



**OHIO PODIATRIC
MEDICAL
ASSOCIATION**

Journal

INSIDE THIS ISSUE

President's Message | page 2

Facebook: Podiatric Medicine
Joins the Social Networking
Ranks | page 2

From the Desk of the Executive
Director | page 4

Munsey Receives DSC at the
APMA HOD | page 4

CMS 2009 Physicians Quality
Reporting Initiative | page 5

CMS 2009 Electronic Prescribing
Initiative | page 6

Combating ID Theft | page 7

ASPS Membership Categories
and Fees Announced | page 8

Two OPMA Podiatrists Elected
Chiefs of Podiatry | page 9

Photo Tour: The 2009 APMA
House of Delegates and the Ohio
Advocacy Team | page 10

Baby Steps | page 11

Eighty-Ninth APMA House of Delegates

The 2009 APMA House of Delegates (HOD) passed resolutions covering a broad scope of issues important to the association. As anticipated, the House ratified the American Society of Podiatric Surgeons (ASPS) as the new APMA surgical affiliate.

The HOD passed a resolution approving the concept of an APMA Litigation Center that would evaluate the priorities of legal and legislative requests from state component societies for staff resources and financial assistance. The resolution also called for the APMA Board of Trustees (BOT) to appoint a task force made up of representatives of state components and the BOT to make recommendations to create a plan for the management, funding, feasibility, and operating principles of the APMA Litigation Center,

to be presented for consideration to the 2010 HOD.

A resolution was passed and then later reconsidered and amended to garner the direct involvement of state component associations in the pursuit of the key objectives of Vision 2015. Delegates also approved changes in bylaws and administrative procedures regarding new responsibilities, requirements, and procedures for recognizing affiliated organizations. These changes stipulated, for example, that all specialty, clinical interest, and related organizations will have clearly stated mission[s] and purposes that are relevant to the needs of podiatric medicine and that are not duplicative of other organizations recognized by APMA.

The House made changes to the APMA Bylaws to create an institutional subcategory for related organizations and to enable the Speaker of the HOD to serve as an *ex officio* member of the Bylaws and Procedures Committee.

Below: 2009 APMA Delegation from Ohio.



PRESIDENT'S MESSAGE

OPMA Top Priorities

by Kevin L. Sneider, DPM



On March 20th, the Ohio Delegation to the APMA arrived

in Washington for the annual House of Delegates Conference. Once again, podiatry's inclusion into Title XIX is a top priority. Ohio delegates feel strongly that APMA needs to produce evidence of compliance with the 2004 resolution requiring APMA to pursue podiatry's inclusion, thereby removing us from "optional services." The Ohio Delegation believes that APMA needs to invest significant funding toward this accomplishment.

OPMA continues to investigate the area of possible fee discrimination. The Ohio Department of Insurance recently decided that they do not feel any laws are being violated regarding fee discrimination. The Board discussed OPMA's options in great detail with our attorney. We feel confident that we have recourse to fight this inequity.

We are currently looking at options and evaluating cost and feasibility. I thank Dr. Jim Holfinger for all his hard work and input on this issue. He is passionate about this topic and his effort as a volunteer continues as

Chair of the Insurance Task Force. Jim's time out of the office and travel on behalf of OPMA are appreciated.

On June 4th, the Region IV Scientific Seminar will commence. This year's program is co-chaired by Dr. Jeffrey Robbins and Dr. Alan Block. It promises to be a fabulous meeting and will feature a "point-counterpoint" venue.

Attend the PICA lecture and receive your 10% discount for next year. This will be applicable, even if the sale of PICA goes through.

Our Gerard V. Yu Paper Competition is always enjoyable and will be better than ever this year. Dr. Marc Greenberg has expended long hours to improve this program, and I personally, am looking forward to this! Thanks Marc!

Dr. Allen Guehl has also provided a great assistants program, along with GXMO recertification training for all assistants. We hope you'll take advantage of learning with your team for optimal office productivity.

