



INDIANA PODIATRIC MEDICAL ASSOCIATION

# Forward

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## PRESIDENT'S MESSAGE

WENDY WINCKELBACH, 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 anticipate finishing 2018 with a seventh straight year of net positive in the IPMA budget. This is allowing the IPMA to continue to grow its strategic rainy day fund.

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.

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 2019 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. 





# LIMITED PODIATRIC RADIOGRAPHY ONLINE 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 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.

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. Questions? Contact the IPMA office at 888.330.5589.

[Click here to learn more and register today.](#)

## ENSURING HIPAA COMPLIANCE IN TEXT MESSAGING

The use of mobile phones and other wireless technology in patient care — termed “mHealth” — is a significant trend in the healthcare industry. Older technologies, such as pagers, are slow compared to devices today; thus, many healthcare providers and staff members find that text messaging provides quick access to the information they need to make healthcare decisions.

Yet, healthcare providers and staff need to be cognizant of privacy and security concerns when using text messaging. Typical short message service (SMS) texting does not offer the security necessary for sending protected health information (PHI). As a result, patient privacy might be compromised if unauthorized individuals can view texted data.

Additionally, multiple carriers might be involved in relaying and routing text messages, messages can remain on servers in unencrypted formats, and no guarantee exists that the intended person will receive and read the message.<sup>1</sup> If unsecure texting results in HIPAA violations, costly penalties could ensue.

Podiatry practices that permit the use of mobile devices for texting health information (whether the devices are organization owned or personally owned) should implement policies to ensure that PHI sent via mobile networks complies with HIPAA regulations.

An initial consideration for podiatry practices is determining how text messaging activities should be incorporated into health record documentation policies. HIPAA specifies that individuals have the right to view and amend PHI used to make clinical decisions about their care, which might include information sent via text messages. As such, podiatry practices that allow text messaging should develop policies “requiring annotation of the medical record with any ePHI that is received via text and is used to make a decision about a patient.”<sup>2</sup>

Security of PHI is a top concern for all types of healthcare organizations and providers. Although HIPAA does not specifically prohibit communicating PHI through text messaging, a system of administrative, physical, and technical safeguards must be in place to ensure the integrity of the PHI “in transit.”<sup>3</sup>

Therefore, to ensure HIPAA compliance in texting, podiatry practices must use secure messaging systems.

Accrediting organizations also might provide guidance or standards related to texting. For example, The Joint Commission requires that healthcare employees send text messages through a secured messaging platform that includes a secure sign-on process, encrypted messaging, delivery and read receipts, date and time stamps, customized message retention timeframes, and a specified contact list for individuals authorized to receive and record orders.<sup>4</sup>

When evaluating potential messaging systems, look for technology that offers multi-level encryption (e.g., encryption of stored data, transmitted data, and data within the application). The technology also should be capable of operating on various devices, such as mobile phones running various operating systems, tablets, and desktop computers.<sup>5</sup> Other features of a secure text messaging system to consider include:

- Data storage on a secure private server with backup
- A remote option for removing/disabling the application from a mobile device in the event that the device is lost or stolen
- Automatic logout after a period of inactivity
- The ability to function on various wireless frequencies and Wi-Fi
- The ability to track and confirm message delivery
- The ability to set a maximum message data life (e.g., 30 days)<sup>6</sup>

Podiatry practices also should consider the potential benefits of comprehensive messaging systems, rather than single-purpose systems. Comprehensive messaging system should easily integrate with the organization’s calendar, directory, customer relationship management system, single sign-on capabilities, and document-sharing service.<sup>7</sup>

A final consideration is selecting a messaging system that offers instant access to documents, images, and resources within conversations, so podiatrists and staff members don’t have to switch apps (or context) to access important information. 🏠

