD-10 programs for Cleveland, Cincinnati, Toledo and Columbus.

The Fabulous Staff, Board of Trustees and Volunteers

You realize that these successes just don't happen by luck alone, but by the focus and hard work of the OHFAMA staff and volunteers. My superlative thank yous go to Luci Ridolfo, Jim McLean and Dr. Marc Greenberg for their outstanding efforts in making the first six months of 2013 so successful and to our Board of Trustees, who rallied to volunteer at our seminar and deliberated governance decisions with wisdom and temperate grace.

And Now . . . Looking Ahead

These successes are short-lived, as we move along to other projects and in keeping you informed as loyal members of OHFAMA. How do we do it? We continue to raise the bar by tactical planning as we focus on our mission of quality education, regulatory oversight and legislative initiatives with superior communication/information resources for you.

House of Delegates Meeting November 15 and 16

Please be mindful that our HOD will be November 15 and 16, so plan ahead now to participate. We will be meeting at the newly refurbished Marriott Airport Hotel and are planning a most informative House of Delegates meeting.

A Parting Wish

I'm wishing you a safe and productive summer and reminding you that 2013 will be a year that you'll never want to forget!

It just doesn't get any more superlative than that!!

ON COURSE IN 2013

Calendar

July 18-19
GXMO Didactic Course
OHFAMA Office I Columbus

July 20
GXMO Clinical Course
OHFAMA Office I Columbus

August 17
7th Annual Quickie Seminar
Wyndam Garden Hotel I Dayton

October 26-27
Super Saver Seminar
Airport Marriott Hotel I Cleveland

November 7-8
GXMO Didactic Course
OHFAMA Office I Columbus

November 9
GXMO Clinical Course
OHFAMA Office I Columbus

November 15 – November 16
OHFAMA House of Delegates
Airport Marriott I Columbus

2014

June 5-7
OHFAMA State Seminar
Hilton at Easton I Columbus

FOR YOU NOW ONLINE

at opma.org

ARE YOU A PARTICIPANT WITH A BWC GROUP RATINGS PROGRAM?
OHFAMA members are eligible to apply to be a part of our group ratings program. In 2012 our members saved over $29,000. For complete information please review our workers compensation program webpage.

NEED A COLLECTION COMPANY THAT WORKS FOR YOU?
OHFAMA is proud to announce that we have partnered with Recovery One to offer Accounts Receivables and collection services to our members. Recovery One will locate and contact the responsible parties to collect outstanding dollars owed to your medical practice. For more information please review their company brochure: The Recovery One Advantage!

Medical Board Regulatory Statement

Regarding the Duty of a Physician to Report Criminal Behavior to Law Enforcement

This statement provides information concerning confidentiality issues and the duty or authority to report criminal activity or conduct under various circumstances. This statement should not be construed as legal advice, but as information intended for the benefit of physicians and the public. Physicians should seek legal counsel if clarification or legal advice is needed.

Recent efforts to address prescription drug abuse have led to inquiries from physicians about a licensee's duty to report to law enforcement criminal behavior and incidents of possible drug abuse or deception to obtain drugs. In addition to Ohio statutory law, ethical professional behavior and policy considerations centered on public safety may trigger reporting of criminal conduct to law enforcement authorities under many circumstances. Disclosure of information to law enforcement, in accordance with Ohio's felony reporting statute and physician-patient privilege considerations, will not subject physicians to civil liability or professional disciplinary action due to breach of statute or patient confidentiality.

Ohio's Felony Reporting Statute: Legal Duty To Report

Ohio's felony reporting statute Ohio Revised Code (O.R.C.) Section 2921.22(A) states in part that, "No person, knowing that a felony has been or is being committed, shall knowingly fail to report such information to law enforcement authorities."

O.R.C. Section 2921.22(B) and (C) provide specific requirements for disclosure of specific matters that must be reported to law enforcement authorities, including deaths, gunshot or stab wounds, or other injuries resulting from an offense of violence. O.R.C. Section 2921.22(E) provides specific requirements for reporting burn injuries.

To reaffirm the appropriateness of reporting criminal conduct to law enforcement authorities, O.R.C. Section 2921.22(H) specifically provides that, "No disclosure of information pursuant to this section gives rise to any liability or recrimination for a breach of privilege or confidence."

Whoever fails to report criminal conduct as required by O.R.C. Section 2921.22 may be subject to criminal prosecution pursuant to paragraphs (I), (J) and (K) of that section.

