



INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

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PRESIDENT'S MESSAGE

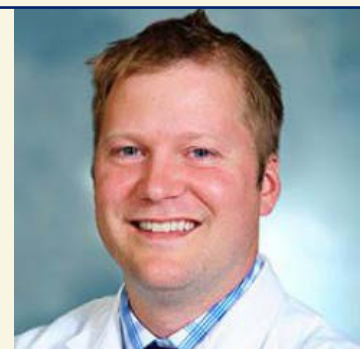
BRIAN DAMITZ, DPM | IPMA PRESIDENT

I am excited to begin my term as IPMA President. For those I have not had the chance to meet yet, I have been involved in the IPMA from the day I graduated residency and have attended multiple APMA legislative conferences in Washington, D.C. I am committed to the advancement of podiatry and the issues that our constituents feel are important. I am here to fight for you. I want all of you to know that my involvement on a local and national level has been not only rewarding, but frustrating. We as podiatrists, have a lot to fight for. Nationally, the APMA is moving in the right direction, in my opinion. I want to continue that movement with the help of local, regional and national outreach. I feel that the most important goal is for Podiatrists to continue to strive for equivalence with MD and DO providers. We have already achieved so much; we have full access to privileges in the hospital systems in most settings. Podiatrists are now working on hospital boards and taking administrative roles. We have made progress but I believe we must continue to push for more collaboration with all physician extenders to the benefit of podiatry. I want every single person of the IPMA to know that if they have issues or concerns, I will fight for you. I will try to continue to better this field. There are so many amazing people that have improved and advanced our field. We owe it to them to continue.

In this vein, 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.

Thank you to all who attended the convention in 2019. I believe that a strong convention is key to the success of the IPMA. The IPMA offers a strong education program while providing an opportunity to meet with other IPMA members. I am hoping all who attended in 2019, will do so again and hope that you take the time to invite a colleague who you have not seen at the convention in a while.

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





Save the Date

www.indianapodiatric.org

95th Annual Fall Convention
October 8-11, 2020

 Crowne Plaza Indianapolis Downtown Union Station

APMAPAC REPORT

BY CHRISTOPHER GRANDFIELD, DPM, APMAPAC COORDINATOR & IPMA PAST PRESIDENT



I am proud to say that IPMA members have consistently showed generosity and support to APMAPAC. Indiana is one of only two state components with membership over 100 podiatrists to reach its yearly fundraising goal the last six years. We again achieved this goal in 2019! With that said we are now two months into a new campaign and I ask you again to pledge your support to APMAPAC. As of March 1, 2020, these IPMA members have pledged their contributions to APMAPAC:

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

Dr. Patrick DeHeer

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

Executive Director Matt Solak

GOLD LEVEL (\$500-\$999)

Dr. Francis Bean
Dr. Angie Glynn
Dr. Chris Grandfield
Dr. Walter Warren

SILVER LEVEL (\$300-\$499)

Dr. Kathleen Neuhoﬀ

BRONZE LEVEL (\$150-\$299)

Dr. Robert Freestone
Dr. Corey Groh
Dr. Richard Lanham


PATRIOT LEVEL (LESS THAN \$150)

Dr. Miranda Goodale
Dr. Todd Hovermale
Dr. David Sullivan

The future of podiatry depends upon your support. 

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.



Promoting Professional Excellence and Patient Advocacy

★ ENSURING THE ★

SUCCESS

OF PODIATRIC MEDICINE

SINCE 1972

eAdvocacy
Federal & State
Action Center

Visit www.apma.org/donate.
Make a difference for podiatry. Join TEAM APMAPAC today!

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IMPORTANT: 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.



LEGISLATIVE REPORT

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

With the Indiana General Assembly still projected to adjourn March 11th, over 100 bills remain “alive” in the conference committee process—where a small group of legislators attempts to resolve issues arising when the House and the Senate have passed differing versions of the bills.