1. *Is text messaging HIPAA compliant?* HIPAA Journal. Retrieved from [www.hipaajournal.com/is-text-messaging-hipaa-compliant/](http://www.hipaajournal.com/is-text-messaging-hipaa-compliant/)
2. Greene, A. H. (2012, April). *HIPAA compliance for clinician texting*. Journal of AHIMA, 83(4), 34-36.
3. *Is text messaging HIPAA compliant?* HIPAA Journal.
4. McGee, M. K. (2016). *Joint Commission delays lifting secure text messaging ban*. InfoRiskToday. Retrieved from [www.inforisktoday.com/joint-commission-delays-lifting-secure-text-messaging-ban-a-9275](http://www.inforisktoday.com/joint-commission-delays-lifting-secure-text-messaging-ban-a-9275)
5. Jansen, J. (2014). *mHealth will drive physician demand for secure text messaging in 2014*. Retrieved from <http://hitconsultant.net/2014/01/08/mhealth-will-drive-physician-demand-for-secure-text-messaging-in-2014>
6. *Ibid.*
7. *7 Advantages of HIPAA compliant texting apps*. Zinc. Retrieved from [http://content.zinc.it/Ebook\\_eBook-7-advantages-of-HIPAA-complaint-texting.pdf](http://content.zinc.it/Ebook_eBook-7-advantages-of-HIPAA-complaint-texting.pdf)

# BAKO DIAGNOSTICS A NAIL DYSTROPHY DIAGNOSTICS LEADER

Bako Diagnostics is the leading diagnostic laboratory for podiatric medicine and one of the podiatric profession's principal sources of educational sponsorship. For over ten years, it has developed an innovative research and diagnostic medical model dedicated to the advancement of the field of podiatry.

BakoDx services to the podiatric clinician range from histopathologic examination of bone, soft tissue, and skin/nail, to microbiology, molecular DNA testing, histopathology and epidermal nerve fiber density (ENFD) analysis. With a unique focus on pathology of the lower extremity, BakoDx continues to be the nation's leading provider of nail unit dystrophy diagnostic testing and services. Since it was formed, BakoDx has analyzed more than 1.6 million nail dystrophy cases, using conventional and molecular techniques.

"Each specimen that arrives at our laboratory represents a podiatric patient," said Ted Hull, BakoDx CEO. "Because of that, we work diligently to exceed all expectations and deliver exceptionally detailed reports, services and therapeutic treatment recommendations to improve patient care and outcomes."

## ANALYSIS WITH DNA TECHNOLOGY

The BakoDx onychodystrophy DNA test is a real-time polymerase chain reaction (PCR) technology that produces results within 24-48 hours, the shortest turnaround time in the industry. Compare that with several weeks of waiting for fungal nail culture results.

Clinical diagnosis by examination alone can often be inaccurate. The BakoDx onychodystrophy DNA test establishes the causative

## IT'S REALLY EXPENSIVE TO TREAT THE WRONG ORGANISM

### Target Treatment with Bako's Onychodystrophy DNA Test

**99.9%**<sup>1</sup>  
ANALYTICAL  
SPECIFICITY

**24-48** HR.  
TURNAROUND  
TIME

PAYOR  
COVERED

**86%**<sup>1</sup>  
CLINICAL  
SENSITIVITY

IMPROVED  
OUTCOMES

PAYOR  
REQUIRED



For details, call: **855-422-5628**  
Learn more: [onychodystrophy.com](http://onychodystrophy.com)  
Scan to download clinical white paper

1. Bako Diagnostics' internal data; 2. Based on FDA product labeling indications and usage



agent of nail infection with 99.9 percent analytical specificity. This allows physicians to deliver fast, evidence-based results to target and treat infectious pathogens implicated in onychomycosis, including dermatophytes, saprophytes and/or yeast.

Recently, BakoDx's proprietary onychodystrophy DNA test was enhanced to detect the most common bacterial cause of nail infection, *Pseudomonas aeruginosa*, the causative agent of green nail syndrome.

"The addition of *P. aeruginosa* to the onychodystrophy panel enables clinicians to more fully define the causes of infectious onychodystrophy and allow for appropriate therapy," said Wayne L. Bakotic, D.O., and BakoDx Co-Founder.

### BETTER TOGETHER: DNA + HISTOLOGY

BakoDx's onychodystrophy DNA test is designed to complement histopathology. Because only 50 percent of suspected cases of onychomycosis are caused by infection, BakoDx's onychodystrophy DNA test and histology adds the benefit of testing the sample for trauma, neoplastic processes and non-infectious nail diseases.

