



INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

VOLUME TWO | SUMMER 2017

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PRESIDENT'S MESSAGE

JEFFRIE LEIBOVITZ, DPM | IPMA PRESIDENT

2017 has already been a very busy year for IPMA. This past March, I spent a weekend in Washington D.C. on The Hill with Dr. Katie Rush and Dr. Zahid Ladha. It is so impressive to see 2nd year members leading alongside seasoned veteran podiatrists. It shows our continuity and being unified in our mission for better podiatric care. We spent our time speaking with our Congressmen and women about the difficulties in practicing podiatry and ways to improve patient care. On our agenda was to seek out co-sponsors a bipartisan bill that would provide parity in the VA system; helping our veterans get the care they need without a four month wait. Some elected officials sent an intern, some sent a staffer and some met with us personally. Even though our cause is just and good, our reception was polarizing depending on if the elected official had had previous contact with the IPMA/APMA and the APMA Political Action Committee.

Last month, many IPMA members headed to Chicago for the Midwest Podiatry Conference. The Midwest provided a fantastic opportunity to catch up with friends and colleagues from throughout the region.

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. Please keep an eye out for your dues invoice this month.

Additionally, I hope that you continue to take advantage of the IPMA member incentive program to reduce your cost of attending future IPMA Fall Conventions. I also hope that you take the time to invite a colleague who you have not seen at the convention in a while. IPMA does a tremendous job at attracting speakers while limiting cost to the membership.

Finally, please mark your calendars for the following events:

- The National 2017 Scientific Annual Meeting, Gaylord Opryland Resort & Convention Center, Nashville, TN – July 27 - 30, 2017
- IPMA Annual Convention, Hyatt Regency Downtown, Indianapolis, IN, October 5 – 8, 2017. 🦶

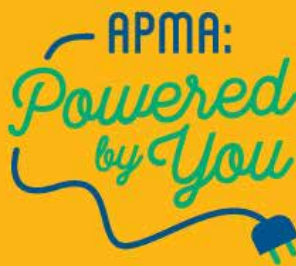


APMA AN OFFICIAL CMS QCDR FOR 2017

APMA's new data registry has been approved by CMS as a Qualified Clinical Data Registry (QCDR) for 2017! Members will be able to use the registry for submission of MIPS elements.

This will be a tremendous member benefit to APMA members and will be provided at no additional cost.

Watch for more details about the registry coming to members soon.



MEMBER *get a* MEMBER


HELP IPMA GROW

Calling all Members! Help grow your organization by inviting your colleagues to join. It's as easy as 1-2-3:

1. Review this article for details.
2. Talk with your colleagues about APMA membership.
3. Enter to win!

You refer, they join, you both get rewards! For every one of your colleagues who joins*, you'll receive:

- \$10 Starbucks gift card (limit 10 per member)
- Acknowledgement on APMA.org and at The National
- Chance to win one of three great prizes:
 1. One-year of free membership
 2. An Apple Watch (Series 2)
 3. A Fitbit One

For more information, visit www.apma.org/grow. 

**Eligibility:
New members must join by May 31, 2018. Colleague must list your name as "referred by" on the appropriate form. Former members whose membership lapsed from June 1, 2016 to date are not eligible for this campaign.*

You refer, they join, you both get rewards!

Talk with your colleagues about APMA membership and invite them to join. Here's how:

✓ **Start with your own experience.**

- What do you value about your APMA membership?
- Why did you join?
- What benefits do you utilize the most?

✓ **Let your colleague know that APMA is the Voice, Source, and Opportunity for today's podiatrist.**

- The **voice** to legislators and decision-makers on payment and access issues
- The **source** for education as well as guidance on reimbursement, MACRA, coding, and other practice management resources
- Your **opportunity** to engage with your colleagues at the local and national levels and to stay current in the field

✓ **Inform them of some of the benefits of membership.**

- Mention your favorites and refer to the reverse side of this document for a brief listing.

✓ **Direct them to www.apma.org/join for details and to join today.**

- Remind them to note your name as "Referred By" so you may receive a special thank you from APMA!

✓ **Visit www.apma.org/grow and enter to win!**

APMA
American Podiatric Medical Association

REFER TODAY
www.apma.org/grow

Download the **APMA MEMBER APP**
..... to your iOS device today!



APMAPAC REPORT

BY AUTHOR NAME HERE
ORGANIZATION NAME HERE

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. Despite only receiving contributions from 21 of the 222 IPMA members we have already reached 47 percent of our fundraising goal. This means if every member contributes what they can we will hit our goal for the fourth year in a row.