This session has seen multiple bills with stated aims to reduce healthcare costs in the state. While most of those issues deal with insurers/HMO's, MD/DO's, hospitals, and pharmacy benefit managers, Sen. Liz Brown (R-Ft. Wayne) has been trying to impose a non-compete prohibition on all healthcare employer/employee contracts. The latest indications are she's agreeing to limiting her non-compete prohibition language to only MD/DO's and hospital contracts in her SB 243, which is in a conference committee to resolve differences between the House and Senate versions.

HB 1008 (Rep. Carbaugh, R-Ft. Wayne) would require most professional licensing boards to issue licenses to providers (including DPM's) if a licensed provider from another state moves to Indiana, has passed an equivalent exam (as determined by the board), and meets a board's criminal history check requirements. HB 1008 has passed both the House and Senate in differing forms and is undergoing work in a conference committee.

HB 98 (Sen. Becker, R-Evansville) which would have allowed CRNA's to work under the direction of a DPM in an ambulatory surgery center or a hospital, failed to get a hearing in the House Public Health committee. It passed the Senate 30-18. 🏥



THE NATIONAL

The APMA 2020 Annual Scientific Meeting (The National) will take place July 23–26 in Boston, and offers attendees up to 29.5 CECH. Registration will open early 2020.

Make your plans now to spend four days with thousands of foot and ankle physicians, assistants, and related professionals while experiencing education, networking, and community-building fun at the must-attend meeting for every podiatrist. The diverse educational program touches all aspects of podiatric medicine:

- Surgery
- Pain Management
- Wound Care
- Forefoot and Midfoot Surgical Techniques
- Limb Preservation
- Imaging
- Public Health and Physician Well-Being
- Health-Care Disparities
- Biomechanics
- Dermatology
- Coding and MIPS

Additionally, this year The National is proud to screen the groundbreaking documentary “[Do No Harm](#),” which exposes the epidemic of physician suicide and burnout. The screening will be followed by a panel discussion featuring physician wellness experts.

The program features a variety of learning formats and includes many returning favorite sessions, including:

- the Harry Goldsmith, DPM, Memorial Coding Seminar;
- surgical blitzes;
- controversy debates;
- Podiatry School Student Quiz Bowl; and
- oral and poster abstracts.



The National also offers education and training for podiatric medical assistants, so plan to bring your whole office to the must-attend event for every foot and ankle professional. Learn more about [sponsorship](#) and [exhibiting](#) at The National. 🦶

APMA HEALTH-CARE SOLUTIONS

APMA is pleased to announce an exclusive new member benefit: APMA Health-Care Solutions. If you've struggled to find affordable health coverage for yourself, your family, and your office staff, this new benefit is for you.

Our large- and small-group health plan solutions will save you 15–30 percent on the cost of health insurance coverage.

APMA Health-Care Solutions:

- Self-insured program through a medical captive (large group only)
- Available to APMA members and their staff
- Customized plans with robust coverage for large groups using major carrier provider networks
- Multiple plan options with robust coverage for small groups using major carrier provider networks (COMING SOON!)
- ACA-compliant
- Outstanding customer support

APMA HEALTH-CARE SOLUTION FAQs

HOW DID APMA DECIDE ON THIS SOLUTION FOR MEMBERS?

Health insurance through the current major carrier system is unsustainable for most practices, which have to adjust benefits almost annually in order to keep premium increases as low as possible. APMA researched several solutions for members, including traditional options such as Association Health Plans (AHPs) and various affinity programs. Finding the right solution was a challenge. APMA is a national membership organization whose members practice in a variety of settings, creating a diverse set of insurance needs. These factors, combined with ensuring regulatory compliance, drove APMA to investigate non-traditional solutions that would reduce costs while providing great coverage. We determined that the best answer for our members in large groups is a *medical captive*. Noveta Health is the medical captive APMA has selected as its health insurance partner. Noveta Health has also developed groundbreaking, fully-insured plan options for small groups.

WHAT IS A MEDICAL CAPTIVE?

A medical captive is a health insurance pool formed by companies joining together to reduce the cost of their medical benefits. Successful member companies maintain good loss histories and effective cost containment strategies. A captive is a form of self-insurance that is considered low risk.

