

Region IV Mid-Eastern CME Seminar 24.5 CMEs

June 6–8, 2013
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**DON'T MISS OUT —
REGISTER FOR THE 97TH
ANNUAL REGION IV
MID-EASTERN SEMINAR
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Journal

OF THE
OHIO FOOT AND ANKLE MEDICAL
ASSOCIATION

VOLUME 55 | NUMBER 2 | SPRING 2013

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WELCOME

On This Journey Together

by Marc S. Greenberg, DPM

As I sit down to write this, I am one day from departing with OPMA member delegates to the APMA House of Delegates in Washington, DC. It strikes a familiar cord: I volunteered my professional services recently and now leave with my peers to represent Ohio podiatric physicians. Volunteering and promoting it is one activity that drives me, and that defines me.

At February's end, I had the opportunity to visit Kent State University College of Podiatric Medicine



2013 OPMA PRESIDENT

and to address the first-year class. I stressed to these young physicians-to-be the importance of giving back to their community and their profession, how it will make them more well-rounded people and physicians, and how it will network them with people who will appreciate their services and time, earning them business in the long-run. Giving back will be some of the more rewarding work they will ever do.

We all have ways to volunteer time and money. I live in the Dayton area, a town hard hit economically. A desire to help the uninsured poor at a free clinic downtown and to help people who lived nearby, trumped any consideration of a mission abroad. By volunteering, the stresses of running a business or dealing with insurance companies quickly diminish upon receiving an admiring smile or hearing the praises of those whom you've helped.

The OPMA leadership, including the Executive Committee, the Board of Trustees and the Academy officers search year round to get OPMA members involved in leadership, to foster their interest in donating time in OPMA leadership—to help OPMA members, and all podiatric physicians statewide. Getting involved is easy; ask your local academy officers what you can do to contribute. Reward yourself with volunteerism.

OPMA OHFAMA MEMBERS MAKING THE NEWS



DR. ANIMESH BHATIA IS THE NEW BOARD MEMBER APPOINTED TO THE STATE BOARD.

Columbus Podiatrist Appointed by Kasich

State Board of Orthotics, Prosthetics, and Pedorthics Ohio Governor John Kasich has announced the appointment of **Dr. Animesh (Andy) Bhatia, D.P.M., C.W.S.** to the State Board of Orthotics, Prosthetics, and Pedorthics. Dr. Bhatia is an active member of the Central Academy and serves as one of two Central Academy members to the Board of Trustees of the Ohio Foot and Ankle Medical Association (OPMA/OHFAMA).

Throughout the upcoming year, Dr. Bhatia will work with the State Board of Orthotics, Prosthetics, and Pedorthics to protect the health and safety of Ohio citizens through its standards-based review of license applications and qualifications, enforcement of continuing education requirements, revising and promulgating appropriate regulatory language, and investigating complaints against unlawful practices.

The Orthotic, Prosthetic and Pedorthic services that are subject to regulatory jurisdiction of the Board include the care involved in providing custom fabricated AND custom fitted orthotic devices. The Board is comprised of four (4) O&P practitioners, one (1) Pedorthist, one (1) MD, DO, or DPM, and one (1) consumer member.

Congratulations, Dr. Bhatia!



IMMEDIATE ACFAS PAST PRESIDENT DR. MICHELLE BUTTERWORTH PASSES GAVEL TO DR. JORDAN GROSSMAN

ACFAS Installs Grossman as Its New President

Jordan P. Grossman, DPM, FACFAS, has become 62nd president of the American College of Foot and Ankle Surgeons (ACFAS), a national association of over 6,800 foot and ankle surgeons. Dr. Grossman was installed as president at the ACFAS 71st Annual Scientific Conference in Las Vegas.

Dr. Grossman is an OPMA/OHFAMA member and past Scientific Chair of the Region IV Seminar. He practices in Akron, Ohio with the Northeast Ohio Orthopaedic Associates. Dr. Grossman is board certified in both foot surgery and reconstructive rearfoot and ankle surgery by the American Board of Podiatric Surgery.

Additionally, he serves as teaching faculty for the Orthopaedic Surgery Residency Program at Akron General Medical Center and the Podiatric Surgical Residency Program at Kaiser Permanente/Cleveland Clinic.

Congratulations, Dr. Grossman!

| Source: PM NEWS |

Membership Congratulations for 2013

OPMA MEMBER

25!
years!

Bruce G. Blank, DPM

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David J. Witt, DPM

OPMA MEMBER

50!
years!

Philip W. Cain, DPM

Stephen C. Lechner, DPM

OHFAMA Anticipates Heavy Legislative Agenda

By Dan Leite

The 130th session of the Ohio General Assembly brought new issues requiring the immediate attention of podiatric physicians.

House Bill 59, Governor John Kasich's proposed budget includes several sweeping policy changes. The Ohio House and Ohio's Senate will deliberate and enact a final version to become Ohio's biennial budget on July 1. Notable issues in the budget include:

Medicaid | Podiatric services for Medicaid recipients below 100% of the federal poverty level are maintained in the proposed budget.

Medicaid Expansion | Governor Kasich proposes expanding Medicaid coverage for Ohioans between 100%-138% of the federal poverty level, with no Administration commitment to include vision and other "optional services." OHFAMA continues to meet with Administration and key legislators to ensure that if expansion is adopted, podiatric services are included as part of expansion coverage.

Sales Tax Reform | Governor Kasich proposes expanding the state sales tax and reducing the sales tax rate from 5.5% to 5%. OHFAMA is working with key legislators to exempt currently charged sales tax paid by podiatrists on materials as part of the exemption of health care items and services.

