



INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

VOLUME THREE | FALL 2017

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PRESIDENT'S MESSAGE

JEFFRIE LEIBOVITZ, DPM | IPMA PRESIDENT

Greetings! I hope everyone has had a safe and happy summer. It is hard to believe but fall is quickly approaching. The coming of fall means the coming of the Annual Convention. This year the convention will take place October 5-8 in downtown Indianapolis at the Hyatt Regency.

The annual convention is a great time to reconnect with friends and colleagues, meet with exhibitors, get great educational content and engage in association activities. Each year I am impressed by the educational content put together by the continuing education committee and this year will be no different. I attend both the IPMA Annual Convention and the Midwest Podiatry Conference in Chicago. I'm proud to report that each year members tell me that IPMA convention has better educational content than the lectures at Midwest.

Additionally, the association's annual business meeting will take place at the convention. The meeting gives members a great opportunity to get the most recent updates about association activities. The full program for the convention can be found later in this newsletter. I hope to see everyone in Indianapolis in October.

I ask you to continue to support the IPMA/APMA with your membership dues and participation. The IPMA needs you to be involved and engaged to make change happen for podiatrists, our patients and our practices. If you are interested in volunteering to serve on the board, or on a committee, please let us know. We are always looking for new volunteers. Without volunteers dedicating their time, we could not accomplish so much for the membership.

If you have any questions or concerns, please contact the association so we can continue to serve our membership in the best way possible. 🦶



APMA REGISTRY

APMA has developed a data registry that has been approved by CMS as a Qualified Clinical Data Registry for 2017. The registry is now ready for participants. Complete the access request form and APMA staff will notify you when your information has been processed.

WHAT IS A DATA REGISTRY?

In short, a registry is a vehicle to collect data, sort the data, and use the data for multiple purposes. Registries also offer a method of collecting data from individual providers and submitting the data to agencies like CMS on behalf of those providers. CMS allowed this submission method for the Physician Quality Reporting System (PQRS) and continues to allow it for the Merit-based Incentive Payment System (MIPS) in 2017 as directed under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

WHAT DOES IT MEAN FOR MEMBERS?

We are now working with EHR vendors on integration. Once the registry is integrated with an EHR vendor, the EHR vendor's clients will be able to submit information to the APMA Registry. Fully integrated clients will be able to submit quality measures for the Quality component of MIPS through the APMA Registry. At this time, five EHR vendors have signed agreements with Prometheus Research, our partner in developing the registry, to integrate with the APMA Registry or to evaluate whether integration is feasible:

- 1st Providers Choice
- Compulink Business Systems
- ICS Software, Ltd.-Sammy Systems
- MediTouch-NextGen Healthcare
- TRAKnet

The APMA Registry will be able to handle both individual and group submissions to MIPS.

APMA members will enjoy participation in the registry as a member benefit—at no charge! The APMA Registry is set up to allow for attestations for the advancing care information (ACI) and clinical practice improvement activities (CPIA) components of MIPS for the 2017 performance year. That means that regardless of your EHR vendor's integration status with the registry, you will be able to register with the APMA Registry and submit attestations for these components for the 2017 performance year. More to come about the registration process in the near future.

The APMA Registry has 11 quality measures available for reporting. Highlighted measures are part of the MIPS Specialty Measure Set for podiatry for the 2018 Performance Period.

BENEFITS OF THE APMA REGISTRY

The APMA Registry will provide a wide array of benefits, in addition to allowing individual providers and groups to submit quality data to CMS:

- With a properly structured registry and appropriately developed outcome measures, there is the potential to demonstrate the value of services provided by podiatrists.
- We aim to allow members who provide data to the registry the ability to look at the mix of procedures and diagnoses they use and compare it against data provided by all registry participants.
- The registry may also serve as a resource for industry to request specific queries relating to products or services that our members perform or use

PQRS	NQF	Title	NQS Domain	Type	Develo	eCQM/C
110	0041	Preventive Care and Screening: Influenza Immunization	Community/Population Health	Process	AMA	eCQM
111	0043	Pneumonia Vaccination Status for Older	Community/Population Health	Process	AMA	eCQM
126	0417	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral	Effective Clinical Care	Process	APMA	CQM
127	0416	Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer	Effective Clinical Care	Process	APMA	CQM
128	0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and	Community/Population Health	Process	CMS	eCQM
154	0101	Falls: Risk Assessment	Patient Safety	Process	NCQA	CQM
155	0101	Falls: Plan of Care	Communication and Care	Process	NCQA	CQM
226	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation	Community/Population Health	Process	AMA	eCQM
317	-	Preventive Care and Screening: Screening for High Blood	Community/Population Health	Process	CMS	eCQM
-	-	Comprehensive Diabetic Foot Examination		Process	APMA	eCQM
-	-	CDR 2: Diabetic Foot Ulcer Healing or Closure		Outcome	US Wound Registry	eCQM

