



INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

ISSUE TWO | SUMMER 2020

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PRESIDENT'S MESSAGE

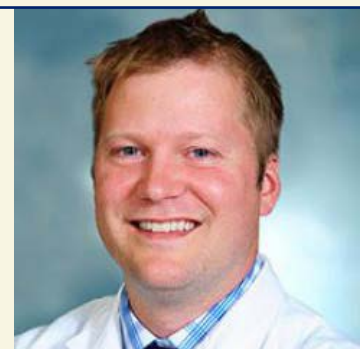
BRIAN DAMITZ, DPM | IPMA PRESIDENT

We have spent our entire careers wearing masks in the operating room or when rounding on patients in the hospital that have contact precautions. However, it is strange and scary that we are now doing that in our everyday lives. We have shut down our practices and have been worried about our employees and their well-being. We are worried about our friends and family. We understand the need for social distancing and for good hygiene. We are well trained and ready for anything that this pandemic can throw at us. We have Podiatric Residents across the country helping to fight this invisible enemy. We should be so proud to be represented by these heroes and know that they are the future of our profession. Many of you are doing anything and everything to help with this pandemic. Whether it be working on the frontlines, donating supplies or giving monetary donations, you are all a part of the answer.

The IPMA is doing everything that we can to support you. We understand that income flow has been significantly impacted. For that reason, the IPMA board decided to reduce dues owed for this fiscal year. The only reason that we can offer this discount is due to the significant conservative use of IPMA funds over the last few years which has resulted in a strong "rainy day fund." I encourage you to use the discount if you need it financially. I encourage you to pay full dues if you can afford it. Your monetary contributions are being used responsibly and effectively.

The IPMA board is working on several legislative endeavors. We have had conversations with the Indiana Academy of Physician Assistants to discuss possible legislation that would allow Physician Assistants to work in collaboration with Podiatric Surgeons. This would be one step closer to parity with our MD/DO colleagues. We are also in discussions with the Indiana Association of Nurse Anesthetists to discuss working towards a common goal of having Podiatric Surgeons have safe and responsible oversight of CRNAs during surgical procedures. This is only the beginning of our mission to achieve parity.

Your support, membership and funding of the IPMA is imperative to our goals as an organization. I will continue to fight for our profession and our membership. I encourage anyone and everyone to contact me with questions, problems or ideas. Please stay safe. 





Save the Date 
www.indianapodiatric.org

95th Annual Fall Convention
October 8-11, 2020

 Crowne Plaza Indianapolis Downtown Union Station



95th Annual Fall Convention October 8-11, 2020

Crowne Plaza Indianapolis Downtown Union Station

CONVENTION SCHEDULE

THURSDAY, OCTOBER 8 8 CECH

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

7:30 a.m.-6:00 p.m.
CME Sign-in and Sign-out

8:30 a.m.-10 a.m.
Doctor Lectures

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

10:15 a.m.-11:45 a.m.
Doctor Lectures

12:00 p.m.-2:00 p.m.
Lunch Lecture

PICA insured podiatrists attending this lecture are eligible to receive a one-year, 15% risk premium credit.