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 May 15, 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
- Executive Director Matt Solak
- Dr. Sandra Raynor

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

- Dr. Angie Glynn

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

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

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

- Dr. Vincent Coda
- Dr. Jane Koch
- Dr. Jeffrie Leibovitz
- Dr. Jesse Murphy
- Dr. William Oliver
- Dr. Tod Reed

PATRIOT LEVEL SUPPORTERS (LESS THAN \$150)

- Dr. Michael Carroll
- Dr. Jason Liang
- Dr. Scott Neville
- Dr. Kati Rush
- Dr. Jeffrey Stevens
- Dr. David Sullivan

The future of podiatry and your future depends upon your support of APMAPAC. Make your contribution by clicking here. 

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. The Foot Support PAC has a yearly fundraising goal of \$8,000. As of today, IPMA members have raised 60 percent of IPMA's year goal.

As of May 15, 2017, these IPMA member have pledged their contributions to the Foot Support PAC:

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

- Dr. Sandra Raynor

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

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

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


- Dr. Brian Damitz
- Dr. Kathleen Neuhoff
- Dr. Wendy Winckelbach

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

- Dr. Vincent Coda
- Dr. Brian Elliott
- Dr. Patricia Moore
- Dr. Rick Stanley

PATRIOT LEVEL SUPPORTERS (LESS THAN \$150)

- Dr. Pratap Gohil
- Dr. Miranda Goodale
- Dr. Jeffrie Leibovitz
- Dr. Donald McGowen

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. 

LEGISLATIVE REPORT



BY GLENNA SHELBY, LEGISGROUP PUBLIC AFFAIRS

The 2017 session of the Indiana General Assembly ended a bit before 1 a.m. on Saturday, April 22. Leadership had targeted the early adjournment date of either April 21 or 22 due to an extremely large convention in downtown Indianapolis that will effectively “evict” those legislators that stay in city hotels. The statutory deadline for a budget-setting session is April 29th.

The session ended right after both the House and Senate passed HB 1001, the \$32.2-billion biennial budget. The session began with a total of 1245 bills introduced. Here is how those numbers break down:

	House Bills	Senate Bills
Introduced bills	675	570
Passed first house	164	198
Passed both houses	143	135

While the headlines have focused on the state’s biennial budget and a possible cigarette tax increase, long term highway funding and a gas tax increase, cold beer sales and the state’s decades-old alcoholic beverage laws, and numerous bills dealing with various aspects of opioid addiction and treatment, there are a number of bills dealing with healthcare and provider issues.

HB 1273, authored by Rep. James Baird, would require that a provider when referring a patient to another provider not part of the same practice group provide notice to the patient, either in writing or electronically, that the new provider may not be in the patient’s insurance or HMO network for claims payment purposes. The bill was signed by the Governor.

HB 1289, authored by Rep. Ron Bacon, established licensure for massage therapy. The bill contains the traditional licensure exemption for other licensed healthcare providers. Due to the breadth of the definition of “massage therapy”, IMPA and other provider groups obtained exemption for an employee of the provider working under the direction of the provider. The bill was signed by the Governor.

HB 1337, authored by Rep. Cindy Kirchhofer, adds DPM’s to the list of providers who can prescribe via telemedicine and requires Medicaid to reimburse a Medicaid provider for telemedicine services and prohibits Medicaid from setting any distance restrictions under Medicaid on telehealth services for covered telehealth/telemedicine services. The bill was signed by the Governor.

HB 1439, authored by Rep. Cindy Kirchhofer, makes numerous changes to Medicaid provisions in the law. Provides that if a provision in Indiana’s insurance laws conflicts with the administration of a law applying to a managed care organization (MCO) with respect to the MCO’s Medicaid responsibilities, the law applying to the Medicaid program is controlling. The bill was signed by the Governor.

SB 73, authored by Senator Ron Grooms, requires health plans to accept and respond to electronic prior authorization requests according to electronic transaction standards. The bill was signed by the Governor.

SB114, authored by Senator Dennis Kruse, eliminates the Jobs Creation Committee and transfers review authority to the Professional Licensing Agency. The bill was signed by the Governor.

SB 151, authored by Senator James Merritt, allows the State Epidemiologist to obtain information from the INSPECT program. Establishes a workgroup to explore feasibility and costs of integrating law enforcement activity relating to controlled substance investigations. The bill was signed by the Governor.

SB 175, authored by Senator Jean Leising, provides that an adult grandchild may consent to healthcare for an individual incapable of consenting if a healthcare representative is not available or has not been appointed. Also provides that a grandparent may consent to healthcare for a minor grandchild if a parent, guardian, or adult sibling is not available. The bill was signed by the Governor.

