



INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

ISSUE THREE | FALL 2018

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PRESIDENT'S MESSAGE

WENDY WINCKELBACH, DPM | IPMA PRESIDENT

I hope everyone had a great summer. In the last newsletter, I was happy to report that because of the leadership of IPMA member Patrick DeHeer, the APMA accomplished a major legislative victory with the passage of the VA Provide Parity Act. Since that report, we have been reminded that our profession will continue to face challenges. As reported by APMA, in July CMS released a proposed rule that, if finalized, would require podiatrists to use different Evaluation and Management Codes than all other Medicare physicians, which would reimburse at a significantly lower rate.

Members received numerous communications from APMA and IPMA on the need to take action to oppose this proposal. Thank you to all the members who submitted comments in opposition of this egregiously discriminatory proposal. APMA has been working hard against this proposal and this action by CMS is a reminder of why we can never let our guard down against those who are not looking out for our profession and the patients we serve.

Your support through membership dues and participation is critical, so please return as soon as possible if you have not already. As always, we continue to need the time and talents of all members in order to remain a strong organization. If you are interested in joining a committee or getting involved, please do not hesitate to contact me or the IPMA office.

Finally, the IPMA Annual Convention is quickly approaching and I hope to see you in Indianapolis this fall. The IPMA offers a strong education program while providing an opportunity to meet with other IPMA members. I also hope that you take the time to invite a colleague who you have not seen at the convention in a while. Please mark your calendars for the following events:

- IPMA Annual Convention, Hyatt Regency Downtown, Indianapolis, IN, October 18 – 21, 2018.
- Midwest Podiatry Conference, Hyatt Regency, Chicago, IL – April 10 – April 13, 2019.

If you have any thoughts, concerns or suggestions regarding the activities of the IPMA, please do not hesitate to contact me. 🐾





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 wants to remind the membership of its 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, the completed Application for Proficiency Certification for Limited Radiographer and signed x-ray log should be sent to the IPMA. 

Please contact the IPMA office with any questions at 888.330.5589.

MINIMIZING RISKS ASSOCIATED WITH SCOPE OF PRACTICE FOR ADVANCED PRACTICE PROVIDERS

Fast-paced changes in healthcare and increasing demands on doctors have resulted in the need to implement new frameworks and models for the delivery of quality patient care. At the forefront of this shifting paradigm are advanced practice providers (APPs), such as nurse practitioners, physician assistants, and certified registered nurse anesthetists, who are helping fill gaps in provider availability and accessibility.

The scope of practice for APPs is complex and evolving; as such, it represents an area of risk concern for podiatry practices and other healthcare organizations utilizing these practitioners. Yet, the benefits that APPs offer are numerous. Studies have suggested that these providers help healthcare practices and organizations improve safety, quality, efficiency, continuity of care, and patient experience and satisfaction.¹ Additionally, APPs can help improve communication with patients, and — by easing the workload — allow doctors to concentrate on patients who have more complex needs.

Podiatrists who seek to include APPs as part of a collaborative care model can employ a number of proactive strategies to address risks related to APP scope of practice and potentially minimize liability exposure. For example:

- Research your state's statutes and regulations governing APP scope of practice to develop a clear understanding of what functions these providers are legally permitted to perform. Routinely monitor for changes in state laws related to scope of practice.

- Understand your state's requirements for collaboration, supervision, and the development of written guidelines and protocols for each type of APP in your practice.
- When developing guidelines related to APP scope of practice within your office, make sure you fully understand the nature of APP advanced practice, clinical training, and education.
- Ensure that guidelines and protocols specifically define situations that should trigger consultation or collaboration with the podiatrist, as well as appropriate methods of communication between providers.
- Routinely review guidelines and protocols to ensure they are current and relevant to APP practice and consistent with state laws and office policies.
- Delineate each APP's scope of practice in his/her collaborative agreement (if applicable) or employment contract. Use terminology that is consistent with the language that appears in state laws and practice acts.
- Confirm that APPs have the competencies included in their scopes of practice.
- Educate staff about the roles of APPs within your podiatry practice, so that staff members can provide patients with adequate and correct information.
- Make sure patients are aware of who is providing their care and understand their provider options. 🩺

For more information, see MedPro Group's article titled [Scope of Practice for Advanced Practice Providers: Navigating Complex and Changing Boundaries](#).