Exception to Reporting a Felony: Physician-Patient Privilege

Physician-patient privilege is an exception from felony reporting requirements as referenced in O.R.C. Section 2921.22(G)(1). If a physician learns of a patient's criminal activity in the course of a legitimate physician-patient relationship, a physician may not be required to report felonious criminal misconduct to law enforcement because of physician-patient privilege. If a patient seeks legitimate medical treatment but a toxicology screen in the course of examination reveals evidence of illegal drug use, the physician is not required to report the matter to law enforcement because the information would be protected by physician-patient privilege.

The felony reporting statute O.R.C. Section 2921.22 also provides for specific exceptions from the legal duty to report felonious criminal misconduct. If the physician obtained the information in the course of practice connected to a "bona fide program of treatment or services for drug dependent persons or persons in danger of drug dependence, which program is maintained or conducted by a hospital, clinic, person, agency, or organization certified pursuant to section 3793.06 of the Revised Code" [O.R.C. Section 2921.22 (G)(5)] or if the information is obtained in connection to counseling crime victims [O.R.C. Section 2921.22 (G)(6)]" the physician is not required to report the felony.

Exceptions to Physician-Patient Privilege: Duty to Report

There are additional circumstances that may sever the privilege between physician and patient and necessitate a physician to report felonious criminal misconduct. Several courts have held that when an individual is not seeking legitimate medical treatment, the physician-patient privilege does not apply. When a patient engages in fraud in order to obtain drugs from the physician by using false statements, there is no longer a true physician-patient relationship and privilege does not attach to the relationship. See State v. Garrett, 8 Ohio App.3d 244, 247 (10th Dist. 1983). The court further held that the physician-patient privilege applies only to communications that have a relationship to an examination, diagnosis or treatment of the patient's condition.

A patient using false statements or other deception to obtain narcotics from a physician is engaged in fraudulent and criminal misconduct. If the physician knows that the patient has engaged in felonious conduct and no privilege exists, the physician is required to report the matter to law enforcement. This type of criminal conduct is distinguishable from a physician learning that the patient has engaged in illegal drug use through diagnostic testing or from patient history as part of a legitimate physician-patient relationship.

When encountering behaviors that may involve drug abuse, physicians should also be mindful of possible collateral consequences to third parties. Knowledge of endangered children or of an individual who stole prescription medication from a long-term care facility resident may trigger other reporting obligations imposed on physicians [See, for example, O.R.C. Section 2151.421 (mandatory reporting of child abuse or neglect), or O.R.C. Section 3721.22 (mandatory reporting of long-term care facility resident abuse or neglect)].

Do Federal HIPAA Laws Prevent a Physician from Reporting a Felony?

Many physicians understandably have questions concerning The Health Insurance Portability and Accountability Act (HIPAA) and their ability to provide medical records or other information to law enforcement or to other healthcare practitioners in accordance with that law. In most cases, HIPAA should not present a barrier to reporting illegal activities. HIPAA provides an exception for reporting matters that physicians are required by law to report, as in the case of Ohio's felony reporting statute. Under similar circumstances, a physician may release medical records and patient information to law enforcement in compliance with state confidentiality and felony reporting laws, without violating HIPAA.

AT THE STATEHOUSE

Legislative Update

General Assembly Focused on Budget Deal

As the Ohio General Assembly prepares to initiate its annual summer recess, the focus of the legislative activities the last few month has been focused mainly on passage of Ohio's biennial budget bill, an act that must be in place by July 1 of this year. House and Senate leaders and Ohio Governor John Kasich are meeting to try to formulate a budget that both the executive and legislative branches can approve.

Medicaid Expansion

One of the things that will not be in the budget bill is Medicaid expansion, as both House Speaker Bill Batchelder and Senate President Keith Faber announced they did not have enough votes for inclusion of the Medicaid expansion proposal of Governor Kasich in the budget. Both leaders have said that the issue of Medicaid reform and expansion would be taken up by the legislature upon the return from summer break.

You will also recall that OHFAMA/OPMA Executive Director Dr. Jimelle Rumberg testified on behalf of our members in both the House and the Senate to relay our tentative support of Medicaid expansion as long as our members remained eligible to deliver crucial services under the current and expanded program.

In her testimony, Dr. Rumberg also noted that podiatry also believes expansion offers a great opportunity for the legislature to address various provider service and fee discrimination issues currently going on in managed care in the private marketplace in the context of the Medicaid program, as if Ohio is going to expand coverage to 500,000 more Ohioans, we have to remove statutory and policy mandates that currently limit the access to podiatrists and other providers.