APMAPAC REPORT

BY CHRISTOPHER GRANDFIELD, D.P.M., APMAPAC COORDINATOR

I am proud to say that IPMA members have stepped up again and we are well on our way to meeting our 2017 APMAPAC Goal. At the halfway point, **IPMA members have contributed 84% of its 2017 fundraising goal.** These contributions have come from only **30 of the 222 IPMA members.** We ask all members to strongly consider a recurring monthly contribution of \$20.00. This allows members to make a meaningful contribution while avoiding the necessity of writing one large check. As of August 14, 2017, these IPMA member have pledged their contributions to APMAPAC:

DIAMOND LEVEL SUPPORTERS (\$2,500-\$4,999)

- Dr. Zahid Ladha

PLATINUM LEVEL SUPPORTERS (\$1,000-\$2,499)

- Dr. Patrick DeHeer
- Dr. Chris Grandfield
- Executive Director Matt Solak
- Dr. Sandra Raynor

GOLD LEVEL SUPPORTERS (\$500-\$999)

- Dr. Angie Glynn
- Dr. Richard Stanley
- Dr. Walter Warren


SILVER LEVEL SUPPORTERS (\$300-\$499)

- Dr. Michael Helms
- Dr. Patricia Moore
- Dr. Kathleen Toepp Neuhoff
- Dr. Matthew Parmenter
- Dr. Wendy Winckelbach

BRONZE LEVEL SUPPORTERS (\$150-\$299)

- Dr. Vincent Coda
- Dr. Patrap Gohill
- Dr. Jane Koch
- Dr. Lisa Lanham
- Dr. Jeffrie Leibovitz
- Dr. Jesse Murphy
- Dr. William Oliver
- Dr. David Ray
- Dr. Tod Reed

PATRIOT LEVEL SUPPORTERS (LESS THAN \$150)

- Dr. Larry Best
- Dr. Michael Carroll
- Dr. Gad Flaumenhaft
- Dr. Jason Liang
- Dr. Scott Neville
- Dr. Kati Rush
- Dr. Jeffrey Stevens
- Dr. David Sullivan 

PURPOSE: The American Podiatric Medical Association Political Action Committee's purpose is to raise and disburse funds to candidates for Federal office that support the legislative priorities and goals of the podiatric medical profession.

IMPORTANT: All amounts are simply suggested amounts. You may contribute or not contribute without concern of being favored or disadvantaged. Occupation/Employer information is required for aggregate annual contributions of more than \$200.00 by the Federal Election Campaign Act. Federal election law does not permit corporate contributions to be used for donation to candidates for federal office. Political contributions are not deductible for income tax purposes.

FOOT SUPPORT PAC UPDATE

The Foot Support PAC allows the IPMA to support state level candidates who support the podiatric profession at the Indiana State Capitol.

QUICK FACTS

- Contributors: 26 Members
- Contribution Member Percentage: 12%
- Contribution Total: \$7,400/\$8000
- Contribution Goal Percentage: 93%
- Foot Support PAC Balance: \$21,467.65
- Advocacy Fund Balance: \$3,845.00

As of September 2017, these IPMA member have pledged their contributions to the Foot Support PAC:

PLATINUM LEVEL (\$1,000-\$2,499)

- Dr. Sandra Raynor

GOLD LEVEL (\$500-\$999)

- Dr. Patrick DeHeer
- Dr. Angie Glynn
- Dr. Chris Grandfield
- Dr. Zahid Ladha
- Executive Director Matt Solak

SILVER LEVEL (\$300-\$499)


- Dr. Brian Damitz
- Dr. Pratap Gohil
- Dr. Kathleen Neuhoff
- Dr. Richard Stanley
- Dr. Wendy Winckelbach

BRONZE LEVEL (\$150-\$299)

- Dr. Michael Baker
- Dr. Gregory Boake
- Dr. Vincent Coda
- Dr. Brian Elliott
- Dr. Jason Gray
- Dr. Tiffany Koch
- Dr. Patricia Moore
- Dr. Jessica Taulman-Yang
- Dr. Walt Warren

PATRIOT LEVEL (LESS THAN \$150)

- Dr. Kent Burress
- Dr. Miranda Goodale
- Dr. Jane Koch
- Dr. Jeffrie Liebovitz
- Dr. Donald McGowen
- Dr. William Oliver
- Dr. Chase Stuart
- Dr. Kenneth Stumpf

The committee strongly encourages IPMA members to help protect and grow the podiatric profession by contributing to the Foot Support PAC. Make your online Foot Support PAC contribution today. 