A comprehensive evaluation of nail unit dystrophy and potential therapeutic regimen recommendations for the underlying etiology is then shared with the physician. This detailed diagnoses report provides podiatric medical professionals with the highest sensitivity and specificity available, with the goal of better patient care and outcomes.

By detecting and identifying the correct causative agent of disease, unnecessary expense to patients and payers are eliminated. Most national health insurance payers require genus/species identification for preauthorization of anti-fungal prescriptions. BakoDx's in-network services are available to more than 250 million covered lives, including all five national health plans, and fully compliant patient-friendly billing policies. In addition, the BakoDx onychodystrophy DNA test is covered by Medicare and most healthcare insurance plans.

### REPORTING MALIGNANCIES


The Dermatopathologists and Pathologists at BakoDx have detected thousands of malignancies annually from specimens submitted to its laboratory from physicians throughout the U.S. Through the use of a simple biopsy techniques, patients may benefit from the best outcome prognosis with the least morbidity.

"Bako Diagnostics is in a unique position as the dermatopathology market leader for podiatrists to collect, analyze, study and share their findings with the profession," said Dr. William P. Scherer, Senior Podiatric Medical Advisor for BakoDx. "The incidence of lower extremity skin cancer represents an often overlooked and understudied disease."

### SUPPORTING PODIATRIC MEDICINE


In addition to an expert team of dermatopathologists and pathologists available to diagnose and consult with physician clients, BakoDx has a Podiatric Advisory Board comprised of leaders in the podiatric medical profession. This board was assembled to advise the company as it further advances its mission and commitment to offering the highest quality laboratory service. BakoDx's Clinical Consultant Team augments the Advisor Board to further promote educational outreach initiatives.

Through its Fellowship Program, a two-week podiatric dermatology rotation, BakoDx contributes to the on-site education of podiatric residents. The fully-funded rotation serves as a foundation for the physician's practice of podiatric diagnostics throughout their careers.

"It has truly been an honor and privilege to partner with the Indiana Podiatric Medical Association and we look forward to our continued affiliation," said Shawna Shapero, VP of BakoDx Corporate and Professional Relations. 

*Pathologists at Bako Diagnostics are available for consultation from 7 a.m. to 7 p.m. ET. Visit [BakoDx.com](http://BakoDx.com) or call 855-422-5628 to order or for more information.*

## PRACTICE FOR SALE

IPMA wanted to make members aware of a long standing, diversified podiatric practice for sale. The practice is mainly in Northwest Indiana, but also a small part in Illinois. Doctor to retire and move. Ground floor rental. Allowed to sublease so may increase patient load or keep as part time. Email replies to: [doctorfootstep@gmail.com](mailto:doctorfootstep@gmail.com). 



## IPMA 2018 ANNUAL CONVENTION WRAP-UP

Over 200 doctors, speakers and exhibitors came together at the IPMA 93rd Annual Fall Convention and Membership Meeting at the Hyatt Regency in downtown Indianapolis

Highlights of this year's convention included:

- Educational seminars and leading podiatric presenters that provided over 23 CME hours for doctor attendees.
- 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 93rd Annual Report by emailing the IPMA office at [inpma@indianapodiatic.org](mailto:inpma@indianapodiatic.org) or calling 888-330-5589.
- Legislative update and report by IPMA Governmental Affairs Consultant Glenna Shelby.

### ELECTION OF IPMA BOARD OF TRUSTEES AND OFFICERS

- President - Richard Loesch, DPM

- President-Elect - Brian Damitz, DPM
- First Vice President - Sandra Raynor, DPM
- Second Vice President – Christopher Grandfield, DPM
- Secretary-Treasurer - Cathy Coker, DPM
- Immediate Past President – Wendy Winckelbach, DPM
- North Trustee – Kathleen Neuhoff-Toepp, DPM
- Central Trustee – Nathan Graves, DPM
- South Trustee – Zahid Lahda, DPM

### 2018 IPMA AWARDS BANQUET

On Saturday, October 20th, 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 included:

- **Patricia Moore, 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.

