

CPMA Newsletter May 2009

A publication of Colorado Podiatric Medical Association

09 Annual Conference Update

"A Leap Into New Horizons"

By Frederick S. Mechanik, DPM, FACFAS

It is my sincere pleasure to continue serving the Colorado Podiatric Medical Association as Chairman of your Education Committee and the 2009 Annual Conference.

For the past six months, I have been totally committed to planning the best conference to be held this year—in any state of the country. However, this cannot happen without your support and input. Here are some of the changes for this year's meeting:

The Annual Conference is going to take place on October 23-25, 2009, in Colorado Springs at the Doubletree Hotel/Conference Center located off I-25 and Cheyenne Mountain Boulevard. The registration fee will be lower than last year, and, depending on your level of participation, you can earn up to 24 hours of CME credit.

Scheduled to appear for the Doctor's General Track are Doug Richie, Howard Dananberg, George Gumann, Kris DiNucci, George Vito and James Wang for starters. There will also be a number of hands-on workshops for you to participate in over the weekend at no added cost. We will continue to offer our very successful Podiatric Assistants Practice Enhancement Track for your office managers, staff and new providers.

If that isn't enough, I am very happy to report that our meeting is being endorsed by Division 4 of the

American College of Foot and Ankle Surgeons, and, hopefully, we will be able to attract other providers from our neighboring states.

If CPMA members have any suggestions or ideas they would like to contribute to this year's conference, please contact me prior to August 15, 2009. I can be reached at 303.335.8106 or by email at drfsmchamp@yahoo.com

Tell your friends, call your colleagues (including in other states) and other health care professionals, and, if you're affiliated with a residency program, encourage everyone to attend.

Assistants Program 09 Expands to Three Tracks

By MaraBeth Johnson,
Program Coordinator

In conjunction with the doctors' annual meeting, the program for assistants expands to three simultaneous offerings this year.

Practice Management (Geared at Optimizing Reimbursement to be a "Lean, Mean Podiatry Machine")

This track is for office managers, billers, other administrative staff and doctors, too. This two-day program will present the latest in ERISA Appeals, coding, Medicare, and electronic medical records. Practice management algorithms and a session on facilitating change will be among the topics.

Back Office Track A two- day program for back office staff. They will increase practical knowledge in biomechanics, padding and strapping, casting orthotics and AFOs, shoe fitting and dispensing course, and other hands-on skills--designed to help increase revenue.

Certification of Podiatric Medical Assistants consists of a full-day review of clinical skills needed to pass the exam for certification within the National Podiatric Medical Assistants program. The next half-day is the exam itself. This training and review is a great way to educate and reward key staff with a professional certification designation.

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2009 APMA State Advocacy Forum By Brian Maurer, DPM, President

The Colorado Podiatric Medical Association was represented by Dr. Brian Maurer and Dr. Fred Mechanik at the 2009 APMA State Advocacy Forum. Below is a summary of the forum and highlights from the weekend.

The 2009 State Advocacy Forum was held at the Marriott Crystal City in Arlington, VA on Saturday January 31st. The meeting was attended by the APMA Board of Trustees and staff, State Advocacy Committee members, and 55 state liaisons from 33 states. The purpose of the meeting was to inform advocacy liaisons on a variety of pertinent issues facing podiatry today.

Dr. Ross Taubman, APMA President, delivered opening remarks on the current state of podiatric medicine. He provided an outline of the Vision 2015 objectives and

updated state advocates on progress toward reaching those objectives. He emphasized the important roles occupied by state advocates and associations and encouraged each state advocate and association to share the responsibility of developing residency programs, recruiting students to the podiatric profession, and passing laws and regulations that recognize the value and contribution of podiatric medicine. Dr. Taubman concluded by presenting information on the American Society of Podiatric Surgeons.

Dr. Marc Lederman, chair of the State Advocacy Committee, reviewed the accomplishments of the Committee in 2008. A more thorough update on accomplishments is available on the APMA State Resource Center:

www.apma.org/StateResourceCenter.

He also outlined the major projects in 2009, which include the development of state model laws and related advocacy materials, and the expansion of the APMA State e-Advocacy Program by permitting 10 more states to participate in the e-Advocacy program. The Committee will soon announce the application and enrollment process to all state associations.