NEW ONLINE LIMITED PODIATRIC RADIOGRAPHY EDUCATIONAL PROGRAM

The Indiana State Department of Health (ISDH) requires all podiatric medical assistants who take x-rays to be licensed as a limited podiatric radiographer. The IPMA is pleased to announce the introduction of a new limited podiatric radiography program that meets the ISDH requirements and is designed to instruct the podiatry assistant in the safe and effective use of x-rays in the podiatric practice. Content includes:

- History of the x-ray
- Risks and safety measures associated with radiography
- Image production and film development
- Principles of CT Scan, MRI, and Bone Scan
- Anatomy of the foot and ankle
- Positioning and x-ray machine placement
- Program Structure

The program consists of four online content modules, each with a final exam, one attestation

module, a Student Manual, and an X-ray Log. A Certifying Physician must guide the applicant in the clinical portion of the program and the completion of the X-Ray log. The podiatry assistant must document competency by demonstrating the proper performance of 60 x-ray views in the podiatrist's office.

At the successful conclusion of the program, the applicant will have the proficiency and skill necessary to obtain the limited podiatric radiography license and will receive a Certificate of Completion. The Certificate and the completed Application for Proficiency Certification for Limited Radiographer should be sent to the IPMA.

This course meets the requirements of the Indiana State Department of Health (ISDH) as set forth in 410 IAC 5.2-9-1 through 410 IAC 5.2-9-4 relating to the Limited Radiography Program. 🏥

RISK MANAGEMENT BASICS FOR INFORMED CONSENT

Informed consent is a general principle of law that imposes a duty on podiatrists and other healthcare providers to disclose to patients the information they need to intelligently make healthcare-related decisions. The basis of informed consent centers on the principle of autonomy, which recognizes an individual's right to make decisions regarding his/her healthcare.

Generally, a podiatrist has a duty to disclose what a reasonable, prudent clinician in the medical community in the exercise of reasonable care would disclose to a patient. At minimum, this includes:

- Diagnosis and purpose of the proposed procedure or treatment
- A description and explanation of the proposed procedure or treatment
- Important risks and benefits
- Alternatives to the proposed procedure or treatment, including no action

The podiatrist should discuss risks that are material or necessary to the patient's informed decision-making. Remote risks generally do not need to be disclosed, although many practitioners do advise patients about the risks of death or serious morbidity, even if those risks are slight.



A detailed discussion of various risks is especially wise if patients' comorbid conditions or life situations make such information more urgent. For example, a podiatrist will want to discuss and document in thorough detail the risks of a surgical foot or ankle procedure if the patient has a job that requires high mobility or long periods of standing.

Additionally, states and professional licensing boards may have statutes and regulations governing informed consent. Podiatrists need to ensure that their informed consent processes and forms incorporate these requirements because they define the standard of care specific to that state or the profession. Further, national professional associations might provide recommendations related to the informed consent process. Podiatrists should check with their professional associations for specific guidance and best practices. 🦶

VA PROVIDER EQUITY ACT UPDATE

As recently reported, the (AAOS) and American Orthopaedic Foot and Ankle Society (AOFAS) indicated their support for the bill in a letter to its primary sponsor, Rep. Brad Wenstrup, DPM (R-OH). The bill was marked up and passed unanimously out of the House Committee on Veterans Affairs.

APMA anticipated further action occurring after the August recess. IPMA is pleased to report at the end of July, the VA Provider Equity Act (HR 1058) was passed unanimously in the House. The APMA-crafted legislation aims to resolve ongoing recruitment and retention issues for podiatrists employed by the Veterans Health Administration (VA).

"From lower extremity injuries related to improvised explosive devices to foot and ankle ailments caused by aging, diabetes, or other service-connected disabilities, the veterans seeking care from the VA have uniquely complex medical needs," said Rep. Brad Wenstrup, DPM (R-OH). "I thank my colleagues in the House for the bipartisan passage of this legislation, and I urge the Senate to act swiftly as well, so these reforms can reach our veterans as soon as possible."



The passage comes less than a week after AAOS and AOFAS announced their support for the legislation and is a result of tireless efforts from APMA's legislative team.

Be on the lookout for more information in your APMA publications, and be prepared to use APMA eAdvocacy to support the legislation when it is available. 🦶

INDIANA MEDICAID DECLINES TO EXPAND TELEMEDICINE REIMBURSEMENT TO PODIATRISTS

BY BRANDON SHIRLEY AND STEPHANIE ECKERLE




The ability of podiatrists to provide services via telemedicine is making significant gains in Indiana, but Indiana Medicaid policymakers appear unwilling to follow suit. During the 2016 and 2017 General Sessions, Indiana lawmakers passed several bills that expanded the ability of providers, including podiatrists, to practice via telemedicine. However, the Indiana Office of Medicaid Policy and Planning (“OMPP”) has not adopted this change and proposes to continue prohibiting Medicaid payment to podiatrists for telemedicine services.

In 2016, the Indiana General Assembly passed HEA 1263, which set forth the conditions in which a “provider” could render health services, including prescribing medications and controlled substances, via telemedicine. HEA 1263 also outlined the circumstances under which out-of-state providers could render services in Indiana. The term “provider” included physicians assistants, nurse practitioners, and optometrists licensed under Indiana law. It did not include podiatrists. At the time, OMPP’s reimbursement policies specifically precluded Medicaid reimbursement to podiatrists for telemedicine services.