The OPMA staff has been very busy with all of these issues, but has still found time to keep our Web site very dynamic. This site changes frequently, so make sure that you log-on weekly to keep updated with all of the OPMA issues.

Spring is near and we look forward to warmer weather. We look forward to seeing you all in Columbus on June 4-6 at the Columbus Hilton Hotel.

Thank you for your loyal support to OPMA.

FACEBOOK: Podiatric Medicine Joins the Social Networking Ranks

Your kids, your friends and your neighbors are probably doing it — and now you can too. Social networking, which first began several years ago as an Internet communication tool for college students, has crossed over into the medical profession.

The American Podiatric Medical Association (APMA) is now on the cutting edge of social networking, having created an official Facebook group that currently boasts over 700 online members.

By becoming a member of Facebook, the largest free social networking site in the world, you can join the official APMA Facebook group and catch up with old friends from podiatry school, follow the latest information available on podiatric medicine and much more.

APMA's group is just one of several high-profile podiatry groups on Facebook, including groups for several of the specific colleges of podiatric

medicine. There are even Facebook groups for individual podiatric classes. For example, the NYCPM class of 2008 has established a site specifically for alumni. "It's a great way to keep in touch with classmates, even after you leave school," one New York alum said.

Best of all, it's easy to join! All you need to do is access the main Facebook Web site, at www.facebook.com, and sign up for a free membership.

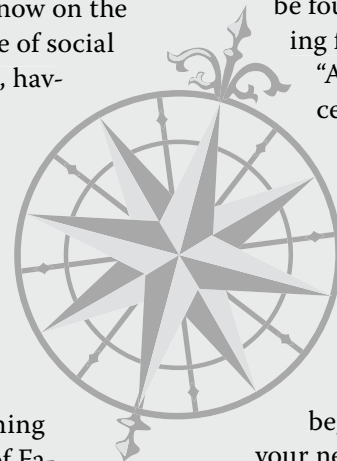
Once you have completed the short sign-up process, you can search for and join groups that interest you. APMA's

Facebook group can be found by searching for the term "APMA" on Facebook's search function. Facebook may even suggest other groups for you and recommend "Facebook friends" as you begin to build

your network. You can upload photos to share with others, or choose to keep your network private.

Some DPMs have even used Facebook as a practice marketing tool. The benefits of social networking for podiatric medicine are many, so join your fellow members in adding to the social networking ranks!

www.facebook.com





ADVOCACY

**What we were. What we are.
What we always will be.**

We put our heart and soul into actively supporting and enhancing the podiatric profession.

We fund scholarships at all of the podiatric colleges.

We partner with both national and state associations.

We develop and sponsor free, podiatric-specific risk management tools and lectures.

Podiatry is not just our focus. It's our passion.

That's why you pick PICA.

For more information or a no-obligation quote, visit us online at www.picagroup.com or call us at (800) 251-5727.

PICA group

FROM THE DESK OF THE EXECUTIVE DIRECTOR

APMA House of Delegates

by Jimelle Rumberg, PhD, CAE



Just returning home from the APMA House of Delegates in Wash-

ington, I haven't had time to completely decompress from the grueling schedule, but much was accomplished.

You should be very proud of the OH delegation in representing the membership. They stood firm against the Resolutions Committee, stating that all past adopted open Resolutions should be reported and posted. Delegates need to have institutional knowledge of actions and completion of mandated decisions made by the House. APMA members should see those postings on the APMA Web site and you can thank OH for this action.

Although two emergency resolutions were ruled non-emergency and not considered by the HOD, OH was extremely active and assertive with our tactical initiatives. My thanks goes to the entire OH Delegation for a job well done! It was exciting to hear Senator Mikulski (D) Maryland, speak of her Uncle, a podiatrist, and how lives and limbs could

be saved by our inclusion into Title XIX. Likewise, former Congressman Dick Gephardt of Missouri was on-target with his message regarding cost of health care and need for health care reform. Both speakers resoundingly supported APMA efforts to get Title XIX passed this Congress.

