MOVING INDIANA FORWARD

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INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

VOLUME FOUR | WINTER 2017

IN THIS ISSUE

PRESIDENT'S MESSAGE

JEFFRIE LEIBOVITZ, DPM | IPMA PRESIDENT

As my term of office nears its end, there are many I would like to thank for their service to the association. I have the utmost respect for our current and past Board members and Trustees. We have been very fortunate to have such great leadership. Their vibrant input into the decision-making process is vital to an association responsive to the needs of its membership. With that said, in order to continue this level of experience, we need to cultivate new leadership. If you are interested in joining a committee or getting involved, please do not hesitate to contact me or the IPMA office. We need new leaders to keep IPMA healthy, especially young physicians. We must make sure IPMA is meeting the needs of the next generation of podiatrist.

Our association remains in a strong financial state. We continue to build a strategic reserve and hope to offer more member benefits such as the fee reduction seen for this meeting. We anticipate finishing 2017 with a sixth straight year of profit and IPMA's rainy day fund stands over $100,000.

It was great seeing everyone at the Annual Convention this past October. I enjoyed reconnecting with friends and colleagues while getting great educational content. Thank you to Dr. Patrick DeHeer for putting together such a great program. I attended both the IPMA Annual Convention and the Midwest Podiatry Conference in Chicago. I am proud to report that each year members tell me that IPMA convention has better educational content than the lectures at Midwest. Thank you to all who attended the convention. I believe that a strong convention is key to the success of the IPMA and hope that all who attend bring someone new in 2018 and encourage those who did not attend to do so next year.

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

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 meats 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.

REVIEWING COMMUNICATION AS PART OF STAFF EDUCATION INITIATIVES

MEDPRO GROUP PATIENT SAFETY & RISK SOLUTIONS

Effective communication is the foundation for any healthcare organization, including podiatry practices. Yet, beyond the basics of telephone courtesy and explanations of payment policies, few practices provide in-depth communication training for their employees. Regardless of clinicians' technical skills, healthcare practices are unlikely to flourish if providers and staff are haphazard in the way they communicate among themselves and with their patients.

A review of office communication should identify the areas most likely to benefit from periodic review and educational reminders. Examples might include:

- Orientation training, including education regarding the practice's communication policies and expectations
- Formal processes used to inform/educate patients about office policies, procedures, and care plans
- Consistency in the ways that staff members respond to patients' questions, including the use of any scripts
- Activities that enable staff to identify safety and risk issues and bring them to the attention of the administrative team

Consistency in communication reduces the likelihood of patient confusion, and repetition of messages reinforces the patient's ability to absorb, understand, and adhere to instructions. Consistency also gives the impression of an organized and team-oriented approach, helps reinforce the patient's ability to act as a partner in his/her own care, and can have a positive effect on the patient's perception of courtesy, responsiveness, and provider/staff expertise.

When used as a quality improvement tool, review of communication protocols also can help identify areas of inconsistency and misunderstanding among employees. Improved communication in the practice can help prevent patient injuries, ensure more patient-focused interactions, and enhance the team's effectiveness and job satisfaction.

To learn more about improving communication among providers and staff in your organization, watch MedPro's presentation titled "Reducing Risks Through Effective Communication: AHRQ's TeamSTEPPS®" and visit AHRQ's TeamSTEPPS website.

IPMA SEEKING CHANGES TO HOSPITAL LICENSURE RULES

The IPMA is working with members and the hospitals which they have privileges to update the Indiana Administrative Code's Hospital Licensure Rules in regards to Medical staff and specifically the "physician" definition outlined in 410 IAC 15-1.1-17. The Indiana Administrative Code states that a hospital chief, president, or chairperson of the staff must be a physician as defined under IC 25-22.5-5. Currently this precludes podiatric physicians from serving in these roles. The IPMA is seeking hospital support for changing this obsolete administrative restriction.

We have had numerous IPMA members work with their hospital administrators to write letters of support for the requested change. If you are able and interested in requesting that your hospital support this change, please contact Matt Solak at the IPMA office. The IPMA can assist you in drafting a letter for your hospital to edit and send to the Indiana Hospital Association.

VA PROVIDER EQUITY ACT ADDED TO CARING FOR OUR VETERANS ACT

In a major development for APMA's VA Provider Equity Act, the bill was adopted Wednesday as an amendment to the bipartisan Senate Caring for our Veterans Act of 2017, legislation that would renew funding for the program that allows veterans to receive health care at non-VA facilities when appropriate care is not readily accessible at a local VA facility.