In 2017, Indiana lawmakers passed HEA 1337, which clarified certain provisions of HEA 1263 regarding telemedicine prescription requirements for controlled substances and made specific changes to the Medicaid statutes. Notably, HEA 1263 added podiatrists to the list of providers, now called “prescribers,” eligible to render telemedicine services under Indiana law. And, with regard to the Medicaid statutes, HEA 1263 eliminated certain Indiana-specific Medicaid reimbursement limitations for telemedicine, such as a 20-mile restriction between the recipient and provider of telemedicine services. HEA 1263 did not require OMPP to reimburse

podiatrists for telemedicine services. Instead, it authorized OMPP to define which providers are and are not eligible for reimbursement of telemedicine services.


HEA 1263 also required OMPP to take specific steps to implement changes to Medicaid reimbursement for telemedicine services, namely, submitting a State Plan Amendment (“SPA”) to the Centers for Medicare and Medicaid Services (“CMS”) for review and approval. On August 16, 2017, OMPP published a notice soliciting public comment on its proposal to implement the new telemedicine changes. By federal law, the public comment period must precede OMPP’s submission of the SPA, and while OMPP is not holding a public hearing on its proposal, it intends to present its proposal to the State Budget Agency in October of 2017. While final review and approval may take several months, OMPP intends to make the changes effective October 1, 2017.

At present, the draft SPA continues to identify podiatrists on the list of providers ineligible for Medicaid reimbursement for telemedicine services. Thus, OMPP does not currently intend to reimburse podiatrists for telemedicine services, despite HEA 1263’s specific inclusion of podiatrists under the list of providers authorized to practice via telemedicine. The draft notice is a proposal at this point and is subject to change. Interested persons may send comments to the address specified in the notice, available at <http://www.in.gov/legislative/iac/20170816-IR-405170357ONA.xml.pdf> 

If you have questions or concerns, or you need assistance drafting comments to OMPP, please feel free to contact Brandon Shirley at bshirley@kdlegal.com or Stephanie Ecklerle at secklerle@kdlegal.com to assist.

IPMA RESPONDS TO OFFICE OF MEDICAID POLICY AND PLANNING

The IPMA has submitted formal comments to the Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) proposed State Plan Amendment (SPA) to Medicaid policy for telemedicine services. The IPMA strongly disagrees with the OMPP’s conclusion to continue its policy of not reimbursing podiatric services provided via telemedicine. IPMA’s comments requests this restriction be

removed from the proposed policy changes. IPMA feels OMPP’s action ignore the legislative intent of the General Assembly and will ultimately deny patient access to the licensed and credentialed medical and surgical specialty care provided by podiatric physicians. IPMA will continue to update the membership on this ongoing issue. 

SECRETS OF SUCCESS DOCTORS: CALL YOUR OFFICE!

BY LYNN HOMISAK
SOS HEALTHCARE MANAGEMENT SOLUTIONS

As a healthcare management consultant I spend a lot of time making and returning phone calls to a lot of offices. What I hear... what your patients hear; is NOT always pretty. Making an effort to improve efficiency, offering the latest/best treatments and building relationships with patients are all critical components of a successful practice...and equally important is your patients' first phone experience with your office. What I am about to reveal is not a reflection of EVERY office I phone-connect with; however, of the first ten calls I made yesterday, SIX sent up red flags. Following is a peek into just one morning of my recent attempts. Look at them from a customer/patient perspective.

#1: People that know me, know I am pro-automation and there is no question that automated attendants ("press one for ___, press two for ___") have their place in a busy office. It is extremely helpful to the patient who wants to bypass the receptionist and speak to the billing department. It is also equally efficient to relieve an overburdened receptionist from sorting through every incoming call by re-routing those calls and freeing up their time to accomplish other duties. However, be careful of turning a positive into a negative. Typically, patients will listen to 2 or 3 options if it means a direct connection to the proper individual. Now, put them through a menu of TEN options. Impatience, irritation, frustration or worse...a hang up! Are all ten options really necessary? Three of the calls I placed yesterday subjected me to a long menu and NONE of them addressed my reason for calling! In the end, I went with "Press #5 if you want to make an appointment" just to reach a human. (By the way, shouldn't that have been #1?) So, while automation is time saving and at times, appropriate, customer service is also providing warm, personal, HELPFUL human contact. We all agree, it's nice to be treated nice.

#2: Patients can tell when someone is smiling and when they are not. An upbeat staff reflects a positive attitude of the entire practice, top down. My second call, no joke, was answered: "Doctor's office" and nothing more. Whose office did I reach? An MD? Cardiologist? Dentist? Did I misdial? It was not informative, welcoming or professional. As a reminder, try placing a smile button next to every phone in your office and have staff reflect on it prior to answering every call (every potential new patient). "Good morning, Dr. Pod's Office, Sue speaking, may I help you?" is a great opening! Why not include "How can I make your day better?" As a patient I'm already smiling. You had me at "Hello!"