- **Kenneth Krueger, DPM**  
**IPMA Meritorious Service Award**  
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



# 93<sup>rd</sup> Annual Fall Convention October 18-21, 2018 Hyatt Regency Indianapolis

category or categories which merits recognition, but does not meet the IPMA Podiatrist of the Year standards.

- **Tina Zorlu**  
**Ginny Jewel Podiatric Staff of the Year Award**

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 these milestones:

- **25 Years of Membership**  
James Meede, DPM  
Mark Runkle, DPM
- **Retirement**  
Dr. Pratap Gohil

Finally, a moment of silence was observed for the past presidents who passed away in 2018 including Dr. Jack Glick, DPM (IPMA President 1975) and Dr. Harnold Aron, DPM (IPMA President 1970).

## SAVE THE DATE FOR THE IPMA 2019 ANNUAL CONVENTION

Mark your calendar now for next year's Annual Convention, October 10-13, 2019. Next year's convention will again be held at the Hyatt Regency Indianapolis Downtown. We appreciate the doctors, vendors and speakers that attended this year, and look forward to returning to downtown Indianapolis next year. 🦋



# 18<sup>TH</sup> ANNUAL JOINT NATIONAL PODIATRIC CAC-PIAC REPRESENTATIVES' MEETING

WENDY WINCKELBACH, DPM,  
CAC REPRESENTATIVE

I recently attended the 18<sup>th</sup> Annual Joint National Podiatric Carrier Advisory Committee (CAC)-Private Insurance Advisory Committee (PIAC) Representatives meeting, held in Baltimore, MD, November 2, 2018, on behalf of the IPMA. This annual meeting presents a unique opportunity for CAC and PIAC representatives to hear from experts and leaders in both private and public insurance issues. It also allows for representatives to hear from other CAC and PIAC representatives about new and ongoing trends, both regional and national that might impact our members.

This year's meeting featured a slate of industry speakers covering the full spectrum of reimbursement, and provided strong guidance for how your local representatives are integral for success. The main focus this year was fostering effective communications between CAC and PIAC representatives and the private and public medical directors to resolve reimbursement and coverage issues, as well as communications between CAC and PIAC representatives and podiatric colleagues to help educate them on the latest insurance issues. Speakers included Aetna Medical Director Chris Jagmin, MD, and WPS Health Insurance Medical Director Robert Kettler, MD. Common themes of both Dr. Jagmin and Dr. Kettler included:

- developing and maintaining a relationship with your Medical Director before an issue arises;

- ensuring that you have strong and non-biased clinical research evidence to support a requested change in policy; and
- considering the environmental constraints for the Medical Director in terms of his or her direct ability to immediately resolve a purported issue – i.e. go through the appropriate channels.

To this end, extended group discussions were held to allow representatives to bring up ongoing or new public and private payer issues in their states and receive input and advice from their peers who may have dealt with similar issues in the past. Numerous states expressed issues with billing with the 25 and 59 modifier, as well as routine foot care claim denials. Additionally a common complaint was increasing frustration with Medicare Advantage plans not providing reimbursement for services otherwise covered under Original Medicare. Representatives were able to give advice and guidance on how to effectively resolve these issues where they had experience in their own states.

Attendees also heard from Cindy Moon, MPP, MPH, vice president at Hart Health Strategies, for a Medicare policy update including more information on APMA's recent E/M coding victory that thwarted CMS' efforts to implement a separate, lower value E/M code for podiatrists. APMA is hosting a webinar for members on December 6 at 8:00 p.m. EST to go over these changes but important finalizations for the 2019 Medicare

## IPMA EXECUTIVE DIRECTOR ELECTED TO APMAPAC BOARD

IPMA Executive Director Matt Solak was elected to represent the state executive directors on the APMAPAC Board. APMAPAC's role is to support candidates seeking congressional office in the US House and Senate. A board of directors that is independent of APMA's Board of Trustees governs APMAPAC.

"I hope to use this position to better position Indiana's congressional delegation in receiving APMAPAC contributions," said Solak. "Our membership is very generous with their political action contributions and our team at the House of Delegates has cultivated some great relationships with our members of Congress."