Health Care Exchanges | Ohio will begin enrollment of beneficiaries deemed eligible under the federal health care bill to purchase insurance coverage through a health care exchange on October 2, 2013. Ohio has opted to participate in the federal health care exchange, which means CMS will have the final say on what is included in a "qualified health plan" to be offered in the exchange. Ohio will retain control over Medicaid eligibility and regulation of the insurance plans. The exchange is scheduled to "go live" on January 1, 2014. OHFAMA continues to work with Administration and legislators on the implementation process.



DAN LEITE IS OUR NEW LOBBYIST.

Dual Eligibles/ICDS System | Ohio is in the process of implementing a three-year pilot project for those "dual" eligible for Medicaid/Medicare services. Enrollment of 114,000 Ohioans under this classification into managed care plans will begin soon. Those who are dual eligible will have the opportunity to opt out of Medicare, but not Medicaid, services through the ICDS.

House Bill 3 | Navigator in Health Care Exchange OHFAMA is examining language in HB 3 aimed at providing health plans with more flexibility in Ohio law to offer coverage at all of the levels in the health care exchange. Health plans claim these changes are needed to conform to the requirements of the federal health care bill and respond to the changing needs of the marketplace.

Mandatory ID Badges | The Ohio State Medical Association proposed legislation at the end of last session to require all licensed or certified health care providers to wear degree-specific photo ID badges when administering direct care. OHFAMA opposes such legislation due to the expense to the provider.

Telemedicine | A bill was introduced at the end of last session that would provide reimbursement to some health providers for telemedicine services in private health plans and Medicaid.

Prior Authorization | Senate Finance Committee Chairman Scott Oelslager intends to reintroduce legislation from last session (SB 136) regarding health care providers and health insurers and the prior authorization process. OHFAMA supports this legislation and has met with Senator Oelslager.

FROM THE EXECUTIVE DIRECTOR

I Raise My Glass to You

by Jimelle Rumberg, PhD, CAE

Ladies and Gentlemen, I would be remiss if I did not begin this quarter's column



by letting you know that you were well-represented in Washington, DC, at the APMA House of Delegates, and by those who stayed to lobby Congress during the Legislative Conference. Our "freshmen" were astounded by the intensity of the schedule, the business of the House and the professionalism of the meetings and caucuses.

Thank you, Delegation Chair Dr. Kevin Schroeder, APMA Delegates Dr. Bruce Blank, Dr. Thomas Kunkel, Dr. Alan Block, Dr. Mark Gould, and Dr. Animesh Bhatia and Alternate Dr. Marc Greenberg. Mr. Randy Cooper also joined Ohio's Legislative leaders as we visited Congressional offices. Sixteen Ohio offices were lobbied in one day. So OHFAMA gives March Madness a new meaning to taking the Hill by storm—or, as in our case, taking the Hill by "feet." It was *awesome!*

On behalf of OHFAMA, thank you for taking time away from your offices and family to represent OHIO. But wait—there's more—

During the APMA reports, we learned

that Ohio had the most new members of any state podiatric association in 2012. Congratulations to our staff members, Luci Ridolfo – Director of Education and Membership and Jim McLean, Chief Financial Officer, who are extremely dedicated to our membership and always strive to welcome new members to OHFAMA. Outstanding effort TEAM OHFAMA!

The June Region IV Scientific CME seminar promises to again raise the colloquium bar in Ohio through the efforts of Co-Chairs Dr. Larry Osher and Dr. Bryan Caldwell. We have secured national tiered speakers, a hands-on cadaver lab and radiology lab, a diverse mix of Lunch and Learn lecturers and, of course, our PICA lecture (with a 15% premium discount for subscribers).

We will again have an Assistants Program this year with several outstanding motivational speakers. So please bring your staff on Thursday, June 6 from 8:30 am–4:30 pm for an energizing and educational day that is also CME approved for Assistants.

If that weren't enough, our exhibit hall is almost sold out. We welcome everyone to a great networking and instructive venue at the Hilton Hotel at Easton, June 6–8. Please secure your rooms at the Hilton to ensure that our room block isn't undersold—we incur penalties should that happen.

Lastly, we have rebranded our formal logo to the state of Ohio with an inset of the foot and ankle caduceus to better reflect our new DBA name, the Ohio Foot and Ankle Medical Association. Please note the formal logo on the cover of this issue. Our casual logo will be the Ohio foot, just like our lapel pins. If you do not have an Ohio Foot lapel pin, please stop by our registration desk at the June seminar and ask Luci or Jim for a pin. We want you, and all members, to positively promote your profession; and we hope that you enjoy wearing your pin on your favorite suit, sport coat, or lab coat. We can assure you that you'll get some great feedback and comments from friends and patients alike.

With that said, I raise my glass to you, our loyal members, who value their return of investment of membership in OHFAMA and who realize that our professional ties that bind are ones that are indeed strong and enduring.

Hear, hear! (Click!)

CHARTING NEW DIRECTIONS FOR 2013

Calendar

April 17

13th Annual Surloff Memorial Seminar
Akron General Health & Wellness Center | Akron

June 6-8

APMA Region IV Seminar
Hilton at Easton | Columbus

July 18-19

GXMO Didactic Course
OPMA/OHFAMA Office | Columbus

July 20

GXMO Clinical Course
OPMA Office | Columbus

August 17

7th Annual Quickie Seminar
Wyndam Garden Hotel | Miamisburg

October 26-27

26th Annual Super Saver Seminar | Cleveland



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REPRESENTING YOU IN THE WORLD

The OHFAMA Delegates Round and About at The Capitol



Executive Director Dr. Jimelle Rumberg and Dr. Bruce Blank (above) attend the Congressman Brad Wenstrup's Fundraiser at the APMA Leadership Conference. Congressman Wenstrup addressed attendees and relayed the importance of having the voice of podiatric medicine join 19 other physicians and dentists in Congress.