1 Rice, C. (2013, March 18). The trouble with nurse practitioners. HealthLeaders Media. Retrieved from www.healthleadersmedia.com/page-1/HR-290219/The-Trouble-with-Nurse-Practitioners; Robert Wood Johnson Foundation. (2013, June). Improving patient access to high-quality care: How to fully utilize the skills, knowledge, and experience of advanced practice registered nurses. Charting Nursing's Future. Retrieved from www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf405378; National Governors Association (NGA). (2012). The role of nurse practitioners in meeting increasing demand for primary care. Retrieved from www.nga.org/cms/home/nga-center-for-best-practices/center-publications/page-health-publications/col2-content/main-content-list/the-role-of-nurse-practitioners.html; Page, A. E. (2010, March). Liability issues with physician extenders. AAOS Now, 4(3). Retrieved from www.aaos.org/news/aaosnow/mar10/managing6.asp

IPMA MEMBERSHIP DUES REMINDER

As a reminder, 2018-19 membership dues invoices have been sent and were due to the IPMA office by September 2018 to avoid interruption in your membership. Membership dues can be submitted directly to the IPMA office and IPMA will work with APMA to process and reinstate any lapsed memberships. For those members that pay membership dues quarterly, 2nd Quarter dues payments are due to the IPMA office this month. Please contact the IPMA office if you have any questions or would like a copy of your 2018-19 membership dues invoice. 🩺

APMA WORKS TO STOP CMS PROPOSAL

As APMA has reported, CMS released its 2019 Medicare Physician Fee Schedule Proposed Rule that, if finalized, would require podiatrists to use different E/M codes from all other Medicare physicians. The codes would reimburse at a significantly lower rate. APMA has been working tirelessly to stop this proposal. Recently, APMA met with the offices of:

- Sen. Bill Cassidy, MD (R-LA)
- Sen. Pat Roberts (R-KS)
- Sen. Dean Heller (R-NV)
- Rep. Peter Roskam (R-IL)
- Rep. Marsha Blackburn (R-TN)
- Rep. Michael Burgess (R-TX)
- Rep. Brad Wenstrup, DPM (R-OH)
- Rep. Mike Kelly (R-PA)
- Rep. Brett Guthrie (R-KY)
- Rep. Diane Black (R-TN)
- Rep. Julia Brownley (D-CA)

Additionally, APMA met with the majority and minority staff of House Ways and Means Committee and the Senate Finance Committee majority staff.



The in-person meetings were in addition to APMA's congressional eAdvocacy campaign. APMA launched its grassroots campaign in August, and more than 4,000 podiatrists, 600 podiatric medical students, and 1,500 non-DPMs (patients, family, and friends) have already submitted comments directly to CMS via APMA's eAdvocacy grassroots portal. Additionally, APMA has generated more than 1,300 letters to Congress.

More than 1,200 non-DPM comments have been submitted via the link members have shared with their patients, family members, and friends. More than half of APMA state components have submitted comments, and APMA is in the process of rallying other specialty provider associations to include language in their comments against the proposed podiatry-specific E/M coding. 🏠

INDIANA OMPP FINALIZES DME AND ORTHOTICS RULE

On August 22, 2018, the Indiana Office of Medicaid Policy and Planning published a final rule ("LSA #18-125") making changes to prescribing rules for DME and Orthotics. The rule:

- Removes the requirement for rehabilitative potential for wheelchairs for child recipients in a nursing facility in accordance.
- Updates and clarify definitions and terminology.
- Adds provisions to implement the requirement for documentation of a face-to-face encounter for home health durable medical equipment (DME) items.

- Revises state regulations for prior authorization to implement the requirement for documentation of a face-to-face encounter for home health DME items and to remove the requirement for rehabilitative potential for wheelchairs for child recipients in a nursing facility.
- Amends provisions to comply with a court order requiring coverage of orthotics regardless of age.

The final rule can be found online. 🏠

2019 PROPOSED E&M CHANGES APPEAR TO VIOLATE SOCIAL SECURITY ACT STATUTORY LANGUAGE



BY JEFFREY D. LEHRMAN DPM,
FASPS, MAPWCA
APMA

On July 12, 2018, the Centers for Medicare and Medicaid Services (CMS) released its proposed rule on the 2019 Medicare Physician Fee Schedule (CMS-1693-P). In what they say is an attempt to reduce physician burden,

CMS is proposing to reform documentation requirements for evaluation and management (E&M) services in the following manner:

First, CMS would consolidate reimbursement for office-based and outpatient E&M visit levels 2 through 5 (i.e., CPT® codes 99202 through 99205 for new patients and CPT codes 99212 through 99215 for established patients) into a single flat-rate payment for new patients and established patients, respectively, regardless of which code(s) is billed. Documentation requirements would be the same as they currently are for level 2 codes (99202 or 99212, as applicable).