Other results of the APMAPAC Board election from earlier this month:

- **Director Positions—three-year term**
  - William H. Dabdoub, DPM
  - Debra Gibson, DPM
  - Janet Simon, DPM
- **Liaison Positions—one-year term**
  - APMSA Liaison—Akram Aljumail (Temple University of Podiatric Medicine)
  - APMA BOT Liaison—Patrick DeHeer, DPM
- **Executive Committee Positions—one-year term**
  - Chair—Barney A. Greenberg, DPM
  - Vice-Chair—Randy Kaplan, DPM
  - Secretary—Treasurer—Janet Simon, DPM

For more information and to donate to support legislation that champions podiatry, [click here](#). 



Physician Fee Schedule Final Rule were:

- final 2019 Conversion Factor: 36.0391 (+0.11% over 2018);
- podiatrists should see a 2 percent increase in reimbursement under Original Medicare Fee For Service;
- effective January 1, 2019, E/M Documentation changes will allow for more flexibility in documenting E/M Services – physicians will be able choose between medical decision making, time, or existing 1995/1997 guidelines; and
- effective January 1, 2021, level 2 through 4 E/Ms codes for new and established patients will be consolidated but level 5 will remain separate.

This final rule also included changes for MIPS Year 3. Critically, members should be aware of the following key changes:

- the MIPS Performance Threshold minimum to avoid a penalty for the 2019 performance year is now 30 points;
- clinicians excluded from participation by the low-volume threshold can now opt-in, so long as they meet at least one of the three requirements;
- payment adjustments for the 2019 performance period will be +/-7 percent (impacting 2021 payments); and
- only 2015 CEHRT is permitted.

APMA will be providing additional resources and information in the coming weeks for state components to share with their members. They have also scheduled an educational webinar for members on MIPS Year 3 for January 3 at 8:00 p.m. ET.

Finally, long-time APMA consultant Kelli Back, JD, discussed emerging issues in private insurance contracting. Ms. Back provided a summary of the commercial, exchange, and Medicare

Advantage markets. She then provided a summary of the key regulatory changes to Medicare Advantage plans finalized earlier this year which will be effective on January 1, 2019. Plans are now required to:

- provide proof of network adequacy every three years, with enforcement actions against non-compliant plans;
- ensure contracts include new required term; and
- allow patients a longer period to enroll, now a 90 day period to change or disenroll.

Ms. Back concluded her presentation with a long discussion of contract negotiation. She stressed the importance of the timing of your contract – if the plan is building a new network or trying to fill gaps – you will likely have more success. Additionally, she highlighted that while certain provisions are commonly and easily changed, if the requested change requires special administrative procedures for a single provider and very small portion of the provider population, the payer is far less likely to negotiate favorably. Providers should focus on these most critical sections in their contracts – the ones that address payment, scope, recoupment and audits, amendments and terminations.

In addition to these presentations and discussions, APMA is hosting several supplemental webinars for CAC and PIAC representatives that I plan to attend and report back on, including a 2018 DME update, presented by Paul Kesselman, DPM, on December 11 at 8:00 p.m. ET, and a discussion of 2017 BMAD data trends, presented by David Freedman, DPM, on January 8 at 8:00 p.m. 🦋

*Meeting materials are available to all IPMA and APMA members at [www.apma.org/CACPIAC2018](http://www.apma.org/CACPIAC2018).*

## APMA SCORES MAJOR VICTORY!

APMA celebrated another major advocacy win as CMS released the 2019 Medicare Physician Fee Schedule final rule. The final rule did not include the originally proposed podiatry-specific E/M codes, which would have reimbursed at a significantly lower rate than codes for the same care provided by other physicians.

APMA extends its sincere gratitude to the thousands of members, colleagues, patients, family, and friends who joined APMA's grassroots campaign and submitted comments to CMS about this punitive proposal. We also thank our allies at other medical societies and in the halls of Congress, who strongly opposed the proposed rule.

“Today we saw proof that when APMA members work together toward a common goal, we can do great things,” said APMA President Dennis R. Frisch, DPM.