Here are a few quick facts about self-funded insurance plans:

- 9 out of 10 organizations with more than 1,000 employees have chosen employer self-funded health insurance plans. The plans are more cost-effective, more efficient, and provide greater control and insight into cost-drivers compared to traditional insurance.
- For small to mid-size companies, self-funded insurance has not always been practical. The pooling of many employers creates the efficiency of a larger organization and helps to achieve reduced costs.
- APMA changed its staff plan to the medical captive solution in August 2018. As a result, your association achieved a 30-percent reduction in medical spending, while our benefits remained unchanged.

IS THIS SOLUTION A HEALTH PLAN SPONSORED BY APMA?

No. The insurance solutions are separate policies directly between you or your practice and Noveta Health.

WHY DID APMA PARTNER WITH NOVETA HEALTH

Noveta Health is a full-service benefit consultant with proven solutions that can significantly lower your health-care and pharmacy costs.

HOW DOES NOVETA HEALTH LOWER COSTS WHILE DELIVERING EXCELLENT BENEFITS?

Noveta eliminates excess administrative costs and prescription claims by pursuing all available rebates. You only pay for services you use and don't pay mark-ups that line the pockets of major carrier CEOs.

WHICH MAJOR CARRIER PROVIDER NETWORKS DOES NOVETA HEALTH USE?

Aetna, BCBS, Cigna, United Healthcare, and others.

WHO IS ELIGIBLE FOR THE INSURANCE COVERAGE?

All employees of a practice not covered by Medicare are eligible—physicians and other staff. Groups can be podiatry-only or multispecialty. *DPMs must be current members of APMA in order to participate.*

WILL FAMILY COVERAGE BE OFFERED? WHAT ABOUT DENTAL AND VISION INSURANCE?

Yes. All standard classes will be offered—Family, Single, Dependent, Spouse. Additionally, dental and vision insurance can be added to your plan.

CAN A PRACTICE GET COVERAGE IF IT HAS LOCATIONS IN MORE THAN ONE STATE?

Yes. Multi-state plans are available. Noveta Health is registered in all 50 states, Puerto Rico, and the District of Columbia.

WILL THE INSURANCE BE A “SKINNY PLAN?”

No. Only ACA-compliant, full-coverage plans will be offered.

ARE WELLNESS PROGRAMS AND MATERIALS AVAILABLE?

Absolutely! Wellness programs and materials are integral to the health plans. Wellness is the best way to contain costs.

WILL MY EMPLOYEES EXPERIENCE ANY DIFFICULTY SWITCHING TO NOVETA HEALTH?

There will be minimal disruption. Like any change from one carrier to another, there are instances in which an employee's provider does not participate in the new provider network, but it is rare.

NATIONAL AVERAGES SAY EMPLOYERS SWITCH THEIR HEALTH PLANS EVERY TWO YEARS BECAUSE OF RISING PREMIUMS. WHAT IS NOVETA HEALTH'S RETENTION RATIO?

Noveta's retention ratio is 95 percent. The other 5 percent leave mainly due to company acquisitions.

DO NOVETA HEALTH'S PLANS CREATE ADDITIONAL WORK FOR MY STAFF?

None!

CAN I SWITCH TO NOVETA HEALTH'S PLAN ANY TIME OF THE YEAR?

Yes, if you are currently fully insured. If you are self-funded, you can switch on your plan's renewal date.

WILL PARTICIPANTS HAVE ACCESS TO AN ONLINE PORTAL TO MONITOR CLAIMS?

Yes, participants will have an online account.

DOES NOVETA HEALTH CARRY SUPPLEMENTAL AND ADDITIONAL INSURANCE?

Yes, Noveta can handle all of your insurance needs.

IF MY LARGE GROUP DEVELOPS A HIGH-DEDUCTIBLE PLAN, WILL A HEALTH SAVINGS ACCOUNT (HSA) BE AVAILABLE?