Second, CMS proposes to require podiatric physicians to use new “podiatrist-specific E&M codes:” G codes that were developed by CMS for podiatrists only. Such codes would require the same documentation as the standard E&M codes and reimburse at a significantly lower rate, despite representing the exact same services that all other physicians provide. This proposal violates statutory language in the Social Security Act, and looks as though it would present a dangerous precedent for all of medicine. Such drastic actions should concern everyone in the field.

Podiatrists are recognized as physicians under the Medicare statute. CMS’s proposals serve to provide differential payment to podiatrists with lower relative value units (RVUs) for the same E&M services. The most important thing to remember is this — The Social Security Act expressly prohibits differential valuation of services paid under the Physician Fee Schedule based on specialty.

This prohibition comes from Section 1848(c)(6) of the Social Security Act, which reads that “the Secretary may not vary the number of RVUs for a physician’s service based on the specialty of the physician.” CMS proposes that, rather than reporting visits under the general E&M code set, podiatrists would instead report visits under the aforementioned new G codes – which, according to CMS, more specifically value their services. However, CMS does not provide any rationale for why the services required for patients seeking care from podiatrists is distinct from that provided to patients with the exact same pathology and similarly complex care needs seeking medical care from other physicians. Much of the care provided by podiatrists is care that prevents pathology; it saves limbs, saves lives, and results in significant savings to the health-care system.

This proposal should concern everyone because it is a departure from how CMS has historically functioned and would establish scary precedent. And, what’s more, it begs the question: who could be next?

The good news is that this is only a proposed rule, and we all have the opportunity to do two very important things. One is to submit comments to CMS. The other is to write to your elected officials. We have spoken with many congressional leaders already. They are concerned about this violation of statutory language. They care about upholding the law, and about healthcare. They want to hear from their constituents. The more people they hear from, the better.

So go online, find out who your congressional representatives are where you live and work, and write to them using their websites to explain the violation of the Social Security statute described above. It is unfair to pay different specialists differently for the same service.

Explain that while we appreciate the effort to decrease documentation burden, singling out podiatrists for separate codes with decreased reimbursement is not necessary to accomplish this goal. 🏥



LEGISLATIVE REPORT

BY GLENNA, SHELBY, JD, PARTNER
LEGISGROUP PUBLIC AFFAIRS, LLC


Indiana's Interim Legislative study committees are just beginning to hit their stride, getting a late start this summer, due in part to later-than-usual assignment of members to committees.

Few of the assigned topics for study will be of even moderate interest to IPMA members. Legalizing medical marijuana, refining rules for growing hemp in the state, potential adoption of the Multi-State Nurse Licensure Compact, and various "technical" issues relating to substance abuse recovery houses located within housing neighborhoods are some of them.

With the 2018 general election less than two months away, political fundraising is picking up speed. All 100 seats in the Indiana House of Representatives and 25 of the 50 seats in the Indiana Senate are on the Nov. ballot. IPMA's Foot Support PAC (Political Action Committee) has approved contribution checks to key House and Senate leadership of both parties, members of the House and Senate Health Committees, and incumbent legislators who have been "friends" of the IPMA on issues in the past. The total approved contributions from IPMA's Foot Support PAC for the 2018 General Election is \$17,000—and

that puts IPMA well below the PACs for State Medical, the Hospital Association, the State Chamber of Commerce, the Manufacturers Association, Indiana Association of Realtors, and various insurance interests, each of which are among the largest of the PACs in Indiana.

While many members of the public disdain politics and political contributions, it is reality for those who are affected by actions of the legislature. A political contribution is recognition that political campaigns are costly and that in Indiana at least, serving in the legislature is a part-time position; many have "regular" jobs or have retired. A wise man once told his "fellow" association members, "If you don't want to run for public office yourself, it is important to support those who will do the job well, who will listen to their constituents, who will thoughtfully consider the options before they cast a vote that will affect you or your profession."

Please join with your "fellow" IPMA members and support the IPMA Foot Support PAC, so the PAC can support those candidates who listen and are thoughtful about issues affecting your profession. Contributions can be made via check or online here. 