Our Federal Advocacy team consisted of APMA PAC coordinator Dr. Jerry Ferritto, OPMA President Dr. Kevin Sneider, OPMA BOT member Dr. Kevin Schroeder, Dr. Carly Robbins and me.

As of March 19, Title XIX is now known in this 111th Congress as HR 1625/S 654 — *The Equity and Access for Podiatric Physicians under Medicaid Act*. The verbiage is the same as the last Congressional submission. I am cautiously optimistic that with the current focus on health care reform and diabetes that this legislation will move to become a reality.

Another bill, HR 1615, Medical Economic Deferral for Students (MEDS) Act, will hopefully pass to amend section 435 of the Higher Education Act of 1965 regarding the definition of economic hardship.

OPMA is full-steam ahead on Region IV planning. I hope every member avails themselves of our *Early Bird Discount*. If you'll notice this year's registration offers cash discounts for checks. We encourage you to register early for the best price. Pay by check so OPMA can eliminate costly credit card fees.

Drs. Alan Block and Jeff Robbins have planned an outstanding program, with 24.75 CME hours. With Warren Joseph, Steven Barrett, Alan Jacobs, Jonathan Moore and many others in attendance, this will be a fabulous event. Come for your PICA discount and for their lecture on the non-compliant patient.

We've even included a GXMO recertification program, plus a full-day program for your office staff. Plan to participate. No need to travel to Canada or out-of-state. Columbus will have it all on June 4-6!

Finally, I'm not a doom-and-gloom sort regarding the state of the economy, but want you to know that OPMA, although down in our investments, is solvent and well. No one can predict the course of future events, and the naysayers will be the first to scream that the sky is falling; however, keep focused on your practice, your family and your well-being.

OPMA is a great resource for professional fraternity and affiliation...you're never alone in your practice. We are there to advance, protect and promote podiatry at every opportunity. Be assured that we are here for you.

We know that you find value in your membership with APMA and OPMA, and we hope that we offer the best of service to you and your staff. With that said, I look forward to greeting you at the Region IV meeting June 4-6 at the Columbus Hilton Hotel.



William F. Munsey, DPM

Munsey Receives DSC at the APMA HOD

DISTINGUISHED SERVICE CITATIONS, APMA's highest honor, recognize outstanding, sustained accomplishments on the national level in scientific, professional, or civic endeavors on behalf of APMA. This award was presented to William F. Munsey, DPM; and Ronald S. Lepow, DPM.

Dr. Munsey has been a leader of the podiatric medical community for more than 54 years. He received the *Man of the Year Award* in 1967 from the Ohio Podiatric Medical Association (OPMA); and Dr. Munsey served as president and chairman of the Board of OPMA, including serving on the APMA Board of Trustees and serving as APMA president. Dr. Munsey is an active member of the Central Academy.

CMS 2009 Physicians Quality Reporting Initiative

In 2009 CMS will once again pay physicians a bonus for participating in the Physician Quality Reporting Initiative (PQRI). There are several changes in the program from 2008. The successful reporting bonus has been increased from 1.5 percent to 2 percent. The e-prescribing measure 125 in 2008 has been removed from the PQRI program and is now a separate e-prescribing initiative that pays an additional 2 percent bonus. These bonuses are calculated based on the total payments you receive from CMS for all patient care provided, not just on patients who are eligible and on whom you report measures. While there are several different reporting methods for 2009 (claims, measure groups, and registry), most podiatric physicians will only be able to report utilizing the claims-based method. This method requires that you report at least three measures on 80 percent of the eligible patients that you see January 1, 2009, through December 31, 2009.

APMA has reviewed the measure specifications for 2009 and determined the measures most likely to be reportable for podiatric physicians (*see boxed inset at right*).

A podiatric physician can successfully participate in the 2009 PQRI program by reporting measures 126, 127, and 163 on 80 percent of their eligible patients with diabetes mellitus. Each of these measures needs to be reported only once per 12-month period on an eligible patient. All three measures could be reported on a single patient at a single patient visit.