APMA in July launched a multifaceted campaign to defeat the proposal including:

- grassroots advocacy;
- outreach and strategic alliances with other health-care organizations concerned about the implication of this precedent;
- discussions with a broad swath of congressional offices;
- a meeting with the White House Office of Management and Budget;
- a meeting with senior advisors to the Secretary of Health and Human Services;
- media relations efforts;
- direct contact with CMS leadership through an in-person meeting; and
- formal comments to CMS. 🦋

# SECRETS OF SUCCESS \$OMEONE ANSWER THE PHONE!

BY LYNN HOMISAK  
SOS HEALTHCARE MANAGEMENT SOLUTIONS

Think every call made to your office seeking an appointment actually becomes an appointment? Think again. Yes, worthy/costly marketing strategies will attract calls to your office; however, all the marketing in the world will be for naught if prospective callers are not converted into patients. The reason is, receptionists not properly trained are asking every question except the one that closes the deal.

Today's patients have certain expectations when they call a doctor's office. Especially when searching for a new doctor. They expect efficiency and expediency, a knowledgeable staff, friendly attitude, outstanding customer service and a smile because, yes, callers can tell if their listener is smiling. And their first impressions start with that phone call. If it fails to impress, or misses an opportunity to provide what is expected, savvy callers will continue to shop. And as the doctor, moving from treatment room to treatment room, away from front desk activity, you may never know.

Sadly, training staff on phone etiquette is embarrassingly lacking especially when it comes to what to say, not say, prompted scripting (prepared scripts for common questions) and professional phone delivery (tone and attitude) etc. These skills are not recognized with as much seriousness as they should. Many doctors see "front desk experience in a medical office" on an applicant's resume. Is the presumption, therefore, that they know how to properly and professionally handle the phones? Never take this for granted. Remember, assume is an acronym.

A more in depth discussion, to include role playing, should be a part of every applicant interview. This applies whether they are being hired for front or back office, since job sharing is typical in podiatry offices. Once hired, new staff members should be required to have phone desk training. **Actual training.** Training that involves covering all office activities, i.e., putting patients first, protocol/policy, HIPAA, a telephone voice, scripting, phone handling, podiatry conditions and terminology. Taught to recognize emergent, urgent, and routine conditions, professionalism, diffusing angry patients, screening calls, proper scheduling, time management, answering critical questions, etiquette, establishing rapport, and a basic understanding of what callers are looking for. The telephone is a practice's lifeline and a careless or half-hearted "learn-as-you-go" teaching approach WILL certainly result in lost patients. And, to repeat the obvious; many of these new patients you will not even know you've lost. Trained employees work smarter.

Consider the patient who wants info about their insurance coverage. If you were to overhear how staff responds it might be surprising. When the caller asks, for example, "Does Dr. Pod accept my insurance?" and your staff answers with a simple,

"no" the caller would likely thank them, hang up, and check with the office down the street. In fact, any time one hears, "*Thanks for your information, I'll get back to you,*" you have pretty much lost that patient. We have all made that very decision/comment when we fail to get desired results. It is the kiss of goodbye.



How about the podiatric shopper who asks, "*How much does your doctor charge for a pair of orthotics?*" If your staff is in fact instructed to quote fees (or ranges) over the phone, they should stick to a pre-written script vs. "winging it"; a script that acknowledges the caller's question and promptly moves the conversation towards the exceptional care they will receive. "*Mrs. Jones, that is a good question; one I might even ask if I were in your shoes.*" (If it is your policy, here is where you might offer an approximate/range fee, stating also that it would depend on the type of orthotic needed.) Continue without hesitation... "*Now, besides our fees, Mrs. Jones, what else are you looking for in a podiatrist?*" – a lead-in to highlighting the benefits of your practice. Reinforce their response with an inspiring, "*Well, you have called the right place!*" followed by advocating for the doctor and the practice.

It's important for staff to maintain control of the conversation so they can focus on more positive information and close all appointment-seeking conversations with a defined proposal, "*I have an opening tomorrow afternoon at 2pm. Is that convenient?*" On each encounter, make every effort to be in control, not controlling. Polite, not demanding. Energetic, not hyper. Friendly, not friends.

Finally, it is critical that staff avoid answering questions dealing with or offering medical advice. This is perceived as practicing medicine for which they do not have a license. Their response to ANY medical question, therefore, should always be, "*Mrs. Jones, that is a question that the doctor will have to answer for you...and (s)he can only do that after (s)he's evaluated your condition*". Staff should then move immediately into offering an appointment. Of course, the seriousness of the complaint must be determined; emergencies require immediate care, suggest a suitable time for a routine visit. Do not diagnose!