House Bill 59

As previously noted, as of this writing, Ohio is in the final week of formulating the biennial budget bill. The Republican leaders and Governor Kasich are saying that although there are some "closure of tax loopholes" and the raising of the base state sales tax in this proposal, the package, taken as a whole, will reduce tax levels for all Ohioans equally. (See inset below.) With this proposal being unveiled so late in the budget process, many businesses and other interests have not had time to "run their numbers" to see how they will fare under this proposal.

Our association realizes that our members are also small business owners so we will work with you to help determine the impact of these tax reforms on your business and will bring any concerns of our members to the attention of legislative leaders in the coming months.

Provider ID Badges

At the request of the State Medical Association, Representative Anne Gonzales is getting ready to introduce the "provider ID badge" bill that would require providers to war identification badges that displayed certain information for patients.

Dr. Rumberg has met with Representative Gonzales and has been part of an interested parties meeting on the bill to register our opposition to this legislation and relay the unnecessary nature of the bill. Our association has talked to Gonzales about exempting podiatrists from the requirement and have also discussed with her limiting the requirement to institutionalized settings and exempting individual and smaller group practice settings.

We will continue to interact with Representative Gonzales on your behalf and keep you updated once the bill is introduced.

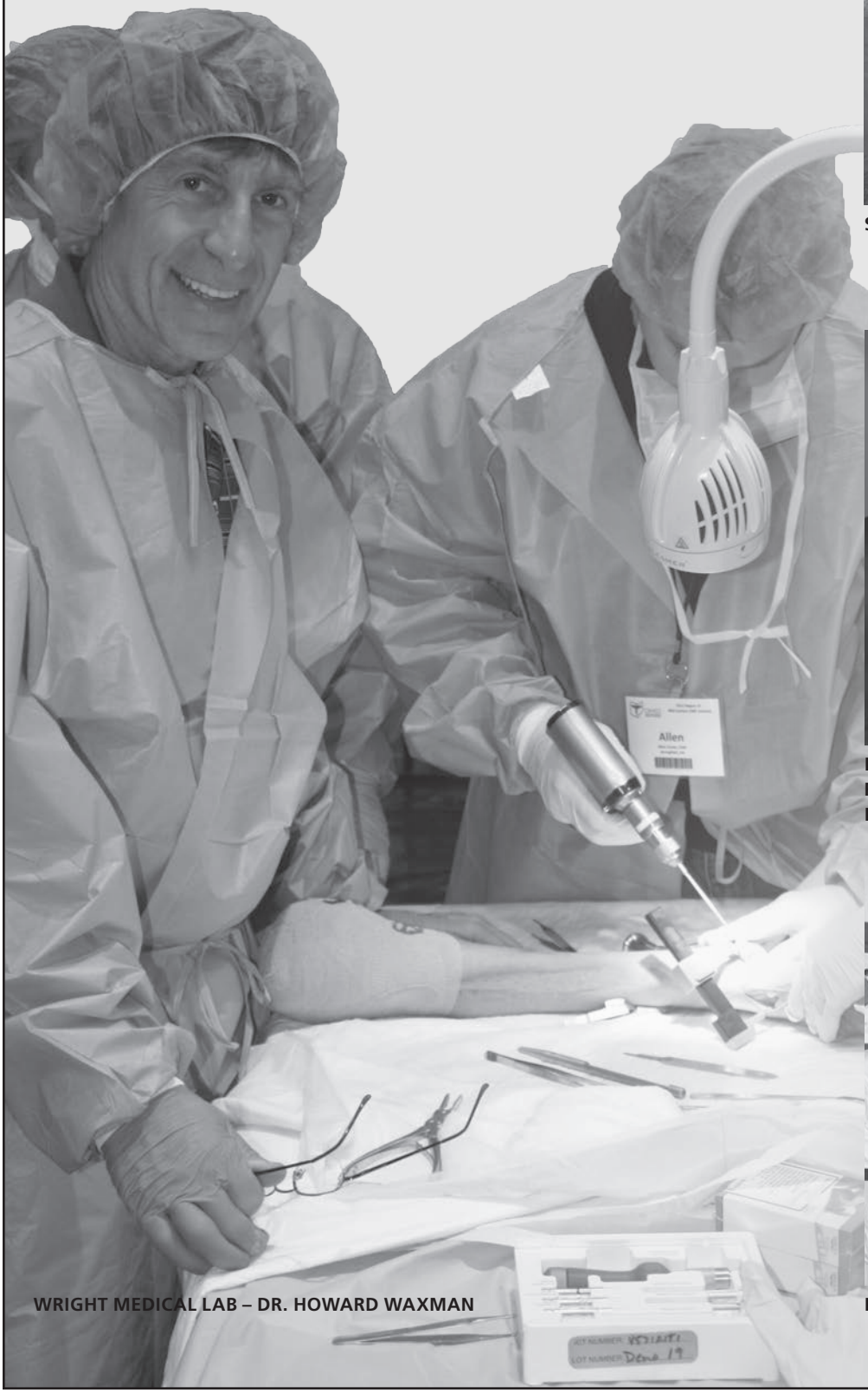
TAX RELIEF?