SB 226, authored by Senator James Merritt, limits the amount of an opioid prescription a prescriber may issue for an adult who is being prescribed an opioid for the first time and for a child. Directs the Medical Licensing Board to enact emergency rules applying to all prescribing providers. The bill was signed by the Governor.

SB 408, authored by Senator Erin Houchin, requests a summer study committee to examine ways to improve the state's INSPECT program and to seek best practices in methods to integrate electronic medical records and the INSPECT program. (The introduced version of this bill mandated prescriber registration in the INSPECT program and mandated prescriber use of the program. IMPA and other provider groups worked to moderate the provisions of the bill). The bill was signed by the Governor.

SB 447, authored by Senator Jim Merritt, makes numerous changes to the laws relating to child services. Among them it

requires an individual who is required to make a report of child abuse or neglect in the individual's capacity as a member of the staff of a hospital to first notify the individual in charge of the hospital or the designated agent of the individual in charge. The bill was signed by the Governor.

SB 516, authored by Senator Jean Breaux, authorizes the guardian of a patient who was an incapacitated person to request the health records of that patient after the patient's death. The bill was signed by the Governor.

SB 549, authored by Senator Jack Sandlin, permits the Attorney General to file an action against a healthcare provider to recover incurred costs related to abandoned records. The bill was signed by the Governor.

HR 3, authored by Ways and Means Chair Tim Brown, MD, requests a summer study committee to examine whether to expand the Indiana Sales Tax to include all services. Dr. Brown indicates his consideration would include all professional services, including medical as well as consumer services.

His stated objective is to broaden the sales tax base in order to reduce the rate from 7 percent. His fiscal counterpart in the Senate, Appropriations Chair Luke Kenley, has stated his opposition to this concept over the years. The decision whether or not to assign the topic for summer study will be left to the legislative leadership when they meet to make such assignments in late May or June.

SR 29, authored by Senator Travis Holdman, is a resolution affirming the Indiana Senate's support for the US state-based system of insurance regulation in response to recent federal encroachments. ⚕️

Full texts of the bills can be seen at iga.in.gov/legislative/2017/bills.

IPMA AND APMA MEMBERS HIT THE HALLS OF CAPITOL HILL

On March 21, several hundred state and national leaders in podiatric medicine met with key legislators in the nation's capital to discuss Medicaid, parity for DPMs in the VA system, and other priority health-care concerns at the 32nd APMA Legislative Conference.

Representing the Indiana Podiatric Medical Association were Drs. Patrick DeHeer, Patricia Moore, Zahid Ladha, Jeffrie Leibovitz and Kati Rush. The IPMA members met with Congressional Members or staff from the entire Indiana Delegation.

The Podiatric
Legislative

Conference helped IPMA members build and maintain essential relationships and to introduce members of Congress to the profession of podiatric medicine. Among the key issues IPMA members highlighted were the HELLPP Act and the VA Provider Equity Act. ⚕️



WHEN TO NOTIFY PATIENTS OF A HIPAA BREACH



BY STEPHANIE ECKERLE AND
TOM HUTCHINSON,
KRIEG DEVAULT LLP




All podiatrists, as well as others in the healthcare industry, are familiar with HIPAA and the HITECH Act and the many security and privacy obligations that it imposes on covered entities as well as business associates. The United States Department of Health and Human Services, Office of Civil Rights (HHS) has drastically increased its enforcement actions against healthcare providers over the past several years for violations of HIPAA. In 2017, HHS announced that it has issued its first enforcement action with a healthcare entity due to the entity's alleged failure to notify affected individuals, HHS and media outlets of a breach of protected health information (PHI) within sixty days, as is

required by HIPAA. The Resolution Agreement between HHS and the healthcare entity stated that on October 22, 2013, the entity discovered that paper operating room schedules were missing that contained PHI of over 800 individuals and that "due to miscommunications between its workforce members, there was a delay in its provision of breach notifications." The individuals were not notified of the breach until 104 calendar days after discovery of the breach.

HHS treated each day after the sixty day reporting period had run as a separate violation of HIPAA's Breach Notification Rule. The entity also failed to notify the media until 106 calendar days after the discovery of the breach and failed to notify HHS until 101 calendar days after notification of the breach. As with the delayed notification to individuals, each day that the healthcare entity failed to notify HHS and the media after the reporting

periods lapsed was treated as a separate violation of the Breach Notification Rule. As a result of the healthcare entity's failure to abide by HIPAA's Breach Notification Rule, the entity had to pay \$475,000 and enter into a Corrective Action Plan with HHS. The Corrective Action Plan, among other things, requires the healthcare entity to revise its existing policies and procedures, have those policies approved by HHS and provide training on the policies.