APMAPAC REPORT

BY CHRISTOPHER GRANDFIELD, DPM AND PATRICK A. DEHEER, DPM

QUICK FACTS

- IPMA Contributors: 31 Members
- IPMA Contribution Member Percentage: 14%
- IPMA Contribution Total: \$15,140/\$18,020
- IPMA Contribution Goal Percentage: 84%

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

Dr. Patrick DeHeer

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

Dr. Zahid Ladha

Executive Director Matt Solak

Dr. Sandra Raynor

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

Dr. Angie Glynn

Dr. Chris Grandfield

Dr. Mark Lazar

Dr. Kathleen Toepp Neuhoff

Dr. Rick Stanley

Dr. Walter Warren

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

Dr. Vincent Coda

Dr. Cathy Coker

Dr. Nathan Graves

Dr. Kenneth Krueger

Dr. Daniel Miller

Dr. Patricia Moore

Dr. Scott Neville

Dr. Wendy Winckelbach

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

Dr. Brian Damitz

Dr. Brandt Dodson

Dr. Pratap Gohill

Dr. Richard Loesch

Dr. Jesse Murphy

Dr. William Oliver

Dr. David Sullivan

Dr. Elizabeth Vulcanich

PATRIOT LEVEL SUPPORTERS (LESS THAN \$150)

Dr. Kent Burruss

Dr. Michael Carroll

Dr. Miranda Goodale

Dr. Mark Lazar

Dr. Jeffrie Leibovitz

Dr. Eugene MacDonald 

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 is a nonprofit, bipartisan fundraising committee through which podiatrists support state candidates who support podiatric medicine's issues before the Indiana General Assembly.

QUICK FACTS

- IPMA Contributors: 19 Members
- IPMA Contribution Member %: 9%
- IPMA Contribution Total: \$5,675/\$8,000
- IPMA Contribution Goal %: 71%
- IPMA Foot Support PAC Balance: \$9032.75
- IPMA Advocacy Fund Balance: \$4,695.00.

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

- Dr. Sandra Raynor

GOLD LEVEL (\$500-\$999)

- Dr. Angie Glynn
- Dr. Nathan Graves
- Dr. Zahid Ladha
- Dr. Kathleen Neuhoff

SILVER LEVEL (\$300-\$499)

- Dr. Cathy Coker
- Dr. Wendy Winckelbach

BRONZE LEVEL (\$150-\$299)

- Matt Solak
- Dr. Vincent Coda
- Dr. Patricia Moore
- Dr. Brian Damitz
- Dr. Walter Warren

PATRIOT LEVEL (LESS THAN \$150)

- Dr. Richard Stanley
- Dr. William Oliver
- Dr. Jeffrie Leibovitz
- Dr. Christopher Grandfield
- Dr. Richard Loesch
- Dr. Scott Schulman
- Dr. Chase Stuart

Contribute to Foot Support PAC online at www.indianapodiatric.org/political-action.html. 

GETTING A HANDLE ON HEALTHCARE PAPERWORK

ORIGINALLY PUBLISHED IN MEDICAL ECONOMICS
VOLUME 95; ISSUE 17; AUG 29, 2018

BY OWEN DAHL, MBA, LFACHE, LSSMBB
OWEN DAHL CONSULTING

Doctors listed the burden of paperwork / quality metrics as their top concern in the Medical Economics 89th Annual Physician Report. Paperwork? I thought medicine was fully electronic? But there is now more administrative work rather than less as the shift to fully digital practices proceeds along the same lines as the shift to value-based care and its data requirements.

Physicians continue to struggle with all being asked of them. One driver of additional administrative work is the demand from the Merit-based Incentive Payment System (MIPS) to gather “essential” data. Another is to keep up with ever-changing demographic and insurance data for the practice.

None of this appears to have a direct benefit for the patient but it is necessary for the operation of the business. This is best tracked and housed in the electronic system(s) accessed daily.

A simple way to address additional administrative tasks is to talk about it at the clinician level. This communication would be built on evidence-based discussions.

The first questions for physicians are:

- Do I need this information?
- Why do I need it?
- Does it benefit the patient or the business?
- What is the best way to retain and access it now and in the future

Another key question is: What is necessary to improve patient care? That's a decision both patient- and specialty-specific. It is also related to what is needed for the practice or system, since patient data is expected to be shared with referring physicians.