Congressman Dr. Brad Wenstrup with the Ohio Delegation (top left). Dr. Wenstrup spoke at the Leadership Conference Breakfast on Capitol Hill. As you know, he is a member of OHFAMA.

Center left from left to right: Drs. Animesh Bhatia, Kevin Schroeder, Marc Greenberg, Jimelle Rumberg, Alan Block, Mark Gould, Thomas Kunkel and Bruce Blank. Dr. Schroeder served as the Delegation Chair for 2013.

The Ohio Delegation at bottom.

Photo credit: Lisa Helfert Photography | Group shot and reception photos.



TOGETHER WE STAND

Membership and Preaching to the Podiatric Choir

As of March, according to the State Medical Board, 968 podiatrists are licensed in Ohio. This includes out-of-state practitioners holding dual licensure. In February, membership in OHFAMA hit an all time high with 602 members in 2012-13, or 55.8% of all licensed Ohio podiatrists. You are to be commended on your professional affiliation. I know our neighbors with dual licenses would join us; and, yes, we have calls from MI, IN, PA and WV to join since Ohio is the preeminent state association. Did you realize that Ohio has the most new members of any podiatric association in the United States this

year? We're definitely doing something right.

One of the most difficult times of the OHFAMA business year is February and August, working to sustain the membership roster with semi-annual final dues statements. Maintaining membership levels at an all time high is critical to maintaining and advancing podiatry's mission to serve Ohio's 11 million residents, or 22 million feet!

Here's some more food for thought. There are so many positives that "organized podiatry" has achieved. Affiliation must assemble like-minded professionals to advance legislative, regulatory and legal issues. The point is that we want to achieve full parity with other physicians in payment and privileging.

What have we done for you lately? Two examples are scope of practice advances in Ohio (we've had seven since 2006 alone) and Medicaid services in Ohio. As we look at the incredible changes in the health care delivery system including the ACA and Medicaid Expansion possibilities, podiatry saves

cost, not shifts costs to more expensive providers or emergency rooms. With rapid changes in EHR, it is vital to learn and to network with your colleagues for podiatry's best effort. This will only occur with a strong unified membership in OHFAMA.

In conclusion, for those who may think we're preaching to the choir, know that your help is needed to keep those who are wavering on their membership, plus those who need to become members. We are here for you. If you have doubts about what OHFAMA does for you, just call 614.457.6269. We guarantee that 602 OHFAMA podiatric physicians members do know what being preeminent is all about.

CRUNCHING THE NUMBERS

Member Benefits

The main reason cited for non-renewal in any organization/association is cost and disagreement with leadership policy decisions. Although other reasons exist, these two are most prevalent. Likewise, because OHFAMA is in a federated dues structure with the APMA, dual membership is required. While we think that this co-dependence is often one-sided and paternalistic, we have risen to the occasion to work to advance Ohio's agenda first and foremost.

Let's review the cost of membership for OHFAMA alone, which is \$855 per year. This translates to \$71.25 a month. What do you get for your dues investment from us? Podiatry visibility has increased on Capitol Square with our new lobby firm, Capitol Advocates. The 2nd Congressional District even elected Dr. Brad Wenstrup to Congress. With increased visibility, we have championed podiatry as saving limbs, decreasing the cost of care of wounds and BK amputations in the diabetic population. Enlightening legislators and Congress that podiatric medicine now educates physicians at the 4/4/3 model of professional training has greatly raised the bar for residencies and hospital practice, and has increased more awareness of our inclusion in programs (the medical home, Medicaid and Medicare).

For those non-members who also benefit by the collective good of OHFAMA but don't join, my home cable and internet services cost more than \$71.25. My point is this: if finances are the obstacle to joining OHFAMA, please call our office so that we can work together to begin, or continue your support of, your profession and practice. We offer payment options; if you're hard-pressed, we offer 5.4 Status. With APMA's current dues waiver forgiveness program, there is every good reason to become a member.

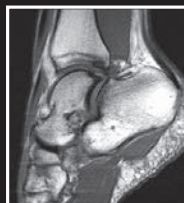
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There Is a Problem and the Solution Is Forthcoming