Christine White, Esq. spoke on hospital privileging and medical staff issues. Her presentation provided extensive information on conflicts in the hospital privileging process and concerns arising from provisions in hospital bylaws (i.e., exclusion of podiatrists on medical staff, exclusion of podiatrists to perform H&P, inclusion of podiatrists as allied healthcare providers, or fee shifting). She presented case scenarios of podiatrists who lost or had privileges limited despite proper training. Her questions and answers centered on anti-trust discussions, legal and non-legal options and solutions.

The takeaway points from her presentation were:

1. Actively participate in the hospital administration process- i.e., attend staff meetings, serve on medical staff committees, participate actively on quality and safety control issues;
2. Have a good working knowledge of your hospital bylaws so you would know your rights and protections before a conflict arises;
3. Form alliances and seek out support within and outside of the hospital community. For example, when you are being denied a staff membership, contact other podiatrists at your hospital and ask your state association and APMA for further assistance.

The Honorable Gary Odom and Ms. Linda Kowalski spoke on scope of practice issues from a legislator and lobbyist perspective, respectively. Rep. Odom is the minority leader in the Tennessee State House of Representatives, as well as the Executive Director of the Tennessee Podiatric Medical Association. He provided valuable insight into the perception of scope of practice legislative advocacy. He encouraged podiatrists to become fluent in the legislative process and active in the election campaigns and fundraising. Linda is the principle lobbyist in the Kowalski group with years of experience in the state of Connecticut. Linda uses Connecticut's recent scope of practice campaign as a case study and presented best practices. Together, Rep. Odom and Linda spoke on the proper way to present bills, inform and lobby state representatives, and the importance of professional lobbyists for state associations.

The takeaway points from the scope of practice session were:

1. The best time to lobby is when you don't need anything. You should begin to build relationships with key legislators;
2. Take advantage of existing or creating opportunities to interact with your legislators-such as volunteering to staff an election campaign for your legislator, hosting a fundraising event for your legislator;
3. Total membership participation;
4. Effective communication to state association members and state legislators;
5. Effective use of your membership, lobbyist, and other resources.

Cindy Goff, a reimbursement director with BioMedix Vascular Solutions, Kelli Back, Esq., a consulting attorney for APMA, and Art Lerner, Esq., a healthcare and antitrust attorney for APMA, spoke on insurance reimbursement discrimination arising out of the podiatric scope of practice. The presentation began with Cindy who used the example of vascular diagnostic testing in the lower extremity to contextualized fee discrimination based on scope of practice statute and professional licensure. Subsequently, each presenter proposed different methods to resolve such fee discrimination and achieve fee parity. Their proposals were comprehensive, which included direct negotiation with insurers but avoiding the pitfalls of antitrust (ie., fee fixing, boycott, etc), legislative and regulatory advocacy, and lawsuit as the last resort.

During the lunch break, Angela Berard, senior public relations specialist, and Jenny Lin, associate director of state advocacy provided information on how to build a successful state advocacy machine using existing APMA state advocacy materials

and public relations campaigns. Chad Appel, Esq, state advocacy associate provided an overview of resources available on the APMA State Resource Center Web site and a demonstration on the e-advocacy function.

Dr. Jon Hultman, executive director of the California Podiatric Medical Association, delivered the final talk of the afternoon. Using CPMA's experience as a case study, he spoke on building coalitions with state medical and osteopathic societies. He stressed the importance of seeking common ground on legislation that affects all healthcare providers and how to effectively lobby those organizations when seeking legislation favorable to podiatry.

House of Delegates Highlights

By Gordon Rhéaume, DPM, First Delegate

Briefly, there were four key areas of major interest and discussion at the 2009 HOD. ASPS, the American Society of Podiatric Surgeons, was confirmed as the overwhelming choice for the new APMA surgical affiliate. I urge CPMA members to support this new advocate for podiatric surgeons. ASPS will advance our knowledge and skills and support APMA goals-- giving us the opportunity to have a stronger voice and greater resources. Those of us who are members of ACFAS can belong to both groups, if we choose, but I feel it's important to commit to ASPS.

PICA. Many of us are insured by PICA which, as you know, is now part of Pro Assurance. Dr. Jerry Brandt, PICA President and CEO, made an optimistic and positive presentation

during which he guaranteed that for at least three years the policies and practices of the organization (including discounts) will remain the same.

Litigation Center. This new entity will evaluate legal and legislative requests from the state associations for financial assistance and other resources of APMA. The details of the Center will be worked out during the year by a task force of state reps.

Vision 2015. State associations will be directly involved in reaching the goals of Vision 2015, especially the aim of having podiatrists recognized as physicians in every state and in every aspect of the delivery of care.