It is critical that covered entities, including podiatry practices, and business associates have policies and procedures in place addressing the steps to take when a breach of protected health information is suspected or confirmed. Just as important, the workforce of the podiatry practice needs to be trained on those policies so that immediate action is taken to investigate a suspected breach, all legal requirements are met under HIPAA and the risk to affected individuals is mitigated. For example, it is important to know that not only must an individual be notified of a "breach" as defined in 45 C.F.R. 164.402 without unreasonable delay and no later than sixty days after the discovery of the breach, but the covered entity must understand when the breach is treated as "discovered," especially in light of this Resolution Agreement by HHS. Pursuant to 45 C.F.R. 164.404, a breach is treated as "discovered" on the "first day on which such breach is known to the covered entity, or, by exercising reasonable diligence would have been known to the covered entity." The podiatry practice must also understand how to notify the affected individuals pursuant to the Breach Notification Rule and other guidance from HHS as well as what that notice should contain.

The Resolution Agreement and Corrective Action Plan entered into by HHS and the covered entity demonstrate that HHS takes the Breach Notification Rule very seriously. HHS is sending a clear signal that covered entities and business associates need to be organized, well-trained and in a position to comply with all aspects of HIPAA, as miscommunications or other administrative mishaps will not justify failure to abide by the Breach Notification Rule. 

Should you need any assistance with HIPAA, whether it be review of current policies, creation of policies, breach investigations or staff training, please do not hesitate to contact Stephanie T. Eckerle at seckerle@kdlegal.com or Tom Hutchinson at thutchinson@kdlegal.com.

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TIPS FOR DISCLOSING AN UNANTICIPATED OUTCOME




Disclosing an unanticipated outcome to a patient or a family/caregiver can be daunting and stressful. However, the following tips can help frame the conversation and provide useful reminders about essential disclosure information.

1. Use compassion, empathy, and good communication skills, including mindfulness of body language and eye contact.
2. Clearly communicate the facts as they are known at the time of the disclosure.
3. Offer an apology for the occurrence of the event if all of the facts and causes are not known. Offer an apology for the error if an obvious error occurred.
4. Explain the plan of action relative to either continued investigation or changes being implemented to prevent similar errors in the future.

MedPro Group
Patient Safety
& Risk Solutions

5. Ask whether the patient or family/caregiver has questions or would like to clarify any information.
6. Offer to help with any additional counseling needs, and provide the patient or family/caregiver with the names of agencies they can contact to address their concerns or complaints.
7. Provide assurance that as more information becomes available, it will be shared with the patient or family/caregiver.
8. Identify a contact person who will have primary responsibility for continued follow-up with the patient or family/caregiver. This is a critical element in restoring trust and confidence.

Keep in mind that disclosure of an unanticipated outcome might not be well received, and the encounter could potentially be volatile. Further, the existing clinical relationship might not be sustainable. If so, or if the patient or family/caregiver requests a different provider, create a plan for transitioning the patient's care. 

¹Many states have laws related to apology and disclosure of unanticipated outcomes. Podiatrists should be aware of the laws in the states in which they practice. For more information, visit <http://www.sorryworks.net/apology-laws-cms-143>.

APMA TESTIFIES BEFORE VA HEALTH SUBCOMMITTEE

On May 2, APMA Treasurer Seth Rubenstein, DPM, and APMA members Steven Goldman, DPM, and Jeffrey Robbins, DPM, testified before the House Committee on Veterans Affairs Subcommittee on Health about the impact physician pay disparity has on veterans' ability to access quality foot and ankle care. Watch their testimony, and take a moment to contact your own legislator to reinforce their efforts.

Drs. Goldman, Robbins, and Rubenstein testified in support of the VA Provider Equity Act, HR 1058, APMA's legislation to resolve ongoing recruitment and retention issues for podiatrists within the Veterans Health Administration. Archaic policies at the VA written in the 1970s exclude podiatrists from the physician and dentist pay band, making it extremely challenging to recruit and retain experienced podiatric physicians at the VA—and contributing to untenable wait times for our most vulnerable veterans.