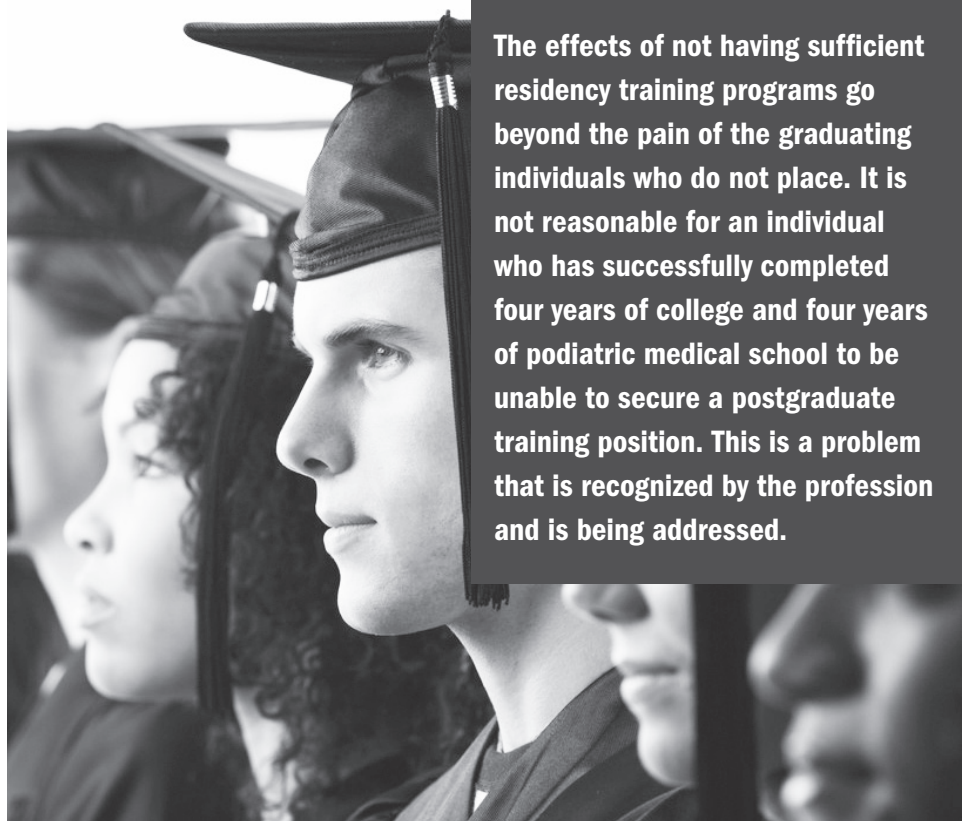
On March 20, 2013, the graduating class of 2013 went through the residency match program of the Central Application Service for Podiatric Residencies (CASPR) program coordinated by the Council of Teaching Hospitals (COTH) of the American Association of Colleges of Podiatric Medicine (AACPM). A large number of the students did not place into residency training programs. This is a devastating event.

While residency training shortages are not unique to podiatric medicine and surgery, our profession is committed to having enough training slots for all qualified graduating podiatrists to enter into Podiatric Medicine and Surgery Residencies (PMSR) for a period of three years.

The effects of not having sufficient residency training programs go beyond the pain of the graduating individuals who do not place. It is not reasonable for an individual who has successfully completed four years of college and four years of podiatric medical school to be unable to secure a postgraduate training position. This is a problem that is recognized by the profession and is being addressed.

The AACPM, through its national residency facilitation project, is working to develop new sponsor hospitals. We are identifying hospitals across the country that have robust podiatric staffs that can provide the adequate resources for training the future generation of podiatrists. But this effort requires everyone in our community to assist.

As of March 2013, there are currently 208 sponsor hospitals nationwide for podiatric medical and surgical training programs. This affords training for 516 first year positions. In the past 15 months, substantive talks have been held with an additional 201 institutions as potential training sites. To date, nine programs have submitted applications for sponsorship to the Council



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on Podiatric Medical Education (CPME). Currently 25 institutions are diligently completing sponsorship applications to the CPME. Additionally, 69 facilities are evaluating information that has been sent to them for the purpose of evaluating their resources to determine if they wish to submit applications to become sponsor facilities.

This process of developing new residency sponsor sites is well under way. Some are progressing more rapidly than others. It will take time and the continued efforts of all to do their part until the issue is resolved.

The process of approving sponsor sites is difficult and time consuming. Relationships need to be developed and fostered. Institutions need to embrace the benefits of podiatric medical education. Leads for potential locations for residency training sites need to be identified and developed.

It is most gratifying for individuals who have an interest in being program directors. Aside from the benefit to the community and to the profession of podiatric medicine, there are direct financial benefits for the sponsoring institution, the program director and faculty.

Federal money is still available for hospitals who wish to sponsor podiatric medicine and surgery residency training programs.

The amounts can be significant. This money is used to pay program directors and faculty members, as well as support residency and training purposes.

We ask everyone to direct us to those institutions that you believe would be appropriate facilities to sponsor training programs. We would like to work with them and show them the advantages of sponsoring a residency training program.

If you believe you can help solve the problem by identifying a location suitable for sponsorship of a PMSR, please e-mail the AACPM National Facilitator directly at ewolf@aacpm.org or call (212) 874-0609. Follow this link to a short informational video to find out more information:

<http://www.youtube.com/watch?v=QRSdROQoivU&feature=youtube>

Edwin W. Wolf, DPM, MS | National Residency Facilitation | Project Director
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97th Annual Region IV Seminar Sponsors & Exhibitors

Exhibit Hall open June 6 & 7, 2013
7:00am – 4:00pm

Please be sure to visit and thank the vendors who support the podiatric profession!

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Hilton at Easton 97th OPMA Annual Region IV Mid-Eastern CME Seminar June 6-8, 2013

LOCATION: The Hilton Easton is located at Easton Town Center, 4 miles from Port Columbus International Airport (CMH) and 10 minutes from Downtown Columbus and The Ohio State University.