1:00 p.m.-5:00 p.m.
Exhibit Hall Open

2:15 p.m.-3:45 p.m.
Doctor Lectures

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

4:15 p.m.-5:45 p.m.
Doctor Lectures

5:45 p.m.-7:45 p.m.
Board of Trustees Meeting

FRIDAY, OCTOBER 9 Doctors: 8 CECH Medical Assistants: 7 CECH

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

7:30 a.m.-6:00 p.m.
CME Sign-in and Sign-out

7:30 a.m.-10:00 a.m.
Doctor Lectures

8:00 a.m.-10:00 a.m.
Medical Assistant Lectures

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

10:30 a.m.-12:30 p.m.
Doctor Lectures

10:30 a.m.-12:30 p.m.
Medical Assistant Lectures

12:30 p.m.-1:45 p.m.
Lunch

2:00 p.m.-3:30 p.m.
Doctor Lectures

2:00 p.m.-3:30 p.m.
Medical Assistant Lectures

3:30 p.m.-3:45 p.m.
Break

3:45 p.m.-5:45 p.m.
Doctor Lectures

3:45 p.m.-5:15 p.m.
Medical Assistant Lectures

5:45 p.m.-7:00 p.m.
Reception

SATURDAY, OCTOBER 10 6.5 CECH

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

7:30 a.m.-6:00 p.m.
CME Sign-in and Sign-out

7:30 a.m.-9:30 a.m.
**Breakfast and IPMA Annual
Membership Meeting**

9:45 a.m.-11:45 a.m.
Doctor Lectures

12:00 p.m.-1:00 p.m.
Lunch Lecture

1:15 p.m.-3:15 p.m.
Doctor Lectures

3:15 p.m.-3:30 p.m.
Break

3:30 p.m.-6:00 p.m.
Doctor Lectures

6:00 p.m.-7:15 p.m.
Past President's Reception

SUNDAY, OCTOBER 11 4.5 CECH

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

7:00 a.m.-12:45 p.m.
CME Sign-in and Sign-out

7:30 a.m.-9:00 a.m.
Abstract Presentations

9:00 a.m.-9:15 a.m.
Break

9:15 a.m.-10:45 a.m.
Abstract Presentations

10:45 a.m.-11:00 a.m.
Break

11:00 a.m.-12:30 p.m.
Abstract Presentations

12:30 p.m.
Conference Adjourns

MIDWEST PODIATRY CONFERENCE 2020 RESCHEDULE

We know that our world has changed but our industry is strong and resilient. We have grown during this time of crisis and have become more strategic in our approach. We have good news to share for any members who are unsure about attending the MPC during this time of uncertainty. The attendees, exhibitors and sponsorships numbers are still very strong!

ATTENDEES

- We have 762 attendees registered for MPC 2020
- Only 7% of our original attendees asked for a refund as a result of the COVID-19 crisis
- Involvement from Midwest Member States remains high. Currently, 72% of the MPC attendees are from Midwest Member States.
- Our registered attendees represent over 39 states

EXHIBITORS

- Two thirds of all booths have been sold
- We have 114 exhibitors (see attached list of current exhibitors)
- Only 9 exhibitors cancelled after the new show dates were announced. They include: Doc Patels, Medi-Dyne, Triliant, Weave, OsteoMed, Henry Schein, MedPro, Integra LifeSciences and Modulim
- Sponsors
- We have 20 sponsors

Our leveled sponsors remain committed. A special thanks to our:

- Gold Level Sponsors: Bako & PICA
- Silver Level Sponsors: Marlinz Pharma
- Bronze Level Sponsors: Organogenesis, Stryker, Weil Foot & Ankle Institute

INTRODUCING TWO NEW SPONSORSHIP OPPORTUNITIES!

1. **Sponsor IPGRS (Post Graduate Research Symposium—** Nurture young podiatric minds and ground breaking research by sponsoring the 2020 IPGRS. Your company can make an important contribution to the field of podiatry by supporting new research and abstract submissions from residents, fellows and preceptees on topics changing the field of podiatry. Through your sponsorship of IPGRS, your company will receive recognition on our website, on-site program, mobile app, onsite signage and special PR as host of the breakfast reception and awards competition. (SOLE PARTNER: \$10,000 / CO PARTNER: \$5,000)
2. **Sponsor New Directional Conference Signage—**While our exhibit hall is still located in the East Tower of the Hyatt, the remainder of the programming will take place in the West Tower. Put your company logo front and center to help direct attendees throughout our new space. Your logo will be featured on all directional signage, floor stickers and t-shirts worn by our volunteers stationed throughout both towers. Imagine the impact and impression your company will make when your logo is seen on items helping attendees navigate their way throughout the entire conference. (\$750 / Limit 4) 🦋

The graphic features a central white rectangular box with a black border, set against a background of stylized blue and purple mountains. Inside the box, the text reads: 'MIDWEST PODIATRY CONFERENCE' in black, followed by 'THE PREMIER MEETING FOR FOOT AND ANKLE PHYSICIANS, SURGEONS AND ASSISTANTS' in smaller black text. Below this, in large, colorful, hand-drawn style letters, it says 'ANNOUNCING NEW SHOW DATES!', 'MPC 2020', 'OCTOBER 28TH - 31ST, 2020', 'HYATT REGENCY CHICAGO', and 'CLICK HERE TO REGISTER TODAY!'. At the bottom of the box are two small horizontal bars, one blue and one red. To the right of the box, there is a stylized mountain peak with the letters 'DPM' and the tagline 'DISCOVER. PRACTICE. MASTER.' below it. At the bottom left of the graphic, it says 'Visit midwestpodconf.org for updated program details.'