The Caring for our Veterans Act is viewed as critical legislation for passage prior to the holiday recess, as the program has run out of funding. APMA members are strongly encouraged to continue contacting their senators and encouraging them to support S. 1871, the VA Provider Equity Act, to underscore the importance of this legislation, whether as a standalone bill or an amendment to another piece of legislation, and to advocate for the highest quality care for our nation's veterans.

If the Caring for our Veterans Act passes in the Senate, it will have to be reconciled with a House version of the bill. Passage in the Senate will significantly increase the possibility of ultimate enactment of the VA Provider Equity Act, as it will have passed in both chambers of Congress (the House version of the VA Provider Equity Act, HR 1058, passed on unanimous consent this summer).

APMA makes it easy to contact your senators. Visit the eAdvocacy site to locate your senators' contact information, and call today using our sample script. Questions? Contact advocacy@apma.org.

IPMA 2017 ANNUAL CONVENTION WRAP-UP

Over 225 doctors, medical assistants and exhibitors came together at the IPMA 92nd Annual Fall Convention and Membership Meeting at the Hyatt Regency in downtown Indianapolis. Highlights of this year's convention include:

- Educational seminars and leading podiatric presenters that provided 21 CME hours for doctor attendees.
- Medical Assistants program providing tracks for both front and back office.
- Tradeshow with 40 exhibitors that included a new format allowing for more opportunities to Annual Meeting presentations and reports on current IPMA activity and vision for the future. IPMA members can receive electronic copies of the 92nd Annual Report by emailing the IPMA office at inpma@indianapodiatric.org or calling 888-330-5589.
- Legislative update and report by IPMA Governmental Affairs Consultant Glenna Shelby.
- Insurance report from Fred McClaine of Shepherd Insurance on the state of podiatry liability insurance and the present market conditions.

ELECTION OF IPMA BOARD OF TRUSTEES AND OFFICERS

Board and Officers elected for 2018 are:

- President
  Wendy Winckelbach, DPM
- President-Elect
  Richard Loesch, DPM
- First Vice President
  Brian Damitz, DPM
- Second Vice President
  Sandra Raynor, DPM
- Secretary-Treasurer
  Cathy Coker, DPM
- Immediate Past President
  Jeffrie Leibovitz, DPM
- North Trustee
  Kathleen Neuhoff-Toepp, DPM
- Central Trustee
  Nathan Graves, DPM
- South TrusteeZahid Lahda, DPM

2017 IPMA AWARD RECIPIENTS

On Saturday, October 7th, the IPMA held its annual awards banquet to honor those members who have supported the IPMA and the podiatric profession. IPMA Awards Luncheon was moderated by Jeffrie C. Leibovitz. This year's award recipients include:

- **Christopher Grandfield, DPM**
  Dr. T. H. Clarke Achievement Award
  This award is IPMA's highest award, and is bestowed upon the member who has demonstrated not only contributions to his profession but also service in behalf of the podiatric welfare of the public and service to the community at large.
- **Wendy Winckelbach, DPM**
  IPMA Meritorious Service Award
  Presented only to IPMA members, this award recongnizes 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.
- **Marla Watson**
  Ginny Jewel Podiatric Staff of the Year Award
  The staff award is presented to a 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.

The IPMA also recognized the following doctors achieving membership milestones:

- **25 years**
  Douglas Blacklidge, DPM
  Lisa Lanham, DPM
- **50 Years**
  William Blank, DPM
  William Moorman, DPM
  Robert Freestone, DPM

SAVE THE DATE FOR THE IPMA 2018 ANNUAL CONVENTION

Mark your calendar now for next year's Annual Convention, October 18-21, 2017. Next year's convention will again be held at the Hyatt Regency Indianapolis Downtown. We appreciate the doctors, vendors and medical assistants that attended this year, and look forward to returning to downtown Indianapolis next year.

KRIEG DEVAULT

PODIATRIST BEWARE: INCREASED PENALTIES FOR ABANDONING PATIENT RECORDS

BY STEPHANIE ECKERLE AND MEGAN McNAB, KRIEG DEVAULT

Podiatrist are constantly reminded of their responsibilities to protect both the security and privacy of patient records under the Health Insurance Portability and Accountability Act ("HIPAA"). In addition, Indiana law has specific requirements governing the confidentiality of patient records, which vary depending on the type of record such as mental health records, in addition to laws governing the abandonment of patient records. These considerations are important not only in day-to-day practice, but also whenever there is a transition of patient records that can occur when a podiatrist retires, sells a practice or closes an office. Recently, the Indiana General Assembly enacted legislation to revise Indiana Code ("IC") 4-6-14 regarding abandoned health records. Under the previous law, the attorney general ("AG") could take possession of, store, maintain, transfer, protect, or destroy health records that the AG determines are abandoned (IC 4-6-14-5). The AG will also notify patients and those individuals identified in the health records that the AG has taken possession of the abandoned records. The previous definition of "abandoned" meant when a health care provider or regulated professional voluntarily surrendered, relinquished, or disclaimed records, with no intention of reclaiming or regaining possession.