#3: "May I help you" – if you say it, (and you should) how about making good on that offer? I spent more time than was

necessary trying to drag words out of one of the receptionists I spoke with. "Hi, my name is Lynn Homisak and I'm calling to speak with Miss deCall." Crickets. "Is she available? Can you connect me?" "No." "Oh, can I leave a message?" "She doesn't take messages." "She doesn't TAKE messages?" "Email only; she only answers emails." Getting information was like trying to pull teeth. After a few more related questions and one word responses, I accepted defeat.



#4: One ring to the next office immediately activated their voice mail system. (I am always aware of the time zone differences with offices I call, so let me note the time of my call was 3:30pm on a weekday.) Voice mail: "Thank you for calling Tick Tock Podiatry. Our office is currently closed. Our office hours are Monday through Friday 8am to 5pm. Please stay on the line and our answering service will help you." (Waiting patiently...still waiting...turning impatient) At last, "Hello, Tick Tock Podiatry's answering service. The office is closed, may I help you?" Me: "The office is closed? What time do you have?" Operator: "3:35 Ma'am." Me: "The message said hours were until 5:00. Are they really gone?" Operator: "Yes, I'm sorry Ma'am, they are. My call was important enough that I will likely make another attempt but the whole experience did not sit well. The bigger question is: will a new patient hitting that same roadblock call back, or simply call another podiatry office that actually keeps posted hours?"

I hope this mini exposé resonates. 20-30% of potential new patients are lost on the first phone call to your practice. This is generally the result of staff not properly trained, failing to "close the deal", careless office policy, or just lousy attitude. I repeat, receptionists are often a patients' first encounter with your practice, they represent your practice. Are you aware of how each phone call is handled? For more insight, consider having someone you know call your office as a new patient. Was your staff helpful? Was the call positive? Friendly? Were they successful at making that appointment?

Several modes of communication have made their way into many of our practices. And yet, the phone still remains the KEY communication link. Do not neglect the critical importance of this tool and the skills of the staff person that picks up! 🦋

Lynn Homisak is with SOS Healthcare Management Solutions. Learn more at www.soshms.com.



Join us on October 5-8 at the Hyatt Regency Indianapolis for IPMA's 92nd Annual Convention. The largest podiatric convention in the state will offer 3.5 days of lectures and CME credit, as well as opportunities to network and gain valuable resources in the exhibit hall. Two days of education tailored to Medical Assistants will also be offered. **For a detailed schedule featuring lecture descriptions and speakers, visit indianapodiatric.org.**

DOCTOR SCHEDULE

Thursday, October 5

5.75 CECH

8:30 am – 10:45 am

Board of Trustees Meeting

10:00 am – 5:00 pm

Convention Registration

11:00 am – 1:00 pm

Lunch Lecture: "You Never Told Me!" – Why Thorough Informed Consent is Paramount in Patient Care

Rachel Rosen, RN, MSN

Medical Protective insured podiatrists attending this two-hour presentation are eligible for a one-year, 10% risk premium credit.

1:00 pm – 5:30 pm

Exhibit Hall Open

1:30 pm – 2:00 pm

Minimally Invasive Osteotomy for Hallux Valgus Correction

Guido LaPorta, MS, DPM, FACFAS

2:00 pm – 2:30 pm

Subchondroplasty for Chronic Bone Lesions

Guido LaPorta, MS, DPM, FACFAS

2:30 pm – 3:00 pm

Tarsal Tunnel Syndrome

Guido LaPorta, MS, DPM, FACFAS

3:00 pm – 3:30 pm

Refreshment Break

3:30 pm – 4:00 pm

Juvenile Hallux Valgus: What Do I Do with This Kid That Has a Bunion?