For example, perhaps you see a 72-year-old female

case, you would bill for the appropriate level of office visit for the heel pain (E&M code) and any ancillary services (x-rays, injections, etc.). You would then, on the same area of the claim form that you put the CPT codes for the visit, report the appropriate G codes or CPT II code indicating that the performance measures were performed at that visit. The charge for the CPT II code and G codes should be \$0.00. They indicate that the

time period. If you saw a patient with diabetes mellitus in the first few weeks of 2009 and had not yet begun to report PQRI for the year, you could still do the performance measures on any subsequent visit in 2009 for that patient. If you see 100 patients with diabetes mellitus who are in the Medicare program during 2009, you would have to report the measures on 80 percent of the patients or 80 patients to successfully complete the

APMA's Most Likely Reportable 2009 Measure Specifications

- **Measure 20:** Perioperative Care: Timing of Antibiotic Prophylaxis-Ordering Physician
- **Measure 21:** Perioperative Care: Selection of Prophylactic Antibiotic-First- or Second-Generation Cephalosporin
- **Measure 22:** Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)
- **Measure 114:** Inquiry Regarding Tobacco Use
- **Measure 115:** Advising Smokers to Quit
- **Measure 124:** HIT-Adoption/Use of Health Information Technology (Electronic Health Records)
- **Measure 126:** Diabetic Foot and Ankle Care, Peripheral Neuropathy: Neurological Evaluation
- **Measure 127:** Diabetic Foot and Ankle Care, Ulcer Prevention: Evaluation of Footwear
- **Measure 128:** Universal Weight Screening and Follow-Up
- **Measure 130:** Universal Documentation and Verification of Current Medications in the Medical Record
- **Measure 131:** Pain Assessment Prior to Initiation of Patient Treatment
- **Measure 138:** Melanoma: Coordination of Care
- **Measure 142:** Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications
- **Measure 154:** Falls: Risk Assessment
- **Measure 155:** Falls: Plan of Care
- **Measure 163:** Diabetes Mellitus: Foot Exam
- **Measure 186:** Wound Care: Use of Compression System in Patients with Venous Ulcers

patient with NIDDM for a complaint of heel pain. During the course of your work-up for the heel pain, you do a neurological evaluation, evaluate her risk for ulceration and need for appropriate footwear, and examine her pulse. You have performed the requirements for all three measures. In this

performance measure was completed at that visit and that you are reporting for the PQRI program. Even if the patient were to be seen again in 2009, you would not have to report performance measures for that patient, since the requirement is to do the measure once during the 12-month

reporting requirements and receive the 2 percent bonus.

CMS provides extensive information about the PQRI program at www.cms.hhs.gov/PQRI.

Reporting for the 2009 PQRI began January 1, 2009. There is no need to sign up or pre-register in order to participate.

E-PRESCRIBING CMS 2009 Electronic Prescribing Initiative

For 2009 CMS has initiated an e-prescribing incentive program. You do not have to register to participate in this program. Eligible professionals who successfully report the e-prescribing measure in 2009 may be eligible to receive an incentive payment equal to 2% of all their Medicare Part B (Fee-for-Service, or FFS) allowed charges for services furnished during the reporting period. The reporting period for 2009 is January 1, 2009 through December 31, 2009. This is a claims reporting process.