Further, the business focus must be considered. Is it worth continuing with the MIPS program? Are we gathering demographic and insurance information in a timely manner and reviewing it frequently enough? If staff is too busy doing unnecessary tasks, they are not supporting the patient process as effectively as they should.

Using the “5S” workplace organization methodology in all areas of “paperwork” can help tremendously. The idea is to reduce

paperwork or clutter in the work area. Work areas include the exam rooms, nurses' station, and the clinician office.

If you look around at any of these areas, there are items that distract your attention or get in the way of “finishing” your current task. Following the 5S will start and keep you on the path to an efficient work environment and facilitate the reduction of paperwork. The 5S model is:

Sort: identify what is needed, eliminate everything else
Set in order: determine where needed items go and when
Shine: update the data, removing anything unnecessary
Standardize: approach each patient in the same fashion with the same data goals in the first three S's
Sustain: make all of this a habit

Given this, we get to time and shuffling or rearranging all of the above to the right person/source at the right time.

If you realistically look at your day, you could deduce that 80 percent of your patient visits, regardless of diagnosis, require the same amount of resources. The other 20 percent would require more or fewer resources. This of course does not consider any new patients or patients that would require an office procedure. This also does not consider the time allocation to hospital rounds made at some time during the day.

Now that it is known that it is difficult at best to accomplish a “complete” patient visit in the time available, what can be done? Consider the following options:

1. HAVE A GOAL FOR ADDRESSING PAPERWORK

The most efficient physicians are those that complete the process, including appropriate documentation, as the patient leaves the exam room. This may require some significant changes in approach to each day. But consider why you are spending time after the work day completing your patient records.

2. REVIEW WHAT WORK CAN BE DONE BY STAFF

The necessary data is added to the record by the clinical staff at the triage point. Does the clinician need to ask the same questions or is the data provided sufficient and clear and the

only need is for clarification on one or two aspects of care? Is the outside report—e.g., image study or consultant report—scanned into the system or is it necessary for someone to look for it?

3. DETERMINE THE RIGHT TIME TO ENTER OR FOLLOW-UP WITH THE DATA

There may be time outside of a patient visit that the team can do their work rather than during the patient encounter.

4. DESIGN/ARRANGE THE EXAM ROOM

Adequate face-to-face time with the patient ensures attention is paid and given during the visit. This also includes access to the keyboard and screen. Each room should be designed for the maximum convenience of data entry and face time.

5. ADD A SCRIBE TO THE PROCESS

If you consider that a Medicare patient visit is a level 3 visit and you can see two more patients per day, the amount generated will be around \$40,000 per year, which in most cases is adequate to justify a scribe. Aside from the financial side, improved work-life balance and overall reduced stress may justify the addition.

It is not easy to consider the above thoughts when the office is too busy in the first place. But eliminating unnecessary paper or data gathering, shifting work to the right team member, and reducing waste and stress are positive outcomes. The requirement is to stop and take a serious look at what is being done, when, and by whom to answer the questions of what is necessary for the patient and for the business. 🩺

APMA DEVELOPS THE YOUNG PHYSICIAN TRANSITION SERIES



Every day, APMA is working to enhance the value of membership. APMA's recent brand audit demonstrated that young physicians, in particular, do not always feel that their state and national membership organizations cater to early-career needs. With that in mind, APMA has developed a brand new resource that we hope you will help us to share with our members: the Young Physician Transition Series.

This online compilation of resources addresses pressing needs for physicians in residency and their earliest years of practice, including debt management, board certification, licensing, hospital credentialing, billing and coding, and more. It's all available at www.apma.org/YPTS, and I urge you to share it with your members to help communicate the value of membership at every stage of a podiatrist's career. 🩺

NOMINATIONS FOR 2018 IPMA AWARDS ARE NOW BEING ACCEPTED

The IPMA is now accepting nominations for its 2018 Awards program. Nominations can be made for doctors and staff members in 4 categories:

DR. T. H. CLARKE ACHIEVEMENT AWARD

The Dr. T. H. Clarke Achievement Award is IPMA's highest award, and is bestowed upon the member who has demonstrated not only contributions to his/her profession but also service in behalf of the podiatric welfare of the public and service to the community at large. Judging criteria:

- **Public Service** – Service to the country, state, or other political sub-division in any capacity; service to education; service to the community; service to religious or service institutions; service to charitable causes; philanthropy.
- **Service to the Podiatric Welfare of the Public** – Service with groups; activity with governmental committees; participation in governmental health care programs; participation in public service programs; other similar activities.
- **Service to Podiatric Medicine** – Contributions of personal effort and time in behalf of the profession's advancement; educational and research activities; contributions to the profession's literature; similar acts of service.
- **Service to the American Podiatric Medical Association, Indiana Podiatric Medical Association, or its affiliates** – Service as an officer, department or committee chairman, committee member, etc.; promotion of the association's goals and programs; activity in support of association's organizational projects; cooperation with public relations activities; similar acts of service.