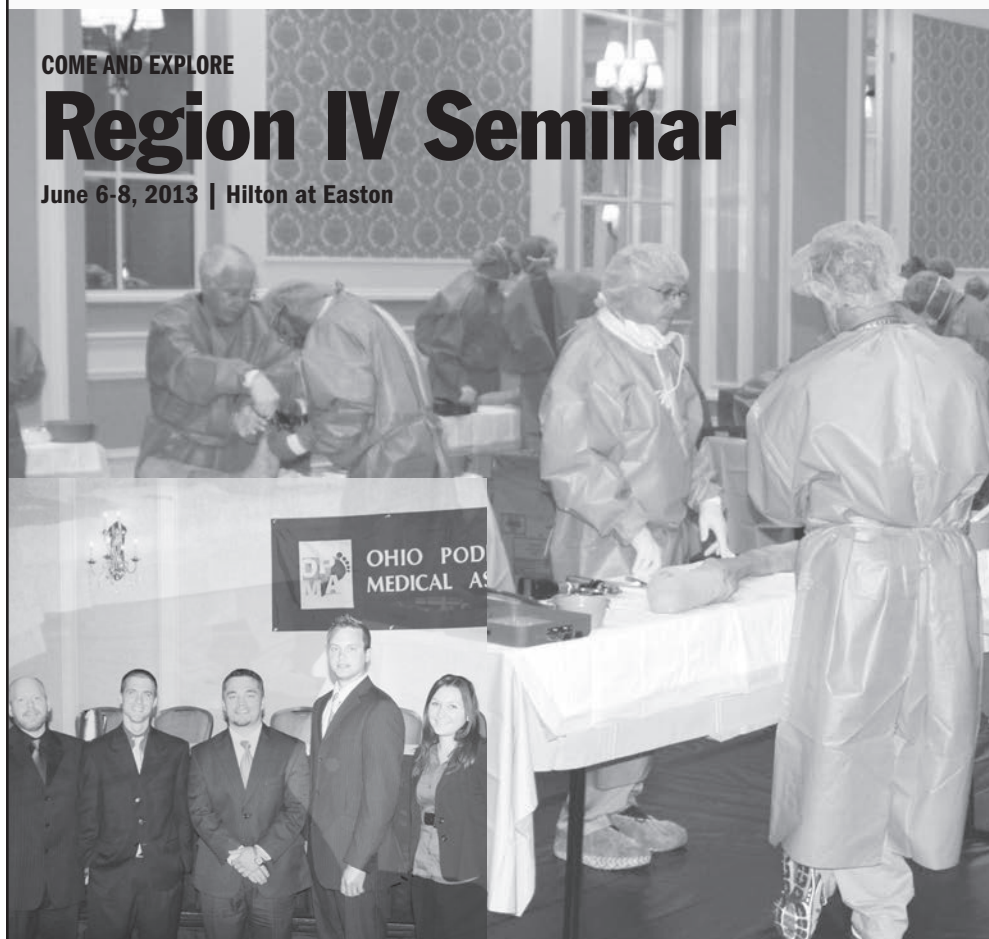


RESERVATIONS: Call Hilton at (614) 414-5000 and mention that you are with the OPMA Region IV Seminar for special room rate. Hurry! The OPMA room block fills fast! You may also book online with the Hilton Columbus at Easton and use the group code: PMD

COME AND EXPLORE

Region IV Seminar

June 6-8, 2013 | Hilton at Easton



OBJECTIVES

Upon conclusion of the Region IV, podiatric physicians will be able to:

- be knowledgeably informed or remember information regarding podiatric conditions, maladies or circumstances relating to the practice of medicine and podiatry
- extrapolate by comprehension, understanding or perception the insight gained via lecture and discussion relating to the practice of medicine and podiatry
- formulate or infer by application case relevance relating to the practice of medicine and podiatry
- distinguish by analysis the appropriate modalities in the treatment, care and protocols of current trends, application and practices of medicine in podiatry
- generalize, synthesize, or deduce by classification ways to develop treatment protocols based on current literature and evidenced based medicine
- compare, contrast and evaluate judgment values for those ideas presented between medical and surgical applications