After almost six months of discussion, votes and deliberations, Republican legislative leaders just came out with a new tax proposal that they say will provide tax relief to all Ohioans and businesses as the centerpiece of HB 59. Included in the tax proposal is:

- **A three year income tax cut of 8.5% the first year, 9% the second year and 10% in year three;**
- **Tax relief for small businesses on the first $250,000 of income generated by the business;**
- **An increase of the state sales tax by 0.25%;**
- **Reduction of the level of exemption from the Commercial Activities Tax (CAT) from $1,000,000 to $500,000;**
- **Elimination of state support of 12.5% of property tax rollbacks for NEW levies at local level (rate will stay the same for renewals of current levies).**

FAVORITE PHOTOS PICKS FROM REGION IV SEMINAR

Seminar Highlights June 6-8, 2013



WRIGHT MEDICAL LAB – DR. HOWARD WAXMAN

STATE MEDICAL BOARD OF OHIO

DR. SARAH RINCKER, WINNER OF THE 2013 RESIDENCY PAPER COMPETITION WITH DR. ROBERT BRARENS

RESIDENCY PAPER COMPETITION FINALISTS

DR. SAID ATWAY – LUNCH AND LEARN

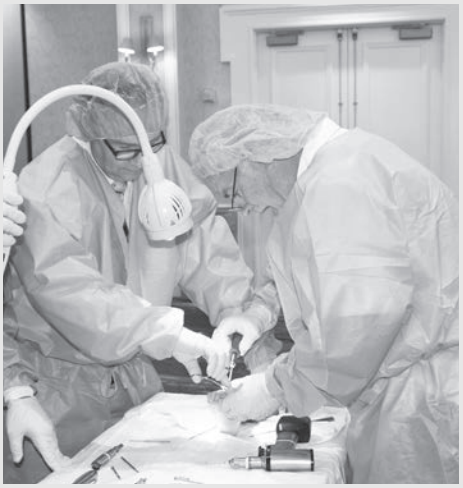
DOOR PRIZE WINNERS

LYNN ROSEMAN WITH DR. GREENBERG

WRIGHT MEDICAL – GOLD SPONSOR

JAMIE SPEAKS WITH ODJFS

PICA RECEPTION



REVIEWING YOUR LEGAL IQ

Legal Compliance: Antitrust Avoidance Issues

By Jimelle Rumberg, Ph.D., CAE

In making rounds to Academies, overhearing lectures or even reading listservs, I am amazed and somewhat dismayed over conversation, advice or postings made by podiatric physicians regarding fees. Membership in a professional association provides numerous benefits from saving on CME costs to networking opportunities. Similarly, your membership offers you access to valuable information on a variety of issues, including legal and regulatory compliance.

One question that typically arises either due to posting on the internet or a direct provider question is why can't we collectively discuss fees and rate schedules? The most often cited is third party payer issues, which typically create confusion and frustration for all providers. In venting, the provider needs to be cautious when responding to these concerns because serious legal pitfalls exist.

Antitrust regulations, which were initially established to break industrial monopolies, also apply to health care providers. These state and federal regulations seek to prevent anti-competitive behavior and unnecessary restriction of trade. Penalties for antitrust violations are severe and include both monetary fines and criminal sentences. Consequently, **it is important for podiatric physicians to refrain from discussing among themselves or making public statements about fees charged for treatment services, whether or not to interact with third-party payers or any other topic which may infringe upon competition.**

It is imperative to note that podiatric physicians who work for the same corporate entity or group practice ARE able to discuss fee structures and decisions about interacting with third party payers if the individual podiatrist's financial interests are merged into the group.