The new legislation expands the definition of abandoned to also include when records are recklessly or negligently treated, such that an unauthorized person could obtain access or possession. The legislation also adds a definition for the previously undefined term "health records," which includes written, electronic, or printed information possessed or maintained by a health care provider concerning any diagnosis, treatment, or prognosis of the patient, including information that is possessed or maintained on microfiche, microfilm, or in a digital format. Health records also include mental health records, alcohol and drug abuse records, and records protected by HIPAA.

Under the new legislation, which was effective July 1, 2017, if the attorney general determines that health records are abandoned and takes action under IC 4-6-14 to take possession of, store, maintain, transfer, protect, or destroy health records, the AG may also file action against the health care provider or former health care provider who is or was responsible for maintaining or possessing the health records that have been abandoned, to recover costs incurred by the AG to implement IC 4-6-14 with respect to such records. Pursuant to such action, a court may order the health care provider or former health care provider to reimburse the AG's costs, if the court finds that the health care provider or former health care provider intentionally or negligently abandoned the health records.

Therefore, podiatrist that abandon health records, whether in paper or electronic form, by either: (i) voluntarily surrendering, relinquishing, or disclaiming the records with no intention of reclaiming or regaining possession; or (ii) recklessly or negligently treating such records such that an unauthorized person could obtain access or possession, may be required to repay to the AG for any costs incurred by the AG to take over the records and provide notice to affected patients. Practicing podiatrist that are retiring or leaving the practice should take great care to ensure health records continue to be properly stored and protected to avoid any determination that the provider's records have been abandoned and the imposition of any cost by the AG. Retiring providers or providers leaving their practice should also ensure that they comply with Indiana law regarding discontinuing a practice, including retirement or leaving the community, as well as patient notification laws for when the providers withdraws from a case. The legislation also revised IC 24-4.9-3-3.5 to ensure health records continue to be protected when a health care provider ceases to be a covered entity under HIPAA.

Should you have any questions related to HIPAA, patient records or events that may trigger an analysis of how patient records should be handled, such as the sale of a practice, retirement or closing a practice, please do not hesitate to contact Stephanie Eckerle (seckerle@kdlegal.com) or Meghan McNab (mmcnab@kdlegal.com) at Krieg DeVault.

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 97% of its 2017 fundraising goal.** These contributions have come from only **37 of the 222 IPMA members**.

We are asking each member to make some contribution no matter the amount. 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 November 1, 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. Chris Grandfield
Dr. Sandra Raynor

GOLD LEVEL SUPPORTERS ($500-$999)

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

SILVER LEVEL SUPPORTERS ($300-$499)

Dr. Cathy Coker
Dr. Mark Lazar
Dr. Patricia Moore
Dr. Matthew Parmenter
Dr. Michael Helms
Dr. James Meade
Dr. Kathleen Toepp Neuhoff
Dr. Wendy Winckelbach

BRONZE LEVEL SUPPORTERS ($150-$299)

Dr. Vincent Coda
Dr. Patrap Gohill
Dr. Lisa Lanham
Dr. Jesse Murphy
Dr. William Oliver
Dr. Tod Reed
Dr. Tracey Warner
Dr. Brian Damitz
Dr. Jane Koch
Dr. Jeffrie Leibovitz
Dr. Scott Neville
Dr. David Ray
Dr. David Sullivan

PATRIOT LEVEL SUPPORTERS (LESS THAN $150)

Dr. Larry Best
Dr. Gad Flaumenhaft
Dr. Jason Liang
Dr. Kati Rush
Dr. Michael Carroll
Dr. Brandon Gumbiner
Dr. Richard Loesch
Dr. Jeffrey Stevens

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

QUICK FACTS

- IPMA Contributors: 38 Members
- IPMA Contribution Member %: 17%
- IPMA Contribution Total: $9,025/$8,000
- IPMA Contribution Goal %: 104%
- IPMA Foot Support PAC Balance: $21,371.99.
- IPMA Advocacy Fund Balance: $3,845.00