To participate in e-prescribing you must use a qualified e-prescribing system. A qualified e-prescribing system or program is able to perform the following tasks:

- Generates a complete active medication list using electronic data received from applicable pharmacies and pharmacy benefit managers (PBM), if available.
- Allows eligible professionals to select medications, print prescriptions, transmit prescriptions electronically and conducts all alerts. Alerts include automated prompts that offer information on the drug being prescribed and warn the prescriber of possible undesirable or

unsafe situations such as potentially inappropriate dose or route of administration of the drug, drug-drug interactions, allergy concerns, or warnings/cautions

- Provides information on lower cost therapeutically appropriate alternatives, if any. For 2009, a system that can receive tiered formulary information, if available, from the PBM would satisfy this requirement
- Provides information on formulary or tiered formulary medications, patient eligibility and authorization requirements received electronically from the patient's drug plan (if available)
- In addition to the system functionalities mentioned above, the system or program should meet the Part D specifications for messaging that will be implemented on April 1, 2009. For more information about the new Part D requirements, please see <http://www.regulations.gov> and search for "Part D prescribing."

Finally, you report one of the following G codes on the claim you submit for this Medicare patient for this visit:

- If ALL of the prescriptions generated for this patient during this visit were sent via a qualified e-prescribing system: **REPORT G8443**
- If NO prescriptions were generated for this patient during this visit: **REPORT G8445**
- If SOME or ALL of the

prescriptions generated for this patient during this visit were printed or phoned in as required by state or federal law or regulations, due to patient request, or due to the pharmacy system being unable to receive electronic transmission; OR because they were for narcotics or other controlled substances: **REPORT G8446**

Do not charge any fee for reporting the G code.

The final qualifier for e-prescribing is that your Medicare Part B (FFS) charges for the qualifying codes listed above must make up at least 10% of the total Medicare Part B (FFS) allowed charges for 2009. In other words, E & M charges as represented by the codes above must make up at least 10% of your charges for your Medicare patients.

You must successfully report for at least 50% of the Medicare patients you see during the reporting year to qualify for the bonus. Information on e-prescribing as well as the Physician Quality Reporting Initiative (PQRI) can be found at www.cms.hhs.gov/PQRI/. A free stand-alone qualified e-prescribing program is available at www.national-erx.com/.

Questions about e-prescribing or PQRI can be directed to Dr. James Christina, Director Scientific Affairs at jrchristina@apma.org or 301-581-9265.

To report an e-prescribing encounter with a patient you must have billed one of the following CPT or HCPCS G codes for the visit:

90801	90802
90804	90805
90806	90807
90808	90809
92002	92004
92012	92014
96150	96151
96152	99201
99202	99203
99204	99205
99211	99212
99213	99214
99215	99241
99242	99243
99244	99245
G0101	G0108
G0109	

THE NEW FTC RULE REQUIREMENT

Combating ID Theft

by Jimelle F. Rumberg,
Ph.D., CAE

A new Federal Trade Commission (FTC) rule requiring “creditors” to take steps to combat identity theft in connection with “covered” recurring payment accounts will be mandatory on May 1, 2009.


Known as the *Identity Theft Red Flags Rule*, the regulation mandates that businesses adopt programs to spot suspicious activity that may signal identity theft. **Medical practices are NOT exempt.** So how do you know if you meet the criteria of the mandate? An entity that extends credit by permitting its patients/clients to pay for goods or services on an extended payment schedule is a creditor.

The mandatory compliance date for the rule is May 1, 2009. The rule requires a written identity theft prevention program (ITPP) designed to detect, prevent, and mitigate identity theft in connection with the opening of a covered account or the maintenance of an existing covered account.

So what exactly is a “creditor” and a “covered account”? A creditor is any business extending or offering credit, which means an arrangement where you accept deferred installment payments. A covered account is one in which

Seven Easy Steps To Meet the Identity Theft Red Flags Rule

If you’re covered, what do you do as a next step? Basic requirements of the rule involve seven steps:

- 
1. Appoint a Red Flags manager such as a senior level finance director.
 2. Conduct a risk assessment.
 3. Create a written Red Flags program.
 4. Approve the Red Flags program.
 5. Train appropriate personnel.
 6. Monitor service providers.
 7. Keep your program up-to-date.

Your liability for noncompliance with the rule can be expensive. The FTC can obtain civil penalties of up to \$2,500 for each violation of the rule. There could be state agency enforcement possible, with up to \$1,000 for each willful violation plus costs and reasonable attorneys’ fees if successful. While private causes of actions cannot be brought for rule violations, identity theft victims could bring claims under other theories of liability.