"Today's podiatrists manage the complex nature of foot and ankle deformities and are part of the multidisciplinary team serving the needs of a seemingly ever-growing diabetic population," said Dr. Goldman, who is president of the American Board of Podiatric Medicine and site director for surgical service at Department of Veterans Affairs - New York Harbor Health Care System. "We take call, provide inpatient and outpatient care, respond to emergencies, prescribe medications, and independently perform surgery of the foot and ankle. Fundamentally, we perform a vital role in the continuum of health care equal to other physicians, often for a patient population whose only choice for health care is the VA."



Dr. Robbins, director of the VHA Headquarters Podiatry Service, testified to the growing need within the VA for care delivered by podiatrists. Between April of 2015 and November of 2016, there was a 21-percent increase in VA patients at high risk for amputation. Dr. Robbins attributed that growth to older veterans with multiple comorbidities but also pointed out that there are many young veterans returning to the US from Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn "who want to stay active, and especially if they have lower-extremity injuries, they require good podiatric biomechanical care."

"We believe that simply changing the law to recognize podiatry, both for the

advancements we have made to our profession and for the contributions we make in the delivery of lower extremity care for the veteran population, will resolve recruitment and retention problems for VA and for veterans," Dr. Rubenstein said.

APMA continues to champion the VA Provider Equity Act, holding hundreds of meetings with legislators and other physician organizations, including the American Academy of Orthopaedic Surgeons, to advance the needs of our colleagues at the VA and their most deserving patients. Please visit the APMA eAdvocacy site to send a message to your legislator about this important bill. 🦶

Republished from May 9, 2017 edition of APMA Weekly Focus.

MEDPRO GROUP IS NAMED THE ENDORSED CARRIER FOR IPMA

MedPro Group is honored to be named the IPMA's endorsed malpractice insurance carrier through 2020. MedPro has earned this endorsement through its commitment to providing IPMA members with excellent coverage options and comprehensive risk management services at a reasonable price. In fact, IPMA members who attend MedPro's risk management seminar at the annual meeting will be eligible for a 10% risk management credit, and all active IPMA members are eligible for an additional 5% credit. Here are some other reasons why MedPro is a great fit for podiatrists:

CONSENT

Ultimately, MedPro leaves the decision up to you with an iron-clad pure consent provision that comes standard in your policy. Unlike policies from some of MedPro's competitors, this provision gives you the right to refuse to settle your claim.

EXPERIENCE

MedPro's risk managers and claims specialists average more than 25 years of experience, which means they know how to handle any claim.

LONGEVITY


MedPro's industry-leading risk analysis and techniques have stood the test of time. MedPro leverages their expertise from



serving healthcare providers nationwide for more than 115 years in order to accurately assess risk for podiatrists and write policies that provide just the right coverage at the right price.

SERVICE

MedPro is dedicated to providing exceptional, personalized service that meets your every need.

To learn more about MedPro's specialized podiatry coverage, visit medpro.com/podiatrists, or call your local MedPro representative at 888-MEDPRO5. 

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SHEPHERD INSURANCE NAMED IPMA INSURANCE CONSULTANT

Shepherd Insurance is a privately-owned insurance agency that has delivered risk management solutions since 1977. Headquartered in Carmel, Indiana, Shepherd has 16 offices throughout Indiana, Kentucky, Florida, and Arizona. Fred McClaine who began working with the IPMA members in 1990 is now a Partner and leader of the Medical Professional Division of Shepherd. He has assembled a team that has over 100 plus years of experience in the Medical Professional marketplace. Shepherd is the largest Indiana insurance agency with a dedicated team experienced in healthcare professional liability and related business insurance. In addition to offering the full line of insurance products available, Shepherd Insurance is proud to have one of the leading financial services teams in the state – Shepherd Financial.

SHEPHERD VALUE PROPOSITION : INSURANCE CONSULTATION WITH EXPERIENCED PROFESSIONALS

- Consultation provided free of charge to the IPMA Leadership and Members throughout the year as needed.
- Immediate updates concerning changes in the Indiana Medical Malpractice Law occurring July 1, 2017 and July 1, 2019.
- Immediate updates concerning changes in coverage and rates with PICA, Medical Protective, ProAssurance, IRMIA and any other carriers that become available.
- Immediate updates concerning emerging and changing business insurance coverage.
- Advise IPMA regarding insurance program savings opportunities as they become available.
- Insightful insurance articles and information for the IPMA e-newsletter.
- All lines of Insurance products offered to members at Competitive rates.





92nd Annual Fall Convention

OCTOBER 5-8, 2017

Hyatt Regency Indianapolis

Register Today

Online registration is now
open at indianapodiatric.org



INDIANA PODIATRIC MEDICAL ASSOCIATION

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