Patrick A. DeHeer, DPM

4:00 pm – 4:30 pm

1st MPJ Arthrodesis Functional Outcomes: A Current Literature Review

Patrick A. DeHeer, DPM

4:30 pm – 5:00 pm

Equinus Management for Improved Patient Outcomes

Patrick A. DeHeer, DPM

5:00 pm – 5:45 pm

Physician Burnout

John Evans, DPM, FACFAS

5:30 pm – 7:00 pm

Past President's Reception

Friday, October 6

6.5 CECH

7:30 am – 5:00 pm

Convention Registration

7:30 am – 8:30 am

Continental Breakfast

7:30 am – 6:00 pm

Exhibit Hall Open

8:00 am – 8:30 am

Atypical Wounds: A Practical Approach

Leland Jaffe, DPM, FACFAS, CWSP

8:30 am – 9:00 am

Emerging Trends in MRSA Treatment and Antimicrobial Resistance

Leland Jaffe, DPM, FACFAS, CWSP

9:00 am – 9:30 am

Systematic Approach to Treatment of the Diabetic Foot: A Literature Update

Leland Jaffe, DPM, FACFAS, CWSP

9:30 am – 10:00 am

Refreshment Break

10:00 am – 10:30 am

Diabetic Dermatology

G. Dock Dockery, DPM, FACFAS

10:30 am – 11:00 am

Excision vs. Flaps for Skin Lesions

G. Dock Dockery, DPM, FACFAS

11:00 am – 11:45 am

Orthotic Management of Wounds and Partial Foot Amputations

Jennifer Murphy, MPO





92nd Annual Fall Convention

OCTOBER 5-8, 2017

Hyatt Regency Indianapolis

11:45 am – 12:45 pm

Lunch with Exhibitors

12:45 pm – 1:45 pm

Biopsy: Indications and Techniques

G. Dock Dockery, DPM, FACFAS

1:45 pm – 2:30 pm

Ensuring Compliance: Understanding Indiana's New Opioid Prescribing Law

Laura Brown and Amy Levander

2:30 pm – 3:00 pm

Refreshment Break

3:00 pm – 4:30 pm

Vascular Symposium

4:30 pm – 6:00 pm

Reception

Last chance to visit exhibitors!

Saturday, October 7

5.5 CECH

7:30 am – 5:00 pm

Convention Registration

7:30 am – 8:30 am

Continental Breakfast

8:00 am – 8:30 am

Surgical Treatment of Scars

G. Dock Dockery, DPM, FACFAS

8:30 am – 9:00 am

Topical Medications and Steroids

G. Dock Dockery, DPM, FACFAS

9:00 am – 9:30 am

Can We Prevent OA in the Foot and Ankle?

Jason R. Miller, DPM, FACFAS, FAPWCA

9:30 am – 10:00 am

The Trouble with Travel Sports: A Tale of Injured Adolescents

Jason R. Miller, DPM, FACFAS, FAPWCA

10:00 am – 10:15 am

Refreshment Break

10:15 am – 10:45 am

PTTD: A Perplexing Problem

*Jason R. Miller, DPM, FACFAS,
FAPWCA*

10:45 am – 11:15 am

The Pesky Peroneals and Tales of Subluxation

Jason R. Miller, DPM, FACFAS, FAPWCA

11:30 am – 12:30 pm

IPMA Annual Membership Meeting

12:30 pm – 2:00 pm

Recognition Luncheon

Join us for this special luncheon to honor the past year's leadership and contributions to podiatry in Indiana.

2:15 pm – 3:15 pm

MIPS/MACRA: What You Need to Know NOW and for 2018

Alan Bass, DPM

3:15 pm – 3:45 pm

Real Time Data to Increase Your Patient Outcomes: What is Everyone Billing?

Jeffrey Frederick, DPM

3:45 pm – 4:00 pm

Refreshment Break

4:00 pm – 4:30 pm

The Four Most Important Metrics in a Successful Office

*Alan Bass, DPM and Jeffrey Frederick,
DPM*

4:30 pm – 5:00 pm

Getting Things Done: Avoid Time Vampires

*Alan Bass, DPM and Jeffrey Frederick,
DPM*

5:00 pm – 5:45 pm

Diagnosing Hypophosphatasia (HPP): The Significance of Low Alkaline Phosphatase (ALP) and its Consequences

Howard M. Saal, MD, FACMG

Sunday, October 8

4.75 CECH

7:00 am – 12:30 pm

Convention Registration


7:00 am – 8:30 am

Continental Breakfast

7:30 am – 12:30 pm

Abstract Presentations

These presentations will review interesting cases, update local podiatric research, literature review of cases and common medical and surgical treatments.



For more information about
lectures and speakers, visit
indianapodiatric.org.



MEDICAL ASSISTANT SCHEDULE



Friday, October 6 3 CECH

7:30 am – 5:00 pm
Convention Registration

7:30 am – 8:30 am
Continental Breakfast

7:30 am – 6:00 pm
Exhibit Hall Open

11:45 am – 12:45 pm
Lunch with Exhibitors

1:00 pm – 2:00 pm
**Orthotic Management of Wounds
and Partial Foot Amputations**
Jennifer Murphy, MPO

2:00 pm – 2:30 pm
**Getting Things Done: Avoid Time
Vampires**
Jeffrey Frederick, DPM

2:30 pm – 3:00 pm
Refreshment Break

3:00 pm – 4:30 pm
**MIPS/MACRA: What You Need to
Know NOW and for 2018**
Alan Bass, DPM

4:30 pm – 6:00 pm
Reception
Last chance to visit exhibitors!