MERITORIOUS SERVICE AWARD

The Meritorious Service Award(s) shall be presented only to IPMA members for long-time service rendered to the profession of podiatric medicine performed within the state Association OR for an outstanding current record in a specific category or categories which merits recognition, but does not meet the IPMA Podiatrist of the Year standards.

OUTSTANDING PUBLIC SERVICE AWARD

The Outstanding Public Service award is bestowed upon an individual outside the profession, usually in governmental or political areas, or other professions, or the news media.

GINNY JEWELL STAFF MEMBER OF THE YEAR AWARD

The Ginny Jewell Medical Assistant of the Year Award is presented to the staff member who has demonstrated contributions to the Association or has demonstrated outstanding leadership and commitment to his or her podiatric office. This award nomination is to be submitted by a DPM who wishes to honor his or her staff member for their outstanding work.

Nominations are due to the IPMA office by **Monday, October 8 at 5:00 p.m.** Award winners will be presented at the IPMA Annual Fall Convention on Saturday, October 20 at 12:30 pm (see pages 12-13 for convention information and registration).

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





2018 IPMA AWARDS NOMINATION FORM

Please complete a separate form for each nomination.

I would like to nominate

☐ Dr. T. H. Clarke Achievement Award

☐ Meritorious Service Award

☐ Outstanding Public Service Award

☐ Ginny Jewell Staff Member of the Year Award

Qualifications *(Please attach additional information as needed)*

Signature

Printed Name

Phone

Email

Date

NOMINATION FORMS ARE DUE TO THE IPMA OFFICE BY
MONDAY, OCTOBER 8, 2018 AT 5:00 P.M.
Return forms to matt@kdafirm.com or via fax at 517.485.9408.



Join us on October 18-21 at the Hyatt Regency Indianapolis for IPMA's 93rd Annual Convention. The largest podiatric convention in the state will offer 24.5 CECH, as well as opportunities to network and gain valuable resources in the exhibit hall. **For a detailed schedule featuring lecture descriptions and speakers, visit indianapodiatric.org.**

THURSDAY, OCTOBER 18

8:30 a.m.-10:45 a.m.

Board of Trustees Meeting

10:00 a.m.-6:00 p.m.

Convention Registration

10:00 a.m.-6:15 p.m.

CME Sign-in and Sign-out

11:00 a.m.-1:00 p.m.

Lunch Lecture: The Opioid Epidemic: Implications to Managing Care | 2 CECH

Medical Protective insured podiatrists attending this two-hour presentation are eligible to receive a 1 year, 10% risk premium credit.

12:30 p.m.-7:30 p.m.

Exhibit Hall Open

1:30 p.m.-6:00 p.m.

Podiatry Lectures | 3 CECH

3:30 p.m.-4:00 p.m.

Break in Exhibit Hall

6:00 p.m.-7:30 p.m.

Welcome Reception in Exhibit Hall

FRIDAY, OCTOBER 19

7:30 a.m.-8:30 a.m.

Continental Breakfast

7:30 a.m.-5:00 p.m.

Convention Registration

7:30 a.m.-5:45 p.m.

CME Sign-in and Sign-out

8:00 a.m.-12:30 p.m.

Podiatry Lectures | 4 CECH

10:00 a.m.-10:30 a.m.

Break in Exhibit Hall

12:30 p.m.-1:30 p.m.

Lunch

1:30 p.m.-5:15 p.m.

Podiatry Lectures | 3 CECH

3:45 p.m.-4:15 p.m.

Break in Exhibit Hall

5:30 p.m.-7:00 p.m.

Past President's Reception

SATURDAY, OCTOBER 20

7:30 a.m.-8:30 a.m.

Continental Breakfast

7:30 a.m.-5:00 p.m.

Convention Registration

7:30 a.m.-5:30 p.m.

CME Sign-in and Sign-out

8:00 a.m.-11:15 a.m.