LEAPING

TO BETTER COMPLAINT MANAGEMENT IN YOUR PODIATRY PRACTICE

Dealing with customer dissatisfaction is a reality in every industry, and healthcare is no different. Even the most diligent healthcare practices will most likely encounter patient complaints on occasion. For this reason, podiatry practices should implement a complaint process that all podiatrists and staff members can understand and follow. Every employee should be prepared to manage patient complaints promptly and according to office protocol.

When a complaint occurs, podiatrists and staff should respond calmly and empathetically, while reassuring the patient that someone is available to help resolve the problem or issue. One simple set of recommendations for complaint management is a common customer service strategy called LEAP.

LISTEN

Stop what you are doing and give your undivided attention to the patient. Do not argue with the patient or interrupt with explanations. Repeat back to the patient to affirm your understanding of his/her complaint or concern.

EMPATHIZE

Identify the patient's emotions and offer empathy. For example, "You must feel frustrated that you had to wait so long."

APOLOGIZE

An apology can go a long way, particularly if a patient has a legitimate complaint. However, even if the validity of the complaint isn't clear, it is possible to apologize without admitting wrongdoing. For example, "I'm sorry that your appointment didn't go as you expected."

PLAN

Suggest solutions you can offer or strategies to resolve the issue. If you can't come to an immediate agreement, assure the patient that an appropriate staff member will follow up on the issue. Let the patient know when he/she can expect to hear further from the practice.

The podiatrist or staff member managing the complaint should document the issue, any resolution offered, and the commitment of any follow-up with the patient. The practice will need this information if the patient reports the complaint to the state podiatric board or subsequently files a malpractice claim. The information documented from patient complaints also can serve as an educational opportunity for staff.

Patients also might go online to make complaints about treatment or services. To address this scenario, podiatry practices should have a mechanism for monitoring their online presence and managing negative, offensive, or inaccurate information. To ensure consistency in communication, practices might want to consider assigning one person to review external comments, posts, responses, etc., and handle them accordingly.

Managing online patient complaints and negative reviews can be difficult, but a number of risk strategies can help. For more information, see MedPro Group's [Risk Tips: Managing Negative Online Reviews From Patients](#). 



LEGISLATIVE REPORT

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

The 2020 Legislative session has ended. Thank you to the Indiana Podiatric Medical Association for your valuable input regarding bills that may have affected your practice. This session started with a bang and gained even more momentum as it progressed. The House introduced 452 bills and of that number, 114 or 25%, made it to the Senate. Of the 451 Senate bills introduced, 37%, or 169, made it to the House for consideration. All in all, 89 (20%) of introduced House bills and 79 (17%) of introduced Senate bills are eligible to become law. Glenna sent an email yesterday that included a list of bills that have passed the legislature. I am attaching that list again and also wanted to provide additional comments.

HB 1004: I appreciate all of the input I received from you regarding this bill. Of major concern was the non-compete language. I was able to form alliances with other healthcare professional lobbyists which helped to effectively verbalize our concerns to the Conference Committee Chair, the conferees and other legislators. Although the legislators were determined to address the non-compete issue, I was able to help convince them to use the definition in IC 25-22.5 (which excludes podiatrists) and NOT the more broad definition in IC 25-1-9-2.

SB 98: This bill contained language that would allow a CRNA (Certified Registered Nurse Anesthetists) to work under the direction of a podiatrist as long as a physician is available for timely consultation. In ambulatory outpatient surgery centers, it would have allowed a CRNA to work under the direction of any physician, instead of those only with specialized training in anesthesia. SB 98 did not receive a hearing before the House Public Health Committee. Should this issue come before the Assembly in the future, I will reach out to you for further engagement.

Many bills that are awaiting the governor's consideration have addressed price transparency, good-faith estimates and other insurance/billing issues. Please read through the bills and let me know if you have any questions and I will get them answered for you. You can reach me via email or my personal cell number 317-313-5444.

Healthcare reform will continue to be a major focus for years to come. As our attention begins to shift to the 2021 policy-making season, I will use the relationships that I have cultivated to continue fighting for the issues that you care about. 🏥

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 a little over four months into a new campaign and I ask you again to pledge your support to APMAPAC.

During this challenging time I know we have all seen a negative impact to our practices, but I believe it is still imperative to support our profession when possible. As of May 15, 2020, these IPMA member have pledged their contributions to APMAPAC:

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

Dr. Patrick DeHeer
Dr. Sandra Raynor

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

Executive Director Matt Solak

GOLD LEVEL (\$500-\$999)

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

SILVER LEVEL (\$300-\$499)

Dr. Tim Barry
Dr. Kathleen Neuhoff

BRONZE LEVEL (\$150-\$299)

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

PATRIOT LEVEL (LESS THAN \$150)


Dr. Kent Burress
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.