Saturday, October 7 5.0 CECH

7:30 am – 5:00 pm
Convention Registration

7:30 am – 8:30 am
Continental Breakfast

8:30 am – 9:30 am
Dealing with the Difficult Patient
John Evans, DPM, FACFAS

9:30 am – 10:30 am
Lecture to be Announced
Zahid Ladha, DPM

10:30 am – 10:45 am
Refreshment Break

10:45 am – 11:45 am
**Definitive Diagnosis – Appropriate
Sampling and Diagnostic Methods**
Scott Burke

11:45 am – 12:30 pm
**Diagnosing Hypophosphatasia (HPP):
The Significance of Low Alkaline
Phosphatase (ALP) and its
Consequences**
Howard M. Saal, MD, FACMG

12:30 pm – 2:00 pm
Recognition Luncheon
Join us for this special luncheon to
honor the past year's leadership and
contributions to podiatry in Indiana.

2:15 pm – 3:15 pm
**What is a Pedorthist and Their Pearls
of Shoe Fitting?**
*Joe Haig, OST, CPed, BOCPD and
Pam Haig, CPed., BOCPD*

3:15 pm – 4:15 pm
**DMR Taping for Biomechanical
Diagnostics and Symptom Relief**
*Joe Haig, OST, CPed, BOCPD and
Pam Haig, CPed., BOCPD*



92nd Annual Fall Convention

OCTOBER 5-8, 2017

Hyatt Regency Indianapolis

CONVENTION INFORMATION

ABOUT IPMA

The Indiana Podiatric Medical Association represents podiatrists throughout the state with the goal of furthering the specialty of podiatry on the local and national level. IPMA actively educates, supports and advocates for podiatrists and their patients on a wide variety of administrative, licensing, legislative, and patient-care issues.

IPMA Mission: To ensure the highest quality of lower extremity health care for patients by advancing the art and science of podiatric medicine through advanced continuing education, legislative advocacy, public education and promotion of the profession.

CONVENTION PURPOSE AND OBJECTIVES

This convention will provide information on the most up-to-date diagnostic and treatment methods for lower extremity disorders.

Objectives:

1. To provide the podiatric physician with a broad range of programs offered in an intensive four-day convention.
2. To establish an understanding of developing concepts in the diagnosis, evaluation and treatment of lower extremity disorders and foot conditions.

INTENDED AUDIENCE

This convention will be of interest to podiatric physicians and surgeons. Other health care professionals with special interest in the diagnosis and treatment of lower extremity disorders will also benefit from this convention.

REGISTRATION

The convention registration fee includes all convention food and beverage events, as well as all educational programming. Lunch will be provided on Thursday, Friday and Saturday. You must pre-register for the lunches. For more information about registration fees, please refer to the convention registration form on page 7. Online registration is also available at indianapodiatric.org.

ATTIRE

The suggested dress for all events is business or business casual.

CONTINUING EDUCATION CREDIT

This activity has been planned and implemented in accordance with the standards and requirements for approval of providers of continuing education in podiatric medicine through a joint provider agreement between the American Academy of Podiatric Practice Management and the Indiana Podiatric Medical Association. The American Academy of Podiatric Practice Management is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. A maximum of 22.5 continuing education contact hours will be provided.

The Medical Assistant Program will offer a maximum of 8 continuing education contact hours, pending approval by the Commission on Accreditation of Podiatric Medical Assisting Certification.

No commercial interest provided financial support for this continuing education activity.

LOCATION AND ACCOMMODATIONS

Hyatt Regency Indianapolis
One South Capitol Avenue
Indianapolis, IN 46204
317-632-1234

The Hyatt Regency Indianapolis is offering a special convention rate of \$189 for single or double occupancy. This rate is available until September 11, 2017. To make reservations, visit <https://aws.passkey.com/go/PODI> or call 888-241-1442.



NEW! IPMA Rewards Program

Earlier this year, IPMA introduced a new Rewards program to help further reduce the cost for members attend the IPMA Annual Fall Convention. The plan will allow members to reduce the cost of their Fall Convention registration fee to **as low as \$100**, while supporting other critical programs of the IPMA.

Members will be eligible for the following discounts on their 2018 convention registrations:

- \$25 for attending the Awards Lunch and the Business Meeting at the Fall Convention on Saturday, October 7.
- \$50 for attending the 2017 Midwest Podiatry Conference in Chicago.
- \$50 for contributing \$50 to the IPMA Administrative Advocacy Account during 2017.
- \$50 for attending the 2017 Fall Convention.
- \$100 reduction for serving on the 2017 Board of Trustees.

If you are an IPMA Member and achieve the above discounts, your 2018 Fall Convention registration fee will be reduced from \$275 to \$100. We know we ask a lot from IPMA members, and we hope this program will help mitigate some of the costs associated with being an IPMA member.



IPMA will maintain records of your attendance and participation in the activities outlined in the program. If you have additional questions, please contact the IPMA office at 888-330-5589.