Government regulators closely scrutinize the activities of organized medicine or any professional-like society/organization because members are competitors in the health care arena. Academies must be aware of antitrust regulations and make efforts to prevent any anticompetitive activity by members.

Typically we remind you in writing annually at the OHFAMA House of Delegates and ask each delegate to sign an Antitrust Statement. Our job is to keep members compliant on all legal and regulatory matters and to avoid any pitfalls for those unaware of the consequences. Antitrust is real; it only takes an association one fine to realize the outcome of the penalty. That penalty may well be it's last.

Patient Accommodation: It's Not Optional

The American with Disabilities Act (ADA) classifies physicians' offices as places of public accommodation.

Office accessibility can be an accommodation problem if you're physically disabled. Regulatory accessibility wasn't a problem when your office was built in 1970, but times have changed. Ramps, elevators, thresholds and even nonpowered doorways really impact patient accessibility in today's world. Would a gurney actually fit through your office or operatory doorways? If you have been fortunate to build or modify office construction, your contractor knows what is required by code for accessibility standards. Your practice must make "reasonable modifications" as part of your office policies and practice procedures in order to accommodate other forms of disabled patients. One of the most common questioned accommodations occurs regarding hearing, vision or speech impaired patients.

The ADA requires "appropriate auxiliary aids and services where necessary to ensure effective communication" with disabled patients. As you may have guessed, "effective communication" methods are not defined in the ADA. Depending on the circumstances surrounding each individual patient, effective communication could range from the use of written materials, audio/visual aids, handwritten exchange, or tablet typing to the use of a qualified interpreter.

One site that is of particular reference is http://www.disabilityrightsohio.org/right-to-sign-interpret#right. (Your Right to a Sign Language Interrupter During Appointments with Medical and Other Treatment Providers.) This site is for the patient, but will assuredly address many of your questions. Most of your disabled patients are savvy consumers; they know the rules and will be assertive in exercising their rights under the law.

Another consideration is the nature of the patient communication that will take place. This should be at the forefront of any determinations on auxiliary aids. Patient communication skills or cognitive levels should always be assessed and documented. That is not always easy to ascertain if the patient has had a stroke or suffers dementia. Lengthy conversations that deal with complex issues, such as a discussion of symptoms, a diagnosis, treatment plan or surgical explanation may necessitate use of a sign language interpreter. Written notes may suffice when interacting with patients during dressing changes, discharge instructions, orthotic care or when dealing with front office billing and insurance issues.

If a patient is hearing impaired and can read lips, he or she may not require a sign language interpreter. Patients' specific requests for interpreters and the availability of qualified interpreters are other factors that should be considered. More often than not, a family member or attendant/aide may accompany the patient; however, it is critical to involve the patient in the decision on auxiliary aids. By law, this decision is not yours alone to make. Patients must be able to understand your instructions and to ask questions regarding their care, so an office visit may well-necessitate the use of an interpreter's services. In these instances, your office will be required to obtain and pay for the interpreter's services unless such payment places an "undue burden" on the office.

Proving that an undue burden exists is nearly impossible and the cost of providing the interpreter services cannot be passed along to the patient or payer as a surcharge. It's the law and your obligation to supply and pay in most instances. Truly patient accommodation is not optional. Accordingly, it's the cost of doing business and being mindful of the regulatory requirement.

EIP: The Number One Choice for Podiatric MRI

Extremity Imaging Partners (EIP) has scanned over 60,000 foot and ankle MRI patients since opening in Beachwood, Ohio in 2001. We have proudly replicated the success of to become the current leader in podiatric MRI services in Akron, Canton, Cleveland, Columbus, Dayton, Mansfield and Youngstown. If you feel your community needs improved podiatric MRI services, or if you are looking for podiatric specific radiology interpretations, personalized attention and the ultimate open MRI experience for your patients, we would be interested in speaking to you about the possibility of opening a center in your geographic area. EIP continues to make it a priority to enhance, expand and advocate for our service in order to remain the leader in our industry and to meet the many changing needs of the podiatric MRI community.

Our updated website includes a online referral system (eipmri.com/MRI Orders). The system is a fast, easy way to send MRI order information from your office to an EIP Intake Specialist without a phone call or a fax. We are excited that podiatric physicians have started using the new referral system. Of course, we will continue to accept referrals both by fax and telephone.