Nine out of every ten offices have varying degrees of "operator error" regarding telephone skills and it comes with a great loss! Lost revenue, lost professional respect, and lost patients. Hello, is anybody there? Still think "winging it" is a good idea? 🦋

*Homisak, President of SOS Healthcare Management Solutions, has a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations.*

# APMAPAC REPORT

BY CHRISTOPHER GRANDFIELD, DPM, APMAPAC COORDINATOR

## QUICK FACTS

IPMA Contributors: 35 Members  
IPMA Contribution Member Percentage: 17%  
IPMA Contribution Total: \$19,501/\$18,020  
IPMA Contribution Goal Percentage: 108%

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

Dr. Patrick DeHeer  
Dr. Zahid Ladha  
Dr. Sandra Raynor

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

Executive Director Matt Solak

## 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. Vince Coda  
Dr. Cathy Coker  
Dr. Nathan Graves  
Dr. Kenneth Krueger  
Dr. Daniel Miller  
Dr. Patricia Moore  
Dr. William Oliver  
Dr. Wendy Winckelbach

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

Dr. Jason Bickel  
Dr. Brian Damitz  
Dr. Brandt Dodson  
Dr. Pratap Gohil  
Dr. Gerry Hash  
Dr. Lisa Lanham  
Dr. Richard Loesch  
Dr. Scott Neville  
Dr. David Sullivan  
Dr. Elizabeth Vulcanich

## PATRIOT LEVEL SUPPORTERS (LESS THAN \$150)

Dr. Arnold Alpert  
Dr. Ashley Bojrab  
Dr. Kent Burress  
Dr. Michael Carroll  
Dr. Miranda Goodale  
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

## QUICK FACTS

- IPMA Contributors: 34 Members
- IPMA Contribution Member %: 17%
- IPMA Contribution Total: \$9,600/\$8,000
- IPMA Contribution Goal %: 120%

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

Dr. Patrick DeHeer  
Dr. Zahid Ladha  
Dr. Sandra Raynor

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

Dr. Angie Glynn  
Dr. Nathan Graves  
Dr. Kathleen Neuhoff  
Executive Director Matt Solak

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


Dr. Cathy Coker  
Dr. Matthew Parmenter  
Dr. David Powell  
Dr. Wendy Winckelbach

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

Dr. Vincent Coda  
Dr. Brian Damitz  
Dr. Pratap Gohil  
Dr. Gerry Hash  
Dr. Kenneth Krueger  
Dr. Lisa Lanham  
Dr. Patricia Moore  
Dr. Donald Ritchey  
Dr. Walter Warren

## PATRIOT LEVEL (LESS THAN \$150)

Dr. Drew Christie  
Dr. Nicholas Costidakis  
Derek Dalling  
Dr. Jason Denton  
Dr. Miranda Goodale  
Dr. Christopher Grandfield  
Dr. Jeffrie Leibovitz  
Dr. Lawrence Lloyd  
Dr. Richard Loesch  
Dr. William Oliver  
Dr. Scott Schulman  
Glenna Shelby  
Dr. Richard Stanley  
Dr. Chase Stuart  
Dr. John Trench  
Dr. Aaron Warnock

[Click here to contribute to Foot Support PAC.](#) 

## SAVE THE DATE

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

IPMA Annual Convention  
October 10-13, 2019  
Hyatt Regency Indianapolis  
Indianapolis, Indiana

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### CONTACT US

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## THE CODING SEMINAR

EARLY REGISTRATION SAVINGS END SOON  
March 20, 2019  
Boston, Massachusetts

APMA will present The Coding Seminar on March 30, 2019, in Boston. Jeffrey Lehrman, DPM, and Michael Warshaw, DPM, certified professional coders, will provide a deep dive into foot and ankle specific coding and reimbursement issues. The efficiencies realized in your office based on what you learn will more than cover the cost to attend!

Early registration rates expire December 31, so **register now** to reserve your spot for the lowest possible price.