Yes, you can either continue using your current vendor or Noveta Health can provide a resource. 🏥

Call 800-518-5615 or email dmarette@novetahealth.com for a consultation with Noveta Health.

APMA TO CMS: SIGNIFICANT CONCERNS ON AUC IMAGING

APMA sent a letter to CMS on December 23, outlining its significant concerns related to the [Advanced Use Criteria \(AUC\) Imaging Requirements](#) for which compliance officially started on January 1, 2020.

APMA believes the information currently available on specific requirements is somewhat limited, and even in cases where clinicians can access information for a qualified Clinical Decision Support Mechanism (CDSM), registration with those CDSMs and navigating their resources (among other functions) seem overly burdensome (i.e., having to register multiple times for multiple payers).

APMA recommended the following:

- support stakeholders in advocating that Congress work to repeal the program or amend it so that it is strictly voluntary;
- reconsider and enhance the criteria for certifying qualified CDSM providers, including criteria for effective communication with registrants;
- ensure CDSMs that are qualified have readily identifiable sections for registrants, such as a “Comply with the Medicare AUC requirement here” button; and
- consider providing additional information on the CMS AUC website, including a link for each qualified CDSM and instructions on how to comply with the program using each.

Read this letter and all other comments letters at www.apma.org/commentletters.

UNDERSTANDING INFORMED CONSENT FOR PEDIATRIC PATIENTS

Informed consent is a pillar of patient engagement and patient-centered care. It helps patients gain a full understanding of the benefits and risks of proposed procedures and treatments, thus allowing them to make informed decisions. But what happens when patients are children or adolescents?

The right to consent to treatment or refuse treatment generally applies to competent *adults*. Thus, podiatrists who treat pediatric patients should be well-versed in how to address informed consent with patients who are minors. Doing so requires understanding specific state laws related to informed consent and developing thorough organizational policies to guide the consent process.

STATE LAWS

In the United States, consent for treatment of minors in nonemergency situations is addressed in state laws, which can vary from state to state. Typically, parents or legal guardians must consent

to treatment if a child is not of the age of majority (usually 18).¹ However, exceptions apply, particularly in regard to adolescents or individuals considered “mature or emancipated” minors.

Additionally, exceptions to consent laws might apply in emergency situations in which no parent or guardian is present or in circumstances in which lack of parental or guardian consent might result in serious patient harm. Podiatrists who treat pediatric patients should know their state laws and ensure that organizational policies related to informed consent for minors adhere to these laws.

ORGANIZATIONAL POLICIES

When developing organizational informed consent policies, podiatrists who treat pediatric patients should take into account situations in which minors may present to the office for clinical care or treatment without their parents or guardians present. For



example, the patient might arrive alone or be brought in by a grandparent or sibling. Each organization's policies should include specific guidance for managing these types of scenarios, such as:

- Determine if and under what circumstances minors will be seen if they arrive alone or without a parent or guardian present (unaccompanied minors).
- In your practice's welcome brochure or informational packet, explain your policies related to informed consent for minors and treatment of unaccompanied minors.
- Determine the types of procedures/treatments that will be made available to unaccompanied minors.
- Communicate in advance the limitations of services and care provided to unaccompanied minors.
- Require parents/guardians to provide a phone number where you can readily reach them in the event that questions arise about minors' care.
- Specify that additional treatment (beyond what office policy allows for unaccompanied minors) will require specific consent discussions.
- Have parents/guardians sign a consent form in advance permitting general treatment of unaccompanied minors.
- Document all care provided in accordance with the organization's informed consent policies.