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Welcome to the new practice management column by Lynn Homisak, PRT. If there are any specific topics you'd like to have covered or to give feedback please contact our editor.

Secrets of Success:

Protocols Make Perfect Sense

***By Lynn Homisak, SOS
Healthcare Mgt Solutions, LLC***

Dr. I.M. Mindful has just attended a seminar that spoke to the importance of protocols and how they can improve practice performance and outcomes by streamlining the staff training process, promoting an anticipatory staff to increase flow and efficiency, providing more patient-focused care and also well-defined standards of care among other things. Everything he learned, he thought made good practice and clinical sense; however the effort to develop his own protocols was just not something he claimed he could invest his time into right now – because “time,” he says (like most people) “is scarce to begin with.” Upon

returning to his office Monday morning, one of his first appointments was a new patient c/o heel pain. I'd like to paint two pictures for you in the treatment of this patient; the first (following his "normal" routine) without written protocols and the second, with. Keep time in mind.

Without: Dr. Mindful introduces himself to Mrs. Day, takes her H&P and recommends diagnostic x-rays as a first step, explaining that his qualified assistant, Amy, will prepare and take them. He leaves the room to find Amy, but she is nowhere to be found. He opens several doors to try to find her and when he finally does, begins to relay his orders to her. Amy takes the x-rays and the doctor returns to Mrs. Day to review them with her. Based on his findings, he decides that an injection and a night splint would be in her best interest and again, he opens the treatment room door, sticks his head out and (to avoid wasting any more time) attempts to page Amy from his chair to initiate these next steps. "Amy?" No response. "AMY?" (a little louder). Still no response. Frustrated, he again turns to his patient and says, "Excuse me, Mrs. Day, while I try to find Amy to get things started for you." And the search begins all over again. This happens several more times before Mrs. Day's visit is over after which he escorts her up to the front desk, tells the receptionist when to see her again and (if he remembers) also mentions the products dispensed that the patient needs to pay for.

Let me reconstruct this very common scene ***with*** protocols put in place: Upon bringing Mrs. Day in the treatment room, Amy has already reviewed some basic information

about her condition with her (while Dr. Mindful was with another patient). She is aware that Mrs. Day has heel pain and after placing an assistant order sheet* on the counter, she immediately begins to put the heel pain protocol that Dr. Mindful has developed into motion. (**The order sheet allows the doctor to check off or circle items in the event that he wishes to deviate from his normal protocol; therefore acting as a non-verbal communication tool for staff to prepare accordingly.*) As the doctor reviews the chart with Mrs. Day, Amy is busy setting up the x-rays and also grabs the items/products that she knows Dr. Mindful requests for a "typical" heel pain patient, including educational materials (e.g. stretching exercises, heel pain brochure), an Rx for an oral anti-inflammatory, a tube of Biofreeze™, one (or two) night splints and their preferred Airheel™ for temporary mechanical control. When she finishes, she enters the treatment room, leaves her items (so everything the doctor might need to follow his heel pain protocol is readily accessible) and transfers the patient to the x-ray station. At the conclusion of the visit, Dr. Mindful circles any products dispensed and when and how much time to reschedule Mrs. Day for on a form that she personally brings to the front office, says goodbye and moves on to his next patient.

Taking the time to write out your protocols and allowing staff to have an active role in their implementation increases office efficiency from a time management and flow standpoint; DOCTOR'S efficiency by providing better focus and detail of patient's condition; office professionalism; staff performance and education, patients perception of their medical care TEAM

and builds patient rapport, confidence and compliance.

It's about time you don't waste any more of your valuable time. Those wasted minutes add up; so develop your protocols and make each minute count. It makes perfect sense!

Ms. Homisak has a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations and is a Fellow and Past Vice-President of the American Academy of Podiatric Practice Management. She is recognized as an expert in staff and human resource management. www.soshms.com

An educational program presented by Pfizer:

Diagnosis and Management of Neuropathic Pain Associated with Painful Diabetic Peripheral Neuropathy (DPN) and Postherpetic Neuralgia (PHN)

**Presenter: Alan Brewer, DDS, MD
Director, Pain Medicine Program
Department of Anesthesiology,
University of Colorado Health Sciences
Center**

Thursday, May 21, 2009

**6:30 pm registration
Denver Chop House
1735 19th St, Denver 80202
303-296-0800**

**Register by phone to Advanced Health
Media at (800) 292-6204 using Meeting
ID#EZ017866 (5136093).**

CPMA Newsletter is published for the members of the Colorado Podiatric Medical Association.

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