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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.

NOMINATIONS FOR 2020 IPMA AWARDS ARE NOW BEING ACCEPTED

Is there a podiatrist or staff member deserving of recognition to the profession and the association? If so nominate them for consideration of the following awards to be recognized at the annual convention this fall.

DR. T. H. CLARKE ACHIEVEMENT AWARD

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

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

MERITORIOUS SERVICE AWARD

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

OUTSTANDING PUBLIC SERVICE AWARD

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

GINNY JEWELL STAFF MEMBER OF THE YEAR AWARD

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

Nominations are due to the IPMA office by **Friday, September 25 at 5:00 p.m.** Award winners will be presented at the IPMA Annual Fall Convention. 🏆

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



RESOURCES FOR REOPENING YOUR PRACTICE

As podiatric practices in Indiana continue to return to normal with care for patients in offices as well as resuming elective surgeries, APMA is providing resources to assist members with opening their offices in a safe manner for patients and staff. Click on any of the bullet points below for more information.

RISK MANAGEMENT RESOURCES AND CHECKLISTS

- [PICA Reopening Checklist](#)
- [ProAssurance Returning to Practice Guide](#)

EMPLOYEE ISSUES

- [OSHA Guidance on Preparing Workplaces for COVID-19](#)
- [Bringing Employees Back to Work Webinar from Talar Medical](#)
- [EPA Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)

ELECTIVE PROCEDURES

- [CMS Recommendations for Re-Opening Facilities to Provide Non-emergent Non-COVID-19 Health Care: Phase I](#)

- [Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic](#)
- [AAOS Guidance for Elective Surgery](#)

STATE-BY-STATE RESOURCES

- [National Governors Association State Action Tracker](#)
- [50-State Emergency Order Tracker: Roadmap to Restart](#)

ADDITIONAL RESOURCES

- [Hart Health Strategies Opening Practice Guide](#)

While these resources provide background information and practice solutions for podiatric physicians, APMA is not rendering legal or other professional advice. APMA encourages readers of these resources who need assistance to consult with an attorney duly licensed in your jurisdiction. 🏥

CHECKLIST TO PREPARE PHYSICIAN OFFICES FOR COVID-19

UNIVERSAL EARLY PREPARATION

Educate staff and patients about changes they can expect to be implemented in the office during an outbreak or pandemic, and about ways to prepare themselves and their families.

COVID-19 EDUCATION

- ☐ Educate staff about coronavirus disease 2019 (COVID-19), and why it is important to contain the outbreak.
- ☐ Educate staff on facility policies and practices to minimize chance of exposure to respiratory pathogens including SARS-CoV-2, the virus that causes COVID-19.
- ☐ Train and educate staff with job or task-specific information on preventing transmission of infectious agents, including refresher training.
- ☐ Educate staff about COVID-19 evaluation and treatment.
- ☐ Educate staff about alternative office management plans.
- ☐ Educate staff on how to advise patients about changes in office procedures (e.g., calling prior to arrival if the patient has any signs of a respiratory infection and taking appropriate preventive actions) and developing family management plans if/when they are exposed to COVID-19.