Registration



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REGISTRANT INFORMATION

PLEASE COMPLETE ONE REGISTRATION FORM PER ATTENDEE. PRE-REGISTRATION DEADLINE IS SEPTEMBER 28. AFTER SEPTEMBER 28, YOU MAY REGISTER AT THE CONVENTION. FOR ASSISTANCE, CALL 888.330.5589.

Name/Credentials (as it should appear on badge) _____

DPM Name (medical assistants and staff) _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ Fax _____

Special Needs/Dietary Restrictions _____

REGISTRATION FEES An additional fee of \$40 will be added to registrations received after September 21, 2017

☐ IPMA Member \$275

☐ APMA Member \$475

☐ Non-Member \$775

☐ IPMA/APMA Life Member \$0

☐ Medical Assistant/Staff \$150

☐ Resident/Student \$0

LUNCHES PLEASE REGISTER FOR THE LUNCHES THAT YOU WILL ATTEND

☐ Thursday Medical Protective Lunch Lecture

☐ Friday

☐ Saturday

☐ Additional tickets for Awards Luncheon on Saturday at \$55 each

QTY _____

Lunch guests (names for badges) _____

PAYMENT

☐ Please make check payable to IPMA

☐ Visa

☐ MasterCard

☐ AMEX

TOTAL \$ _____

Credit Card # _____

Expiration Date _____ CW _____

Name on Card _____

Billing Address _____

Signature _____

CANCELLATION POLICY A refund less a \$50 processing charge will be provided for cancellations received in writing by September 21, 2017. Send cancellation to inpma@indianapodiatric.org. In lieu of a refund, your paid registration fee can also be used to send a substitute attendee.

Mail registration form with payment to:
IPMA
133 W. Market Street, #261 Indianapolis, IN 46204
or fax with credit card information to 517.485.9408

NOMINATIONS FOR 2017 AWARDS ARE NOW BEING ACCEPTED

DOCTOR NOMINATIONS

- Dr. T. H. Clarke Award
- Meritorious Service Award
- Outstanding Public Service Award

MEDICAL ASSISTANT NOMINATIONS

- Ginny Jewell Medical Assistant of the Year Award

Please visit www.indianapodiatric.org for a nomination form. **Nominations for the 2017 Awards are due to the IPMA office by Friday, September 22 by 5:00 pm.**

If you have any questions, please contact Matt Solak at the IPMA Offices at 888.330.5589 or matt@kdafirm.com.

2017 INDIANA PODIATRIC MEDICAL ASSOCIATION BOARD OF TRUSTEES

Jeffrie C. Leibovitz, DPM, President
ftbenpod@sbcglobal.net
 317.545.0505

Wendy S. Winkelbach, DPM, President-Elect
wendywinkelbach@gmail.com
 317.882.9303

Richard Loesch, DPM, First Vice President
rlloeschhunter@yahoo.com
 812.386.6750

Brian Damitz, DPM, Second Vice President
briandamitz@gmail.com
 219.921.1444

Cathy Coker, DPM, Secretary-Treasurer
Coker2007@gmail.com
 866.344.3338

Richard A. Stanley, DPM, Immediate Past President
Rstanley02@msn.com
 317.784.7039

Kathleen Toepp-Neuhoff, DPM, North Trustee
vetpod@aol.com
 574.287.5859

Sandra Raynor, DPM, Central Trustee
Skranich2@gmail.com
 866.344.3338

Zahid Ladha, DPM, South Trustee
footfirstdoc@yahoo.com
 812.945.9221

IPMA STAFF

Matt Solak: Executive Director
matt@kdafirm.com

Geri Root: Director of Events
geri@kdafirm.com

Sara McCallum: Continued Education Coordinator
sara@kdafirm.com

Erin Dalling: Director of Membership
erin@kdafirm.com

Michelle Dishaw: Financial Administrator
michelle@kdafirm.com

Trina Miller: Administrative Assistant
trina@kdafirm.com

IPMA LOBBYISTS

LegisGroup Public Affairs, LLC
 Glenna Shelby
 Ron Breymer
 Matt Brase

CONTACT US

Phone: 888.330.5589
 Email: inpma@indianapodiatric.org

ADVERTISING WITH THE IPMA



Advertising helps strengthen the identity of your brand and enables you to hold on to existing customers while extending your reach to potential new customers. IPMA is offering a unique advertising opportunity for vendors to advertise to their ideal target audience and receive maximum exposure in our quarterly e-newsletter.

Special Offer: Any vendor who purchases an advertisement for 2018 will receive a complimentary advertisement for the 2017 Winter Issue.

2018 ADVERTISEMENT RATES

Quarterly Rate \$200
 Annual Rate \$700

2018 PUBLICATION SCHEDULE

	Artwork Due Dates	Target E-Mail Date
Spring Issue	February 23	March 16
Summer Issue	May 25	June 15
Fall Issue	August 24	September 14
Winter Issue	November 23	December 14

Diamond Sponsor



Gold Sponsor