Consent policies for minor patients also should include guidance related to assurance of parental/custodial rights for informed consent or refusal, particularly in cases of divorce, separation, protection from abuse orders, etc. For example, for minors whose parents are divorced or separated, "reasonable steps should be taken to determine which parent(s) has the legal au-

INVOLVING PEDIATRIC PATIENTS IN THE INFORMED CONSENT PROCESS

Pediatric patients can range in age from infants to teenagers and have varying degrees of cognitive development and maturity. The American Academy of Pediatrics' policy statement *Informed Consent in Decision-Making in Pediatric Practice* advocates that "patients should participate in decision-making commensurate with their development" and "they should provide assent to care whenever reasonable." Including pediatric patients in healthcare decisions and the informed consent process as they mature can help nurture the concept that patients should be active partners in their care.²

thority to consent to treatment, to what extent each parent must be involved in the decision-making process, and who may access information regarding the minor."³

Podiatry practice leaders and managers also should consult their legal counsel to help review and provide guidance on consent policies for minors and to address questions that arise related to the care and treatment of minor patients. 🏥

Resources

- [Consent in Adolescent Healthcare \(UpToDate\)](#)
- [Minor Consent to Routine Medical Care \(SchoolHouse Connection\)](#)
- [Risk Management Strategies for Informed Consent \(MedPro Group\)](#)

1. McNary, A. (2014). *Consent to treatment of minors*. *Innovations in Clinical Neuroscience*, 11(3-4), 43-45. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC4008301/
2. AAP Committee on Bioethics. (2016). *Informed consent in decision-making in pediatric practice*. *Pediatrics*, 138(2):e20161484
3. McNary, *Consent to treatment of minors*.

This document should not be construed as medical or legal advice. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

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MIDWEST PODIATRY CONFERENCE 2020 HIGHLIGHTS

Discover, Practice and Master leading industry content at the 2020 Midwest Podiatry Conference on Wednesday, April 29th through Saturday, May 2nd to help you reach all of your practice, patient care and educational goals.

No matter where you are in your career, the 2020 Midwest Podiatry Conference is offering up to 31 hours of CME for podiatric physicians to explore multiple disciplines while offering hands on workshops and labs to fine tune learned skills. From residency to general podiatry to advanced specialties like wound care, sports medicine and surgery, 2020 MPC offers multi-disciplinary educational opportunities to inspire and achieve many of your career objectives.

Two outstanding sessions not to be missed this year include Dr. Brad Wenstrup's keynote speech on trauma and a second talk on his viewpoint on the legislative landscape of healthcare policy moving forward, as well as Dr. Laura Shin's session on regenerative medicine.

On Friday, May 1st, from 8:00AM-9:00AM, Cincinnati native Dr. Brad Wenstrup will deliver his keynote presentation on advances in trauma treatment. Dr. Wenstrup is Board Certified by the American Board of Podiatric Surgeons, a member of the American Podiatric Medical Association, and a Fellow of the American College of Foot and Ankle Surgeons.

In addition to his experience in private practice, Dr. Wenstrup serves in the United States Army Reserve where he holds the rank of Colonel. He joined the Reserves in 1998 and deployed to Iraq in 2005-2006, where he served as the Podiatrist, Chief of Surgery, Assistant Deputy Commander, and Director of the Wound Care Clinic in the 344th Combat Support Hospital. Dr. Wenstrup's unit was also responsible for Detainee Healthcare throughout the Iraqi theater, with the heart of the mission taking place at Abu Ghraib Prison Hospital. He was awarded the Bronze Star and the Combat Action Badge for his service. In 2018, he was awarded the Soldier's Medal.

Dr. Wenstrup currently fulfills his Reserve duties by serving as the Medical Policy Advisor for the Chief of the Army Reserve as well as seeing patients at Walter Reed National Military Medical Center in Bethesda.

Dr. Wenstrup was elected to Congress in 2012 and is currently serving his fourth term in office. He sits on the House Permanent Select Committee on Intelligence and the House Ways & Means Committee, which has shared jurisdiction over health care policy. He will continue to educate the audience on Friday afternoon from 1:00PM-2:00PM with his unique perspective on

pending legislative reforms to health care policy and its influence on medicine in an ever-changing environment.

MPC is also honored to host Dr. Laura Shin on Friday, May 1st from 4:00PM – 5:00PM with a unique presentation on regenerative medicine. Dr. Shin received her BA in behavioral biology from Johns Hopkins University. Her interest in the potential for stem cell mediated repair in diabetic wounds and her deep commitment to patient care led her to pursue a dual PhD and DPM degree at William M. Scholl School of Podiatric Medicine at the Rosalind Franklin University of Medicine and Science. As an award-winning researcher, she will speak on the next wave of cell therapies and regenerative medicine.