REGION IV CME SCHEDULE AT A GLANCE

Thursday, June 6, 2013**7:30 - 8:00 AM****97th Annual Region IV Welcome and Course Introduction****Clinical Approach to the Rheumatic Patient**
Marc Greenberg, DPM | Larry Osher, DPM**8:00 - 8:40 AM | Differential Considerations in the Radiographic Evaluation of the Pedal Arthropathies**
Larry Osher, DPM**8:40 - 9:30 AM | Ankle Arthropathy: Treatments and Options** | Tim Holmes, DPM**9:30 - 10:00 AM | BREAK—Exhibit Hall / Easton Grand Ballroom** | Sponsored by Merz**10:00 - 11:30 AM | Interesting Podiatric Dermatology Cases: Risk Management Principles in the Diagnosis and Management of Pigmented Lesions** | Bryan Markinson, DPM**11:30 AM - 1:00 PM****Lunch and Learn (Pick up tickets in Exhibit Hall.)****A. TLD Systems—HIPAA Security & Quality of Care** | Michael Brody, DPM**B. ProScan Imaging—Topics in MRI: Plantar Plate Tears, 3D MRI, Imaging Pitfalls and MORE** | Richard Rolles, MD**C. BioMed Specialty Pharmacy—The Compound Effect: Solving the Unmet Needs of Podiatrists** | Mazen Baisa, PharmD, RPh., MBA**11:30 AM - 1:00 PM | Silver Gavel Luncheon—Past OPMA Presidents****1:00 - 3:00 PM | Scientific Paper Competition: Case Studies from DPM Residents** | Richard Weiner, DPM, Chair**1:00 - 3:00 PM | Heath Care Reform: What's Next? | Category II** | Scott Miller**3:00 - 3:30 PM | BREAK—Exhibit Hall / Easton Grand Ballroom** | Sponsored by EIP**3:30 - 5:30 PM | PICA Risk Management Lecture—The Jury's Out: Anatomy of a Podiatric Malpractice Trial** | John Lynch, Esq.**5:30 - 6:30 PM | PICA Welcome Reception****8:30 AM - 4:30 PM | Assistants Program****Friday, June 7, 2013****7:30 - 8:00 AM | Antibiotic Management Using Advanced Molecular Techniques**
Bryan Caldwell, DPM**8:00 - 8:30 AM | The Science of Compression Therapy** | Terry Treadwell, MD, FACS**8:30 - 9:00 AM | PAD: What the Podiatrist Needs to Know!** | Michael Canales, DPM**9:00 - 9:30 AM | The Role of Compression Therapy in the Treatment of Venous Ulcers**
Terry Treadwell, MD, FACS**9:30 - 10:00 AM | BREAK—Exhibit Hall / Easton Grand Ballroom** | Sponsored by Merz**10:00 - 10:30 AM | Wound Care Documentation: What does CMS now Require—What you Better Know, and Better Do!** | Alan Jacobs, DPM**10:30 - 11:00 AM | Surgical Management of Diabetic Foot Infections: THE PRINCIPLES** | Michael Canales, DPM**11:00 - 11:30 AM | The Affordable Care Act and You** | Alan Jacobs, DPM**11:30 AM - 1:00 PM | LUNCH—Exhibitors' Marketplace—Easton Grand Ballroom****1:00 - 1:30 PM | MSK Infections/Diabetic Foot & Ankle** | Mark Schweitzer, MD**1:30 - 2:00 PM | Diabetic foot Infection and Osteomyelitis** | Julian Goodman, DPM**2:00 - 2:30 PM | Options in the Management of the Charcot Ankle** | Christopher Hyer, DPM**2:30 - 3:00 PM | Charcot's Joint Disease: What Does the Recent Literature Say?** | Alan Jacobs, DPM**3:00 - 3:30 PM | BREAK—Exhibit Hall / Easton Grand Ballroom** | Sponsored by Hyperion Medical**3:30 - 4:30 PM | Discussion Session: Should You Be Adding Topicals to Your Daily Practice?**
Alan Jacobs, DPM | Michael Canales, DPM**4:30 - 5:00 PM | Management of the Non-Compliant Patient** | Allen Jacobs, DPM**5:00 - 5:30 PM | The Impending Lawsuit: How Documentation Can Help You** | Allen Jacobs, DPM**Saturday, June 8, 2013****7:30 - 8:00 AM | Cone-beam CT of the Foot and Ankle** | Larry Osher, DPM**8:00 - 8:30 AM | Advanced Compression Solutions for Fusions and Osteotomies** | Mark Hoffbauer, DPM**8:30 - 9:00 AM | MIPO Approach to Ankle Fractures (Minimally Invasive Plate Osteosynthesis)**
Mark Hardy, DPM**9:00 - 9:30 AM | Allograft Fixation** | Mark Hoffbauer, DPM**9:30 - 9:45 AM | BREAK—Conference Center Lobby** | Sponsored by Merz**9:45 - 11:30 AM | Approach to MRI of the Ankle; MRI of Ankle Ligament Injuries; MRI of the Foot**
Mark Schweitzer, MD**11:30 AM - 1:00 PM****Lunch and Learn (Pick up tickets in Exhibit Hall.)**
D. Bellevue Pharmacy—The Use of Compounded Pharmaceutical in Podiatric Complications | Presenter to be determined**E. To Be Determined****F. Ohio State's Comprehensive Wound Center—Advanced Modalities in Wound Healing** | Said Atway, DPM**1:00 - 1:15 PM | BREAK****1:15 - 1:45 PM | Special Update—Laser Therapy for Onychomycosis** | Myron Bodman, DPM**1:45 - 2:15 PM | Surgical Management of Hallux Limitus and Hallux Rigidus Deformity**
Michael Canales, DPM**2:15 - 2:45 PM | A New Look at Decompression Implant for Hallux Rigidus** | Mark Hoffbauer, DPM**2:45 - 3:15 PM | Surgical and Conservative Methods in the Charcot** | Stanley Kalish, DPM**3:15 - 4:00 PM | P.A.S.A. Does It Matter?** | Mark Hardy, DPM

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General Registration Form

Required items: Please help us ensure proper food quantity and classroom space. Check all that apply to your attendance.

Please Note: LUNCH and LEARN tickets for Thursday and Saturday sessions are available on Thursday and Friday at Sponsoring Companies' Exhibit Booths at no additional cost. These sessions are limited to 40 tickets per session and are available on a first-come basis.

THURSDAY

☐ **Assistants Program** – Thursday, June 6, 2013 | 8:30 am - 4:30 pm

THURSDAY (Check all that apply)

- ☐ Attending all day Thursday
☐ Attending afternoon PICA ONLY
☐ Yes, I'm attending **Thursday's PICA Reception** (entry by name tag only at no additional cost).
 Are you bringing a registered guest to this event? ☐ Yes ☐ No
☐ 1:00 pm - 3:00 pm Gerard V Yu, DPM Scientific Paper Competition (Category I) | Regent Ball Room
☐ 1:00 pm - 3:00 pm Health Care Reform: What's Next? (Category II) | Lilac Room

FRIDAY (Check all that apply)

- ☐ Attending all day Friday
☐ Yes, I'm attending Friday's Exhibitors' Marketplace for lunch (entry by name tag only at no additional cost).