Remember that compliance is mandatory by May 1, 2009 if you meet the definition, so develop, enact, and administer a written Identity Theft Prevention Program.

there is a foreseeable risk of identity theft, which is determined by considering the risks associated with how the account may be opened or accessed, as well as your practice’s experience with identity theft. Podiatric practices that extend credit meet these criteria.

A pattern, practice or activity that signals possible identity theft is known as a “red flag.” Your required program must identify your practice’s red flags and set forth procedures to detect/respond to such activity should it occur. Here are a few of the categories of red flags:

- Alerts, notification, or other warnings from credit bureaus or like service providers like fraud detection services;

- The presentation of suspicious documents, suspicious personal identifying information, such as a suspicious address change;
- The unusual use of or other suspicious activity related to a covered account;
- Notice from members, consumers, victims, law enforcement authorities or others regarding identity theft in connection with covered accounts.

What can you do to establish a prevention program so that you are compliant with this new FTC rule? A program must enable the covered practice to:

- Identify red flags relevant to the entity’s experience, industry, risk profile and incorporate them into the

program. (Note: There are 26 examples of red flags in the rule’s guidelines; however, there may be others unique to your practice activities, programs, and services.)

- Detect the red flags that have been included in the program through the use of authentication mechanisms, monitoring of accounts and other processes.
- Respond appropriately to red flag events that are detected. Possible scenarios may include taking no action, contacting the customer, changing passwords, not attempting to collect on an account, and contacting law enforcement.
- Periodically review and update the program to reflect changes in risk.



PRESIDENT
Kevin L. Sneider, DPM
PUBLISHED BY
Jimelle Rumberg, Ph.D.,
CAE, Executive Director
ADVERTISING
Lauren Stewart,
Administrative Assistant

CONTACT INFORMATION
1960 Bethel Rd., Ste. 140
Columbus, Ohio 43220
Phone: 614.457.6269
Fax: 614.457.3375
Web page: <http://www.opma.org>
EMAIL
jrumberg@opma.org
jmclean@opma.org
lstewart@opma.org

The OPMA *Journal* is published 4 times per year. The advertising deadline is mid-month preceding publication.

Portions may be used with permission of the publisher.

OPMA Classifieds

PRACTICE FOR SALE: Upper Arlington (Columbus, Ohio). Part time now with 2.5 days per week. Office could be full time quickly. In an excellent location, this beautiful office has good mix of typical Podiatric pathologies. Surgery center and hospitals nearby. With more than 30 years, this practice is well established in the community. Revenue of \$250,000 in 2008. Asking \$140,000. Seller will finance part of purchase if needed. Contact Jeff Wilson at wilsnfive@aol.com or 614.314.8350.

EQUIPMENT AVAILABLE: All Pro 2010 X-ray processor. New October

2008 – \$3000 OBO. X-Cel X-ray machine, perfect condition – \$3500 OBO. New lead apron – \$100 OBO. Three 10x12 cassettes, new October 2008 – \$300 OBO. All located in northeast Cincinnati. If interested, email Ktemardpm@aol.com or call 513.850.5483.

ASSOCIATE NEEDED: A new associate or independent contractor is needed in southern Ohio. It is a three office practice with multiple nursing homes. Part time or full time. Salary with benefits or percentage pay, we are very flexible. Please email CV to Ktemardpm@aol.com or call 513-850-5493 if interested.

**A better way
to be safe,
and secure**



**if your patients
have diabetes.**

One in four Americans will develop foot complications due to their diabetes. Properly fitted shoes are essential for reducing these risks. Dr. Comfort shoes are made from the finest leathers and are scientifically designed for the diabetic foot. Call now to experience exceptional quality and profitability with our exclusive turn key program for your podiatric practice.