Regenerative medicine may be defined as the process of replacing or “regenerating” human cells, tissues or organs to restore or establish normal function. This field holds the promise of regenerating damaged tissues and organs in the body by replacing damaged tissue or by stimulating the body's own repair mechanisms to heal tissues or organs.

Most conferences in Foot and Ankle are limited or absent in presentations on this exciting cutting-edge subject that are not sponsored. In USC's Dr. Shin, we have the best qualified speaker on this subject with her combination of excellent clinical and research experience without the focus on any one product or manufacturer. This is a not to be missed learning opportunity for any podiatrist treating wounds or doing foot and ankle surgery.

In addition, Dr. Shinn will join a Complications Panel on Saturday, May 2nd with Dr. Kai Olms and Dr. Ralph Springfield to offer both domestic and international insights on complications, posterior malleolar fractures and Charcot reconstruction.

The Midwest Podiatry Conference is aware of the importance of your learning objectives and goals in order to effectively advance your podiatric career. We also know you have many choices when it comes to selecting where you can gather your best learning opportunities. That's why the 2020 Midwest Podiatry Conference is offering up to 31 hours of CME for podiatric physicians that explore multiple disciplines while offering hands on workshops and labs to fine tune learned skills.

All attendees will have access to an active Exhibit Hall with over 150 booths showcasing global companies representing numerous products and services to help you bring the latest offerings to your patients and elevate your practice. 🦶

Please visit Midwestpodconf.org for additional program details and registration information.



MIDWEST PODIATRY CONFERENCE

THE PREMIER MEETING FOR FOOT AND ANKLE PHYSICIANS, SURGEONS AND ASSISTANTS

ATTEND MPC 2020!

- ✓ HEAR UNIQUE INSIGHTS FROM KEYNOTE SPEAKER DR. BRAD WENSTRUP, DPM
- ✓ EXPLORE REGENERATIVE MEDICINE FROM THE AWARD-WINNING RESEARCHER, DR. LAURA SHIN, PHD, DPM
- ✓ DISCOVER INNOVATIVE TECHNIQUES BY ATTENDING HANDS ON WORKSHOPS



2020 MIDWEST
PODIATRY CONFERENCE

WED, APRIL 29TH – SAT, MAY 2ND
HYATT REGENCY, CHICAGO

Visit midwestpodconf.org for more program details.



SAVE THE DATE

APMA The National
July 23-26, 2020
Sheraton Boston Hotel
Boston, Massachusetts

IPMA Annual Convention
October 8-11, 2020
Crowne Plaza Indianapolis
Indianapolis, Indiana

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Indianapolis, Indiana

ADVERTISING WITH THE IPMA

EDITORIAL DISCLOSURES

Forward magazine is a quarterly publication of the Indiana Podiatric Medical Association (IPMA). IPMA sponsors Forward magazine through the sale of advertising space in the magazine. The purpose of the magazine is to provide information to podiatrists and podiatric medical students. The purpose of the magazine is to provide information to podiatrists and podiatric medical students. The purpose of the magazine is to provide information to podiatrists and podiatric medical students.

PUBLICATION SPECS

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Forward is the official publication emailed quarterly to all corporate sponsors, exhibitors and members of IPMA. The publication reaches the desks of over 225 podiatry professionals and their staff throughout the state of Indiana. It also boasts an open rate of 43%, on average. Plus, all ads are hyperlinked to the advertiser's website.

Contact Matt Solak for an ad kit today!

2020 CLOSING DATES

ISSUE

Summer
Fall
Winter

EMAIL MONTH

June
September
December

AD DEADLINE

May 20
August 20
November 20

Contact Matt Solak for an ad kit today!

ISSUE	EMAIL MONTH	AD DEADLINE
Summer	June	May 20
Fall	September	August 20
Winter	December	November 20

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