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
- Dr. Richard Stanley

SILVER LEVEL ($300-$499)

- Dr. Cathy Coker
- Dr. Brian Damitz
- Dr. Pratap Gohil
- Dr. Kenneth Krueger
- Dr. Kathleen Neuhoff
- Dr. Wendy Winckelbach

BRONZE LEVEL ($150-$299)

- Dr. Michael Baker
- Dr. Gregory Boake
- Dr. Vincent Coda
- Dr. Brian Elliott
- Dr. Jason Gray
- Dr. Richard Hilker
- Dr. Tiffany Koch
- Dr. Patricia Moore
- Glenna Shelby
- Matt Solak
- Dr. Jessica Taulman-Yang
- Dr. Walt Warren

PATRIOT LEVEL (LESS THAN $150)

- Dr. Kent Burress
- Derek Dalling
- Dr. Miranda Goodale
- Dr. Jane Koch
- Dr. Lisa Lanham
- Dr. Jeffrie Leibovitz
- Dr. Richard Loesch
- Dr. Eugene MacDonald
- Dr. Irwin Malament
- Dr. Donald McGowen
- Dr. William Oliver
- Dr. Charlotte Reisinger
- Dr. Scott Schulman
- Dr. Chase Stuart
- Dr. Kenneth Stumpf
- Dr. Tracey Warner
- Dr. Aaron Warnock

SECRETS OF SUCCESS PART I OF II
WHO & WHAT IS KILLING YOUR PRODUCTIVITY

BY LYNN HOMISAK
SOS HEALTHCARE MANAGEMENT SOLUTIONS

Do you have that feeling that negative forces are working to prevent you from practicing as productively as you did 2, 5 or 10 years ago? Is it the mystery of where time and resources go, difficulty managing staff, effort maintaining good work relationships, concern that certain procedures or policies just aren't working anymore? Regardless…it's time you peel off whatever management bandaid you've patched together and find solutions for real results. Here are just a few to get started.

UNCLEAR EXPECTATIONS

If tasks or projects are not completed to your satisfaction, there's a good chance your message is not getting through to staff. Are outcomes clearly defined? Are your high standards, too high? Does your task estimate match their skill level? Is the timeline realistic? If not, possibly start with setting the bar slightly lower and you may find yourself more surprised, even pleased, at the actions they take. Do this not by shouting orders and assuming they will follow through; rather, ask questions and let them participate in the process. For example, you might ask, "What would be a reasonable estimate to complete this project?" Or, "Do you have a suggestion for improving this task?" Often, if you ease up and modify expectations, a good employee will work hard to meet the goal. PS- it also helps if you are the kind of "boss" who doesn't micromanage at every turn. Employees put more energy into their work and are infinitely more productive if they enjoy what they're doing and who they're doing it for! Proficiency will come with time, we all learn to crawl before we run.

SOCIAL MEDIA, INTERNET, EMAIL

I feel like we've developed a love-hate relationship with technology. Yes, social media is a cost-effective vehicle to market our practices and interact with patients and public. Yes, the internet is a great resource for researching information and tapping into world events. Yes, having Twitter and Facebook pages increases our exposure, while email offers communication options for patients and staff. However, each one of these tools require time to manage them, so what productive minutes do we rob from Peter to pay Paul in our already time-challenged schedules? To effectively handle these activities, it's best to assign a responsible staff person to set aside some time each day to sort and respond to non-clinical emails, and update social media pages. The individual responsible for checking insurance coverages can create a similar timeframe. Since everyone's first priority is patient care, it is important to limit time on the internet to a suitable part of the daily schedule and not resort to revisiting it throughout the day. To avoid misuse and abuse, a detailed policy should be created for the office to outline social media guidelines, personal cell phone usage, practice computer restrictions and non-adherence consequences.

AUTOMATED APPOINTMENT REMINDERS vs YESTERDAY'S ROUTINES

Letting go of past practices can be as difficult as adapting to new technology. Staff in many offices are still manually calling each patients to remind them of their appointment. When pressed, they admit they prefer this method because "patients like it better" and "it's more personal" – and "YES, it is definitely time consuming". We understand that appointment reminders are critical and calling patients is a must, but why not consider having a professional, automated system do it? Given the time that staff typically spend on this single task, anywhere from 30-90 minutes (some confess more), there are far more productive ways they can use that chunk of time. And automation is far more cost effective. Of course, manual calls can still be made to patients who require additional instruction; however, most patients today have adapted to automated calls since most of their other doctors are already doing it. As far as that personal touch? Ask your staff how many patients they personally connect with vs how many of their calls go directly to the patients' answering machines where they are forced to leave a recorded message. True score? Answering machines win by a landslide! So, who's automating who these days?