SATURDAY (Check all that apply)

- ☐ Attending Saturday morning
☐ Attending Saturday afternoon

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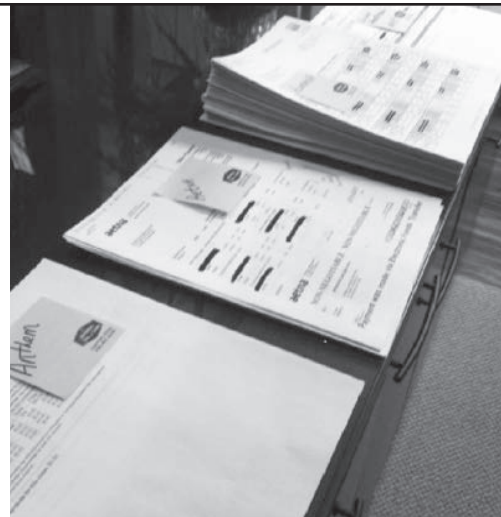
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INSURANCE DENIALS

Members Remit Medicare Advantage Managed Care Denials

In February, many complaints were received regarding Medicare Advantage Managed Care denials at OHFAMA. With APMA assistance, we were advised to ask the members to contact the payer provider relations representative to resolve issues and gather the following: EOBs, Medicare records/notes, contract with payer, appropriate payer policies/CCI edits, payer appeal procedures and time requirements. All members were advised to file an appeal. We received a boatload of faxed or scanned denials and remitted those promptly to APMA. Although we are still awaiting resolution, we anticipate the "computer glitch" will be resolved for a successful appeals outcome. We thank those members who graciously remitted their EOBs and correspondence regarding their appeals.



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HITECH Final Rule Revises Privacy, Security and Breach Notification Rules

by Rick L. Hindmand and Dominic A. Paluzzi,
McDonald Hopkins LLC

Reprinted with permission from the Northern Ohio Physician (March/April 2013)

The Office for Civil Rights of the Department of Health and Human Services (OCR) issued an omnibus final rule (Final Rule) on January 17, 2013, implementing various provisions of the Health Information Technology for Economic and Clinical Health Act (HITECH Act or HITECH). The Final Rule revises the Privacy, Security and Enforcement Rules that were previously issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the interim final Breach Notification Rule that was previously issued in accordance with the HITECH Act. The Final Rule was published in the Federal Register on January 25, 2013. This article provides an overview of some Final Rule provisions that are of particular relevance to physicians.

Action items for physicians prior to September 23, 2013 compliance date:

- Update policies and procedures, Notices of Privacy Practices and information security programs
- Workforce training
- Review business associate agreements, determine whether the agreements qualify for grandfathered status, and enter into new business associate agreements

Business Associates

The HIPAA Privacy and Security Rules allow covered entities to disclose protected health information (PHI) to business associates, and allow business associates to create and receive PHI on behalf of the covered entity, subject to the terms of a business associate agreement between the parties. For purposes of HIPAA and the HITECH Act, a “covered entity” is a health care provider

(such as a hospital or physician practice) that transmits health information in electronic form, a health plan, or a health care clearinghouse (such as a medical billing company). In general, the HIPAA regulations define a “business associate” as a person (other than a member of the covered entity’s workforce) or entity who, on behalf of a covered entity, performs a function or activity involving the use or disclosure of PHI, such as the performance of financial, legal, actuarial, accounting, consulting, data aggregation, management, administrative, or accreditation services to or for a covered entity.

The Final Rule implements the HITECH Act’s expansion of business associates’ HIPAA obligations by applying the Privacy and Security Rules directly to business associates and by subjecting business associates to civil and criminal penalties for HIPAA violations.

The Final Rule expands the potential liability of covered entities to include exposure for the acts and omissions of a business associate if the business associate is deemed to be an agent of the covered entity and the acts or omissions are within the scope of the agency.

Breach Notification Rule

The Final Rule broadens the breach notification obligations of covered entities and business associates by modifying the definition of “breach” and the risk assessment process for determining whether notification will be required. The Final Rule replaces the “risk of harm” standard of the interim Breach Notification Rule with a standard based on the risk that PHI is compromised. The prior standard allowed covered entities and business associates to conduct a “risk of harm” analysis and a “breach” would only result if the impermissible use or disclosure posed significant risk of financial, reputational or other harm. This determination is now based on a risk assessment of at least the following four factors: (1) the nature and extent of the PHI, including the types of identifiers and the likelihood of re-identification; (2) the unauthorized person who used or accessed the PHI; (3) whether the PHI was actually acquired or viewed; and (4) the extent to which the risk is mitigated (for example, by obtaining reliable assurances by recipients of PHI that the information will be destroyed or will not be used or disclosed).

It is also important to note that the Final Rule did not make any changes to the circumstances permitting preemption of state laws. Covered entities and business associates must still comply with the notification obligations set forth in the various state breach notification laws, which can often be more stringent than HITECH.