Podiatry Lectures | 3 CECH

10:00 a.m.-10:15 a.m.

Break

11:30 a.m.-12:30 p.m.

IPMA Annual Membership Meeting

12:30 p.m.-2:00 p.m.

Awards Luncheon

2:15 p.m.-5:30 p.m.

Podiatry Lectures | 3 CECH

SUNDAY, OCTOBER 21

7:00 a.m.-8:00 a.m.

Continental Breakfast

7:00 a.m.-12:00 p.m.

Convention Registration

7:00 a.m.-12:45 p.m.

CME Sign-in and Sign-out

7:30 a.m.-12:30 p.m.

Abstract Presentations | 1.5 CECH

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

HOTEL INFORMATION

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. To make reservations, call 888-241-1442.



93rd Annual Fall Convention October 18-21, 2018 Hyatt Regency Indianapolis

REGISTRANT INFORMATION

Please complete one registration form per attendee. Pre-registration deadline is October 11. After October 11, you may register at the convention. For assistance, call 888.330.5589.

Name/Credentials (as it should appear on badge)

Address

City

State

Zip

Email

Phone

Fax

Special Needs/Dietary Restrictions

REGISTRATION FEES

An additional fee of \$40 will be added to all registrations received after October 11, 2018. After October 11, complimentary registrations (life members, residents, students) will increase to \$40.

☐ IPMA Member \$275

☐ APMA Member \$475

☐ Non-Member \$775

☐ IPMA/APMA Life Member \$0

☐ Resident/Student \$0

IPMA MEMBER REGISTRATION DISCOUNTS

Please check all apply and deduct from your registration fee. This program is for IPMA members and is not transferrable. IPMA will verify your participation and contact you should there be a discrepancy.

☐ Attended 2017 Fall Convention (deduct \$50)

☐ Attended 2017 Business Meeting/Awards Luncheon (deduct \$25)

☐ Attended 2017 Midwest Podiatry Conference (deduct \$50)

☐ Currently serve on the IPMA Board of Trustees (deduct \$100)

☐ Contributed to the IPMA Administrative Advocacy Fund in 2017 (deduct \$50)

LUNCHES

Please register for the lunches that you will attend and indicate the quantity for each.

☐ Thursday Medical Protective Lunch Lecture

☐ Friday

☐ Saturday

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

Lunch guests (names for badges)

PAYMENT

☐ Please make check payable to IPMA

☐ Visa

☐ MasterCard

☐ AMEX

 TOTAL \$

Credit Card #

Exp. Date

CVV

Billing Address

Name on Card

Signature

CANCELLATION POLICY A refund less a \$50 processing charge will be provided for cancellations received in writing by October 4, 2018. Send cancellation to inpma@indianapodiatic.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 • Fax 517.485.9408
To ensure registration is received prior to the convention,
please do not mail registration form after October 4.



APMA Government
Education Fund

2018 Annual Meeting

Pinehurst

Pinehurst, NC



October 10-14

Resort packages start at
\$2,825 per person
(based upon double occupancy).

APMA is approved by the Council on
Podiatric Medical Education as a provider
of continuing education in podiatric medicine.
APMA has approved this activity for eight (8)
continuing education contact hours (CECH).

Benefiting the **APMA GEF**
Promoting Professional Excellence and Patient Advocacy

Sponsored by



Contact Ben Wallner at 301-581-9231
or email bjwallner@apma.org.

Hotel reservations deadline is September 1, 2018.

www.apma.org/GEFAM

SAVE THE DATE

IPMA Annual Convention
October 18-21, 2018
Hyatt Regency Indianapolis
Indianapolis, Indiana

Midwest Podiatry Conference
April 10-13, 2019
Hyatt Regency Chicago
Chicago, Illinois

APMA The National
July 11-14, 2019
Calvin L. Rampton Salt Palace
Convention Center
Salt Lake City, UT

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 2019 will receive a complimentary advertisement for the 2018 Winter Issue.

2019 ADVERTISEMENT RATES

Quarterly Rate \$200
Annual Rate \$700

2019 PUBLICATION SCHEDULE

	Artwork Due Dates	Target E-Mail Date
Spring Issue	February 22	March 15
Summer Issue	May 24	June 14
Fall Issue	August 23	September 13
Winter Issue	November 22	December 13

2018 INDIANA PODIATRIC MEDICAL ASSOCIATION BOARD OF TRUSTEES

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