The Finest Quality Diabetic Footwear **Period!**
1-800-556-5572 www.drcomfortdpm.com



DRS. CENTRAL BILLING, LLC

www.drsbillinginc.com



DRS. CENTRAL BILLING, LLC

**6200 Pleasant Avenue
Suite 3
Fairfield, Ohio 45014**

A Podiatry Billing Service Exclusively for Ohio Podiatrists since 1995...

Why partner with us?

- Strictly serving Ohio Podiatry Billing since 1995
- Over 70 Podiatrists in Ohio as reference
- On-line system that links to our server
- Medinote hosting
- Scheduling, Billing, Financial History
- Full Practice Reporting and Real Time Eligibility
- Coding reviews to assure maximum insurance reimbursement
- Accounts Receivable Management
- Full Credentialing Services free to all clients

Contact Owner: Paul Fehring • PaulF@drsbillinginc.com

1-888-452-0124

Call Today to Boost Your Bottom Line

Two OPMA Podiatrists Elected Chiefs of Podiatry

Two members of OPMA have been elected to lead the podiatry divisions of the medical staffs at St. Elizabeth Health Center's main and Boardman facilities. Dr. Lawrence A. DiDomenico, managing partner at Ankle & Foot Care Centers, has been elected chief of podiatry at St. Elizabeth's main campus in Youngstown. Dr. Kenneth J. Emch, a partner at Ankle & Foot Care Centers, has been elected chief of podiatry at St. Elizabeth's Boardman campus on McClurg Road.



DiDomenico is a board-certified podiatric physician, surgeon and wound specialist, and has

practiced in the Youngstown area since 1991. DiDomenico has delivered numerous lectures to podiatrist gatherings in the United States, Western Europe, and Russia.



Emch also is a board-certified podiatric physician, surgeon and wound specialist, and

he has practiced in the Youngstown area since 1993.

| Source: *The Metro Monthly* [March 2009]; *PM News* [March 10, 2009] |

The 2009 APMA House of Delegates and the Ohio Advocacy Team

At right: Legislative Assistant, Colleen Bell, in the office of MaryJo Kilroy (OH-15) meets the OH advocacy team



Above: OPMA President and Alternate delegate to APMA HOD Kevin Sneider and OPMA BOT member and delegate Kevin Schroeder listen to Resolutions.



Above: New Legislative Assistant Carla McNeill, in Congresswoman Betty Sutton's office, learns about Title XIX from OPMA President Kevin Sneider.



Below: Jessica McNiece, Legislative Assistant to Senator Sherrod Brown listens to OPMA on our Federal legislative initiatives.

MAKING TRACKS WITH **BABY STEPS**

Marker for Heart Attack Risk May Also Predict Bone Infection in Diabetes

A medical test frequently used to assess risk for heart disease may now help prevent amputations, according to researchers at Rosalind Franklin University of Medicine and Science in Chicago and The University of Arizona Department of Surgery in Tucson.

A study published in the January's *Journal of Foot and Ankle Surgery* found that a commonly performed test to detect inflammation in heart arteries, C-reactive protein, when combined with clinical assessment of wounds in patients, may be more accurate in detecting potentially limb-threatening bone infection (osteomyelitis) than either test alone.

"The results of this study were somewhat surprising to us. I think what it confirms is that low grade, uncontrolled inflammation is probably associated with a lot of problems in the body. What this study allows us to do is to target limb-sparing antibiotics and surgery to the place where they might be most needed," said the study's senior author and APMA member David G. Armstrong, DPM, PhD, professor of surgery and director of The University of Arizona Southern Arizona Limb Salvage Alliance.

The study, led by Adam E. Fleischer, DPM, MPH, assistant professor of radiology, Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine and Science, is available at www.jfas.org.

| Source: APMA eNews No. 2,731 |

Postal Service Approves Rate Hike

After ending its first quarter with a \$384 million loss, the US Postal Service announced a 2-cent price increase for a first-class stamp to 44 cents, effective May 11.