EIP participates with nearly all insurance carriers. We promise to match every patient's highest level of MRI benefits. Over the past few months, some dominant insurance carriers in Ohio started "re-directing" MRI patients to imaging centers of their choice stating that it is more cost effective for the patient. Typically, EIP participates with the patient's network so it is understandably confusing when an insurance company re-directs to another facility. If you encounter a re-direct to another facility, please contact EIP. We will work with the insurance carrier to ensure that the authorization is obtained for the EIP facility that you and your patient prefer, and that the patient is responsible for the lowest rate available.

EIP - OHFAMA INDUSTRY AFFILIATE

Everyone at EIP is delighted to continue offering our specialized podiatric MRI service. EIP stands strong and remains committed to serving as the podiatric MRI provider of choice. We are a proud supporter of OHFAMA as an Industry Affiliate and appreciate the opportunity to support you in your professional practice of podiatric medicine and surgery.

OHIO
FOOT AND ANKLE
MEDICAL ASSOCIATION

The OHFAMA Journal is published 4 times per year. The advertising deadline is mid-month preceding publication. Portions may be used with permission of the publisher.

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CLASSIFIEDS

Immediate Associate Position Available
Associate position available leading to potential partnership for busy multi-office Cleveland practice. Board Qualified/Certification status required. Please send CV attention Nicole to Yourfootdoc@aol.com.

Practice For Sale
Practice in Delhi Hills (western Cincinnati, Ohio) was established in 1977. Mostly palliative care with 30%+ diabetics and PVD. Some biomechanical and all surgeries referred out. Grossed $201,000 average the last 3 years. 2 skilled nursing facilities serviced. 4 day work week and staff will stay (2 employees 6+ years and office manager 28+ years). Converted Cape Cod style building with private parking lot with handicap accessibility. Willing to lease with option to buy or sell. No phone calls to office, please contact in the evening at home (859) 491-8044.

Associate Wanted
Associate position available immediately for busy Cleveland area practice. PSR 36 with rearfoot/ankle training and Board Qualification/Certification status required. Motivated, ethical and personable candidate will have opportunity for partnership. Please fax CV with letter of introduction and contact information to (216) 227-2196.

Disaster Planning

Andrew Feldman, General Counsel, NYSPMA

All podiatric offices should have a plan in place in the event of a fire or natural disaster. Natural disasters can result in damage to offices, equipment, records, and client relationships. Thoughtful planning can minimize the cost to the practice and can prevent disruption of service to clients.

Preparing for an Emergency

Every office should have an emergency plan that includes evacuation procedures, important documents and contact information, and a relocation plan. The plan should be regularly circulated throughout the office, and copies should be stored off-site. In addition to creating and updating an emergency plan, practitioners should review their insurance policies to ensure that they are adequate to meet the needs of the practice in the event of an emergency. Practitioners should also evaluate the security of their records. For locations that are subjected to seasonal weather events, such as tornados or flooding, offices should take measures to protect the office and equipment ahead of time.

Documents and Emergency Contacts

The emergency plan should include contact information for building management and for employees. Documents and contact information related to physical facilities should be copied, including the lease and property insurance policies. Contact information should be provided for the property insurance broker, building management and key security personnel, property insurer, real estate broker, and utility providers. Local government and emergency service numbers should be included, as well as information related to phone and computer service providers and equipment and supply vendors.

Copies of equipment leases and contracts should be included in the emergency plan, as should an inventory of supplies and equipment. Practitioners should keep an updated inventory of office equipment and supplies, furnishings, software, and library materials. The inventory should include manufacturer and model or serial numbers, original cost and date of purchase. If possible, photographs of office contents should be included.