OFFICE PREPAREDNESS

- ☐ Design a COVID-19 office management plan that includes patient flow, triage, treatment and design.
- ☐ Consider designing and installing engineering controls to reduce or eliminate exposures by shielding staff and other patients from infected individuals.
- ☐ Provide hand sanitizer, approved respirators, face shields/goggles, surgical masks, gloves, and gowns for all caregivers and staff to use when within six feet of patients with suspected COVID-19 infection. ([See approved respirators](#)). Provide training for staff on respirators to ensure fit and appropriate use.
- ☐ Ensure adherence to standard precautions, including airborne precautions and use of eye protection. Assume that every patient is potentially infected or colonized with a pathogen that could be transmitted in a health care setting.
- ☐ Implement mechanisms and policies that promptly alert key facility staff including infection control, health care epidemiology, facility leadership, occupational health, clinical laboratory, and frontline staff about known suspected COVID-19 patients (i.e. PUI). Keep updated lists of staff and patients to identify those at risk in the event of an exposure.
- ☐ Prepare for office staff illness, absences, and/or quarantine. Physicians should plan for increased absenteeism rate.
- ☐ Cross-train staff for all essential office and medical functions.
- ☐ Review proper office and medical cleaning routines. Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in health care settings, including those patient-care areas in which aerosol generating procedures are performed. Products with emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
- ☐ Plan for cross-coverage with other podiatrists and other health care professionals in your community. Participate in local hospital planning exercises.
- ☐ Identify materials and supplies required for care to be delivered during an outbreak or pandemic. Maintain your network of suppliers that can provide those materials. Order appropriate materials and supplies. [Guidance for optimizing use of PPE or reusing PPE](#).
- ☐ Contact representatives at your office's waste disposal service regarding plans for appropriate waste disposal so that they can prepare for an increased amount of waste materials. Please note, at this time, there is no evidence to support the need of different waste management protocols for facilities caring for patients with COVID-19.
- ☐ Stay informed. Visit your local department of health's website weekly or develop a reliable method for routine epidemiologic monitoring. Make appropriate connections with local and state health department staff.
- ☐ Become knowledgeable about available testing and treatment as that information becomes available. This should include, general recommendations on COVID-19 from the Centers for Disease Control and Prevention (CDC). Work with your local health department on diagnostic testing protocols and procedures.
- ☐ Ensure that you and your staff are familiar with specific public health reporting practices legally required in your area. Familiarize staff with procedures on transporting patients from your office to the hospital or other facility if required.
- ☐ Post signage in appropriate languages at the entrance and inside the office to alert all patients with respiratory symptoms and fever to notify staff immediately.
- ☐ Post signage in appropriate languages with pictures to teach/remind all patients about correct respiratory hygiene and cough etiquette. Specifically, they should cough and sneeze into a tissue (which then should be properly discarded), or into the upper sleeve. Remind patients to use appropriate handwashing technique.

TRIAGE AND PATIENT FLOW SYSTEMS

- ☐ Develop a triage protocol for your practice based on patient and community outbreak.
- ☐ Recommend that patients with respiratory symptoms and fever call the office before arrival.
- ☐ Implement alternative patient flow systems.
- ☐ Distribute respiratory prevention packets consisting of a disposable surgical mask, facial tissues, and cleansing wipes to your patients.
- ☐ After delivering care, exit the room as quickly and directly as possible (i.e., complete all documentation in a separate, clean area).
- ☐ Clean exam rooms and all medical equipment completely with appropriate cleaning solutions.
- ☐ When possible, reorganize waiting areas to keep patients a minimum of 6 feet away from others and/or have a separate waiting area for patients with respiratory illness.
- ☐ Consider arranging a separate entrance for symptomatic patients.
- ☐ Schedule patients with respiratory symptoms for the end of a day or at another designated time.
- ☐ Provide no-touch waste containers with disposable liners in all reception, waiting, patient care, and restroom areas.
- ☐ Provide alcohol-based hand rub and masks in all reception, waiting, patient care, and restroom areas for patient use. Always keep soap dispensers stocked with handwashing signs.
- ☐ Discontinue the use magazines and all other shared items in waiting areas, as well as office items shared among patients, such as pens, clipboards, phones, etc.

ADDITIONAL OPTIONS TO PREVENT COMMUNITY TRANSMISSION

Per the CDC, please consider the following options to prevent the spread of community transmission. Develop optional protocols and procedures for your practice based on patient and community outbreak.

- ☐ Explore alternatives to face-to-face visits such as providing more telemedicine appointments.
- ☐ Learn more about how health care facilities can [prepare for Community Transmission](#).
- ☐ Postpone elective procedures, surgeries, and non-urgent outpatient visits.

REFERRAL OR TRANSFER OF PATIENTS

Definitions: Self-monitoring, Quarantine and Isolation

- ☐ Self-monitoring is regularly checking temperature and watching for signs of respiratory illness, such as fever cough or shortness of breath, according to the CDC.
- ☐ Quarantine is used to separate and restrict the movement of well persons who may have been exposed to a communicable disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Quarantine can also help limit the spread of communicable disease.
- ☐ Isolation is used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of certain diseases.
- ☐ While the patient is waiting for diagnostic test results, [home isolation may be required](#). Develop patient education materials to inform such patients of the reason for home isolation and the process to be followed.
- ☐ Transportation to a referral/transfer site should be handled by a previously exposed family member in a personal vehicle, or by a health facility vehicle such as an ambulance. Do not use public transportation.
- ☐ Notify the recipient of a referred/transferred patient that a suspected COVID-19 case is being referred/transferred.
- ☐ Implement appropriate public health reporting procedures.