New Bunions and Hammertoes PowerPoint Available to Members

To help podiatric physicians spread the word about their role in identifying and treating bunions and hammertoes, APMA is now offering a new PowerPoint presentation on these common foot ailments. The *Bunions and Hammertoes* presentation (392KB) is free of charge to members and is designed for both patients and the public. It is short, general, and most important, customizable. Perfect for lectures to small groups in your community or as an outline for a more detailed presentation, members can request the PowerPoint directly from APMA by sending an e-mail to APMA_assist@apma.org.

The presentation can be used "as is" or customized to fit more specific needs. Additionally, members can use the APMA slide databank to add additional

slides, or use those already available.

For more information on this PowerPoint for download by APMA members, visit www.apma.org, click on "Member Center" and choose the "Marketing" tab. You will find the full range of PowerPoints along with other marketing tools.

| eNews No. 2,732 |

New Help-line Assists Hospitals, DPMs with Residency Start-up and Expansion

Is your hospital a good candidate for a residency program, or does it already have a program and would like to expand its number of podiatric residents? With nearly 240 podiatric residency programs in the nation, there is room for growth. Unlike allopathic and osteopathic residencies, podiatric residency programs are currently not capped for graduate medical education (GME) reimbursement. To help facilitate expansion, APMA is offering members and their respective hospitals assistance in establishing residencies or expanding existing ones in concert with the Council on Podiatric Medical Education (CPME) and the American Association of Colleges of Podiatric Medicine's Council of Teaching Hospitals (COTH). To simplify the process, the organizations have created a help-line, 1-800-372-0775, to assist individuals in developing podiatric medical and surgical residency programs in their hospitals.

"...to keep up with growing patient demand, we need to expand the number of new podiatric residencies offered to students," said APMA President Ross Taubman, DPM. "Providing hospitals with tools to make ... a new podiatric residency program easier, such as the help-line, is a step in the right direction."

Experienced APMA staff and podiatric physicians work directly with APMA members or hospital representatives to explain the residency development process. If you are interested in receiving more information, call the help-line 24 hours a day at 1-800-372-0775.

| eNews No. 2,735 |

States Consider Requiring Hospitals to Screen for MRSA

The rate of patients entering the hospital with methicillin-resistant *Staphylococcus aureus* increased eightfold between 1999 and 2006. Politicians in statehouses around the country say hospitals need to take a more active approach to stopping MRSA's spread.

Since 2007, four states — California, Illinois, New Jersey and Pennsylvania — have enacted laws requiring hospitals to screen high-risk patients for MRSA infection or colonization and follow precautions to prevent other patients from becoming infected. Eight states considered similar legislation last year, and as of late January, new bills had been filed in Washington and Kentucky.

| Source: Kevin B. O'Reilly, AMNews via PM News. |

Ohio Podiatric Medical Association
1960 Bethel Road, Suite 140
Columbus, OH 43220-1815



Taking Care of Business



Since 1915

Calendar of OPMA / APMA 2009 Upcoming Events

APRIL 16
*Budget & Finance
Committee and OPMA
Board of Trustees*
Location: OPMA
Headquarters

MAY 21
*Executive Committee
Meeting*
Location: Conference Call

JUNE 4 – 6
*93rd Annual Region IV
Mid-Eastern CME
Seminar | GXMO Re-
certification Class*
Location: Columbus
Hilton Hotel

**JULY 30 –
AUGUST 2**
*APMA National
Convention*
Location: Toronto

AUGUST 6
*Budget & Finance
Committee and OPMA
Board of Trustees*
Location: OPMA
Headquarters

AUGUST 28 – 30
*GXMO – Initial, Re-
certification and Clinical*
Location: Columbus

- Dues payment to OPMA? *Check!*
- Donation to OPPAC? *Check!*
- Contribution to OPMA Legal Fund? *Check!*
- CHECK? *Check!*

Please help OPMA save money on credit card processing fees and pay by check instead of credit card.

Please help save OPMA money on credit card processing fees and pay by check instead of credit card.