FLAWED STAFF MEETINGS

If there is inadequate follow up or you are not achieving specific outcomes after your scheduled staff meetings, I'll be the first to agree, they are a total waste of time. However, by routinely carving out a small slice of your schedule when the entire office can participate in open communication, shared ideas, solutions, responsibilities, results, and accomplishments…you can pretty much hand your staff the keys necessary to ignite productivity. A structured (written) Action Plan and pre-planned agenda offer direction and necessary follow up and should be the basis of each meeting. They help to define and outline goals, build a culture, and stimulate the power of collaboration. You can request a complimentary copy of an Action Plan template to help keep your meetings on track by emailing me at lynn@soshms.com. I'm happy to send you one.

These were just a few of the productivity-killers that might be holding your practice back. Next month, we'll tackle a few more, so check back!

CMS FINALIZES MPFS AND MIPS RULES, IMPACTING PODIATRISTS' PAYMENT IN 2018 AND 2020

CMS released two rules on November 2 which will directly affect podiatrists' payments in 2018 (CY 2018 Medicare Physician Fee Schedule) and 2020 (CY 2018 Updates to the Quality Payment Program). APMA is currently reviewing both rules in depth and will provide additional updates soon, but has found the below updates to be pertinent to our members.

CY 2018 UPDATES TO THE QUALITY PROGRAM—MIPS YEAR 2

- Clinicians with less than $90,000 Medicare Part B allowable charges or fewer than 200 Part B beneficiaries are excluded from the 2018 MIPS reporting period.
- The threshold to avoid a penalty in 2020 is now 15 MIPS points, versus three MIPS points for 2019. The exceptional performance threshold remains at 70 MIPS points.
- The 2018 Reporting Periods are as follows:
  - 12 months—Cost and Quality performance categories
  - 90 days—ACI and CPIA performance categories
- The Cost performance category will count now for 10 percent of MIPS score, which will be calculated by Medicare Spending per Beneficiary (MSPB) and total per capita cost measures. There is no active reporting for this category, which CMS will calculate.
- 2014 and 2015 CEHRT are allowed, but bonus ACI points will be available only to physicians using 2015 CEHRT.
- Practices with 15 or fewer clinicians are exempt from the ACI category. Those practices will then have their Quality performance category reweighted to 75 percent of the MIPS composite score.
- Clinicians affected by Hurricanes Harvey, Irma, or Maria who do not submit 2017 MIPS data will not have a negative adjustment in 2019. Additionally, physicians affected by these hurricanes may file a hardship exemption application for Quality, ACI, and CPIA categories for the 2018 performance period.
- Clinicians can now participate in Virtual Groups.

CMS has provided a fact sheet on the new rule. Members can read APMA's comments to the proposed rule at www.apma.org/CommentLetters, and we are reviewing the final rule to determine what most affects our membership to submit additional comments.

CY 2018 MEDICARE PHYSICIAN FEE SCHEDULE (MPFS)

- Podiatrists on average will experience a 1-percent increase in allowed charges across their book of business. The overall update to payments under the Medicare Physician Fee Schedule based on the finalized CY 2018 rates will be +0.41 percent.
- CMS agrees with APMA's comments that the E/M documentation guidelines need to be streamlined. It will address comments and stakeholder concerns in future rulemaking.
- CMS will finalize the start date for the Appropriate Use Criteria (AUC) Program for Advanced Diagnostic Imaging. It will begin with an educational and operations testing year in 2020, which means physicians would be required to start using AUCs and reporting this information on their claims.
- As part of its "Patients over Paperwork" initiative, the 2018 MPFS included reducing reporting requirements and removing downward payment adjustments based on performance for practices that meet minimum quality reporting requirements.

APMA will be reviewing this final rule in more detail, and will provide a summary of its impacts to our members in the near future.

If you have questions or concerns, please contact the Health Policy and Practice Department.

KINDSVATTER DALLING AND ASSOCIATES NEW ADDRESS

Please make a note of the new address for KDA:
629 W. Hillsdale St.
Lansing, MI 48933

SAVE THE DATE

Midwest Podiatry Conference
April 19-22, 2018
Hyatt Regency Chicago
Chicago, Illinois

APMA The National
July 12-15, 2018
Gaylord National Harbor
Washington, D.C.

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

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.

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

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