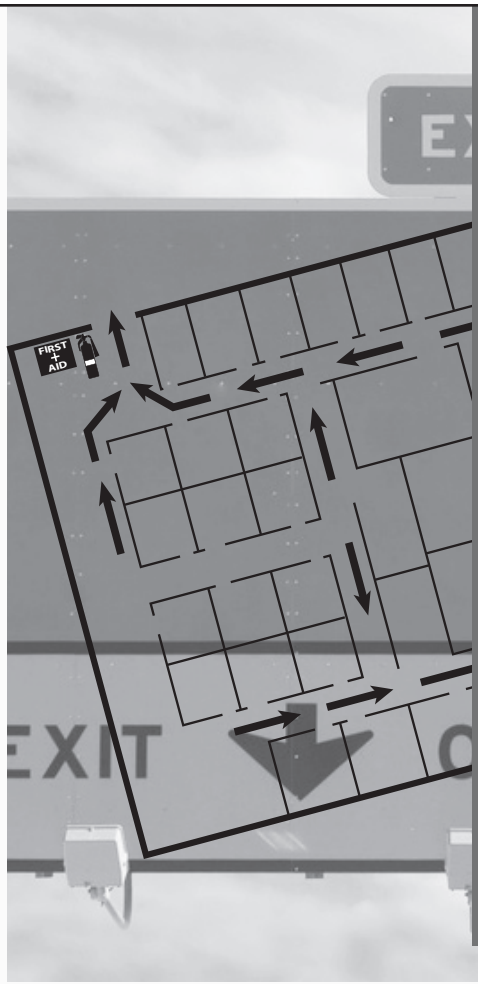
All office software should be duplicated and stored offsite or use a cloud-based backup system. Basic office essentials, including bank checks, stationery, and business cards, should also be stored offsite. Original documents which cannot be replaced should be kept in a fireproof safe or bank vault.

Relocation Plan

An emergency plan should include both short-term and long-term options for alternative space if the office is unusable or unavailable. A short-term site will provide a place for key personnel to communicate with employees and clients, and address other business concerns. It is not necessary that this site be furnished to carry on the day-to-day business of the office; a room in a colleague's office may suffice. Arrangements for such emergency space should be made in advance and confirmed annually.

Longer term options depend on the needs of the individual practice, and may be secured through either a real estate broker or through professional contacts. Practitioners who rent space should be aware that they may continue to be liable for rent at damaged premises, and alternate facilities may be costly to secure. Some insurance policies will cover rent for the damaged space as well as increased costs to rent an alternate site.

The plan should establish procedures for updating clients, colleagues, vendors, and employees of changing location or contact information. There should also be a plan to re-route phone and computer services immediately. Arrangements should be made to retrieve mail at the post office, to avoid forwarding delays, or an address change should be filed with the post office.



Evacuation procedures

Evacuation plans should identify all steps to safely evacuate the office in the event of a fire or natural disaster. The plan should include a detailed floor plan that marks evacuation routes and meeting points; the location of exits, stairwells, and emergency equipment; the location of offices and work stations; and, the name and location of any employees who may need assistance. Storage areas, computer servers, and mechanical equipment should also be noted. If the office space is leased, a copy of evacuation plans and procedures should have been provided by building management.

Additionally, the plan should include "shutdown" procedures to follow when there is sufficient notice of a need to evacuate. Shutdown procedures should include notification to employees, clients, and vendors; removal or securing of valuables and records; unplugging electronic equipment; shut down of utilities; and, securing the premises. If flooding is anticipated, electronic equipment should be lifted off the floor and placed on desks or countertops and covered with plastic drop cloths. Computers should be backed up and servers shut down.

The plan should identify a single "point" person, typically an office manager, to oversee the plan. A chain of command should be established in the event the point person is unavailable.

Insurance

Podiatrists should be familiar with their policies and their coverage. Coverage for certain events may need to be purchased separately. Coverage for flood damage, for example, is excluded from most policies. Not all policies cover the replacement cost of items or repair or cleaning costs of items that are not destroyed.

Many practitioners elect to carry business interruption insurance, which is generally sold as a supplement or endorsement to property or business insurance. Such policies may replace lost income as a result of damage or destruction of physical property. It is important to understand what kind of disruption will result in coverage for a loss and how long the coverage will last.

Records

Podiatrists should plan to protect their records in the event of a disaster. All podiatrists should consider converting records to an electronic format, which is permissible under the statute, uses less space, and can be stored securely offsite. Electronic records should be backed up regularly.

Protecting the Office from Predictable Events

Some weather events, such as tornados or flooding, occur on a seasonal basis. For these predictable events, it is important to take protective measures well before the season begins. The exterior should be inspected, and damaged structures or loose items on or near the exterior of the building should be repaired or secured. A weather radio is also recommended as well as fresh batteries and flash lights.

A stock of "lifting equipment" and plastic drop cloths should be kept on hand. This can include small platforms or plastic boxes (like milk crates) that can be turned upside down. In the event of a storm, these platforms can be used to elevate office equipment off the ground to protect against flooding. Plastic drop cloths can be used to cover equipment and furniture to protect against leaking roofs in heavy rain events.

(Part 2 of this article will appear in the next issue.)