Additional provisions

The Final Rule addresses a laundry list of issues, including provisions or commentary that require covered entities to modify their Notices of Privacy Practices; require covered entities to agree to an individual’s request to restrict disclosure of PHI about the individual to a health plan when the individual (or someone other than the health plan) pays for the item or service in full. They permit compound authorizations for clinical research studies; revise the definition of PHI to exclude information regarding a person who has been deceased for more than 50 years; prohibit the sale of PHI without authorization from the individual, and add a requirement of authorization in order for a covered entity to receive remuneration for disclosing PHI. Plus, they restrict marketing; allow individuals to obtain a copy of PHI in an electronic format if the covered entity uses an electronic health record; clarify OCR’s view that covered entities are allowed to send electronic PHI to individuals in unencrypted e-mails only after notifying the individual of the risk; prohibit health plans from using or disclosing genetic information for underwriting, as required by the Genetic Information Nondiscrimination Act of 2008 (GINA); allow covered entities to disclose relevant PHI of a deceased individual to a family member, close friend or other person designated by the deceased, unless the disclosure is inconsistent with the deceased individual’s known prior expressed preference; allow disclosure of proof of immunization to schools if agreed by the parent, guardian or individual; revise the Enforcement Rule (which was previously revised in 2009 as an interim final rule) to expand mandatory investigations and compliance reviews, permit the sharing of PHI with other agencies for enforcement purposes, and revise standards for determining the levels of civil monetary penalties.

The Final Rule does not address the HITECH Act requirement that a covered entity provide an accounting for disclosures.

Commentary from OCR notes that this requirement will be addressed in future regulations.

Effective and compliance dates

The Final Rule takes effect on March 26, 2013, with a compliance date of September 23, 2013. Covered entities and business associates, including subcontractors, therefore must comply with the Final Rule by September 23, 2013. The 180-day compliance period, however, does not apply to modifications of the Enforcement Rule, which will apply beginning on the March 26, 2013 effective date. Moreover, breach notification continues to be governed by the interim Breach Notification Rule until the September 23, 2013 compliance date.

If certain conditions are met, the Final Rule allows additional time (in addition to the 180-day compliance period) to revise business associate agreements to bring them into compliance with the HITECH requirements. In particular, transition provisions will allow covered entities and business associates to continue to operate under existing business associate agreements for up to one year beyond the compliance date (until September 22, 2014) if the business associate agreement: (1) is in writing, (2) is in place prior to January 25, 2013 (the publication date of the Final Rule), (3) complies with the Privacy and Security Rules as in effect immediately prior to January 25, 2013, and (4) is not modified or renewed.

This additional time for grandfathered business associate agreements applies only to the written documentation requirement. Covered entities, business associates and subcontractors will be required to comply with all other HIPAA requirements beginning on the compliance date, even if the business associate agreement qualifies for grandfathered status.

» » »

In light of the issuance of the Final Rule it will be crucial for all covered entities and business associates to review and update their HIPAA-related policies and arrangements prior to the September 23, 2013 compliance date.

Baby Steps

Revised: 02.22.13 Podiatry Services and Evaluation & Management Codes

- **Evaluation & Management (E/M)** services provided on a repetitive basis to assess a patient's possible need for foot care are considered routine screening exams and are not covered.
- **E/M services** provided on the same date of service as covered foot care are considered integral to the foot care and are not separately payable unless the service is separately identifiable from the foot care.
- **Trimming of mycotic nails** for a non-ambulatory patient is only covered if there is a secondary infection and/or the patient is experiencing dystrophic nail pain.
- **Physician services** provided in conjunction with covered debridement/wound or foot care CPT codes are paid under fee schedule amount for the debridement/foot care/wound care CPT Codes

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A FINAL THOUGHT WITH A NOD TO THE PAST

A Public Service of the Ohio Chiropractors Association

"Facts & Fancies About Your Feet" appeared in The Ohio Chiropractors Association, Columbus, Ohio, August 1961 news journal.

Facts and Fancies About Your Feet

CALLOUSES

A callous is the thickening of outer layers of skin. Callicuses are Nature's way of protecting irritated tissues. Callouses are caused by pressure or fric-

Patient Notification of Termination of Employed Physicians by a Health Care Entity

HB417 goes into effect on March 22, 2013 and creates Sec. 4731.228, O.R.C., requiring a health care entity that terminates employment of a physician to provide notice of the termination to the physician's patients. The Medical Board is working with interested parties about revisions to Rule 4731-27-01, O.A.C., Termination of the Doctor/Patient Relationship, to reflect changes made by the legislation. Link to HB417: http://www.legislature.state.oh.us/bills.cfm?ID=129_HB_417

HIPAA: Danger to Self or Others

Leon Rodriguez, Director of the US Office for Civil Rights, reports that HIPAA does not prevent a health care provider from disclosing necessary information about a patient to law enforcement, family members of the patient, or other persons, when the health care provider believes the patient presents serious harm to himself or other people. Link to letter from Director Rodriguez: <http://med.ohio.gov/pdf/NEWS/HIPAA%20Re%20Danger%20to%20>

CMS Releases "Sunshine Act" Final Rules

The Centers for Medicare and Medicaid Services (CMS) released a final rule in February that requires drug, device and biologic manufacturers to annually report to CMS the payments and gifts they make to physicians and teaching hospitals. All cash and in-kind gifts given to doctors for research speaking fees, gifts, entertainment, charitable contributions, meals and travel are required to be disclosed.

tion. Callouses can be helped by proper treatment. They can be cured by removing the cause.

ATHLETE'S FOOT

This name is a misnomer. More than 300 known varieties of fungi can cause foot trouble. This condition can cause serious trouble if not properly diagnosed and treated. Bathe feet daily in warm water and dry thoroughly to prevent skin troubles. Changing socks or hosiery daily is good hygiene.

THE COMMON CORN

A corn is a collection of hard, dry, dead cells piled on each other. Corns do not have roots. Most corns are a result of improper shoes or improper balance. They are a warning sign. Corn pains can affect the entire nervous system. Corns will persist until you remove the friction or pressure that causes them.



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