Baby Steps

It's Time: Change Your Password

One common issue found during a security breach risk assessment is poor use of passwords. Here are a few ideas on changing your passwords

- Be creative when creating passwords, use phrases (8+ characters) and make sure the password policies are enforced by your operating system and incorporate password complexity, login time outs and limit unsuccessful login attempts.
- One of the "safest" passwords I recently came across: MickeyMinniePlutoHueyLouieDeweyDonaldGoofy. It has 8 characters and at least one capital letter
- You can always throw in your initials as a numeric sequence like on a telephone keypad at the beginning or end of older passwords just to switch it up a little and refresh

When upgrading devices, consider investing in biometric (e.g. fingerprint) readers on e.g. laptops. Software associated with readers will allow you to use long and complex passwords, and makes login quick. When fingerprint readers are not an option, software like LastPass from lastpass.com should make your life easier.

Sale and Rental of TENs Units by Health Care Providers

The sale and rental of TENs units, or other Home Medical Equipment (HME) devices defined under OAC 4761:1-3-02, by health care providers is not permitted, unless the provider obtains a license or certificate of registration issued by the Ohio Respiratory Care Board. ORC 4752.01(B) of the Revised Code defines home medical equipment. This definition is expanded under OAC rule 4761:1-3-02, which lists TENs units among the HME items defined by the Board. ORC 4752.02(B)(1) exempts "health care practitioners" from requiring a license or certificate of registration as long as the practitioner does not sell or rent HME.

To obtain a license to sell or rent home medical equipment requires the applicant to meet specific standards promulgated by the Ohio Respiratory Care Board. The Board, soon after issuance of the license, will inspect each facility to verify compliance with the HME standards. For a copy of these standards, please see the Ohio Administrative Code: 4761:1-9. The Ohio Respiratory Care Board recommends that these standards be carefully reviewed and verified by the applicant prior to filing an application for an HME license. Filing fees are non-refundable. Send questions about Home Medical Equipment licensing and regulation to HMEmanager@rcb.state.oh.us or call the Ohio Respiratory Care Board at 614-752-9218.

Regulation of Home Medical Equipment (HME)

In 2005, H.B. 105 established a licensing and certification requirement for home medical equipment facilities under Chapter 4752 of the Ohio Revised Code. The Ohio Respiratory Care Board's regulatory authority was changed to include Home Medical Equipment (HME) facility regulation. Chapter 4752 requires licensing or registration for any facility that provides life-sustaining equipment, technologically sophisticated medical equipment, or other equipment identified by the Respiratory Care Board in rule.

Virus Deadlier than SARS

The mysterious new respiratory virus MERS (Middle East Respiratory Syndrome) seems to spread easily and be more deadly than SARS. More than 60 cases, including 38 deaths have been reported in the past year, mostly in Saudi Arabia. So far, the illnesses haven't spread as quickly as SARS did in 2003, which at that time triggered a global outbreak that killed about 800 people. MERS virus has a striking similarity to SARS. Unlike SARS, scientists remain baffled as to the source of MERS. It appears to spread easily among people and within hospitals, as did SARS. Specifics on every case have not resulted in understanding how MERS spreads. It appears that droplets from sneezing or coughing or a more indirect route may be the way it's transmitted. In recently reported cases, some of the hospitalized patients weren't close to the infected person with MERS, yet they somehow picked up the virus. As in SARS, in the right circumstances, the spread of MERS could be explosive.

| Source: New England Journal of Medicine Online |

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ADVANCING STANDARDS

Save the date: Friday, October 11, 2013

Advancing the Standards in Wound Care III Annual Symposium

The Symposium—a collaboration of the American College of Clinical Wound Specialists (ACCWS), Kindred Hospital-Dayton & Boonshoft School of Medicine (WSU)—is designed for those experienced in wound care but who wish to benefit from the developments of standards in this exciting specialized field. A day of presentations by internationally recognized specialists will be held at the **Marriott Hotel Dayton.** The symposium has been approved for eight (8) AMA PRA Category 1 Credit™ and approximately 8 CE Nursing and Podiatry hours are pending. Take advantage of early bird rates!

2013

Back to Basics in Wound Care: A Course

Save the date: Saturday, October 12, 2013

The Back to Basics Course, sponsored by the American College of Clinical Wound Specialists (ACCWS), is an intensive one-day program for those new to wound care—physicians, podiatrists, RNs and LPNs. This activity has been approved for eight (8) AMA PRA Category 1 Credit™ and approximately 8 CE Nursing and Podiatry hours are pending. Take advantage of early bird rates!

Register at
www.accws.org/conferences