WASTE DISPOSAL

- ☐ No-touch methods should be used to dispose of waste materials with respiratory secretions.
- ☐ Arrange to use the currently recommended methods for disposal of dangerous waste.
- ☐ Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in health care settings, including those patient-care areas in which aerosol generating procedures are performed. Products with emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

CHECKLIST OF REQUIRED EQUIPMENT/SUPPLIES

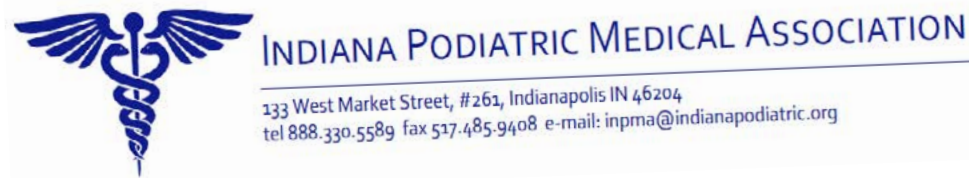
- ☐ Your health care facility should provide Personal Protective Equipment (PPE) in accordance with current CDC guidance and OSHA's standards (29 CFR 1910).
- ☐ Provide clear signage in all appropriate languages with pictures recommending patients call first if they have symptoms of any respiratory infection (e.g., cough, runny nose, fever).
- ☐ Provide signage in all appropriate languages instructing patients to alert staff about respiratory symptoms and correct hygiene and cough etiquette. It's helpful to have signage with pictures.
- ☐ Provide alcohol-based hand sanitizer and masks placed at the front of your office/practice.
- ☐ Provide boxes of disposable tissues for distribution to patients.
- ☐ Provide single-use towels and tissues for use throughout the office.
- ☐ Add no-touch wastebaskets and disposable liners.
- ☐ Provide alcohol-based hand rub for reception, waiting, patient care, and restroom areas.
- ☐ Maintain a supply of single-use gloves.
- ☐ Provide N95 respirators, face shields/goggles, surgical masks, and gowns for providers and staff, as needed.
- ☐ Maintain the appropriate disinfectant for environmental cleaning. Train staff and assess that it is used correctly.
- ☐ Use posters and patient education materials during an outbreak or pandemic.

KEY COVID-19 WEBSITES

- [APMA COVID-19 Member Resource Site](#)
- [CDC's Main COVID-19 Web Page](#)
- [CDC Information for Health Care Professionals](#)
- [CDC Health Care Facility Preparedness Resources for Infection Control](#)
- [Guidance for Exposed Health Care Professionals](#)
- [Patient Education: Familydoctor.org](#)
- [COVID-19 Posters and Signs](#)
- [Directory of Local Health Departments](#)

APMA AND IPMA REQUEST INTRODUCTION OF HELLPP ACT BY SENATOR TODD YOUNG

Working with Ben Wallner, APMA Director of Legislative Advocacy and APMAPAC, the IPMA submitted a letter to Senator Todd Young (R-IN) requesting he introduce the HELLPP Act for the 2020-2021 legislative session. The HELLPP Act is a key legislative priority for the APMA and IPMA. Below is the letter submitted by the state association. 🦋



May 13, 2020

The Honorable Todd Young
United States Senate
Washington, DC 20510

Dear Senator Young,

The Indiana Podiatric Medical Association (IPMA) and its more than 200 members is the primary source for foot and ankle health care for Hoosiers. The average podiatrist in Indiana has approximately 4,800 patient visits per year. The IPMA represents podiatrists throughout the state with the goal of furthering the specialty of podiatry on the local and national level. We actively educate, support, and advocate for podiatrists and their patients on a wide variety of administrative, licensing, legislative, and patient-care issues.

Today, we are asking for your support by respectfully requesting your sponsorship of critical legislation for our members in Indiana and the Hoosiers we serve. We are asking you to introduce and be the lead sponsor of the bipartisan Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act.

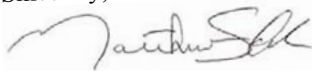
The HELLPP Act would accomplish three important goals:

- Recognize podiatrists as physicians under Medicaid which would finally bring Medicaid into line with Medicare and ensure Medicaid patients have access to care by the best educated and trained providers of foot and ankle care.
- Clarify and improve coordination of care in Medicare's Therapeutic Shoe Program for patients with diabetes.
- Strengthen Medicaid program integrity by closing a loophole that allows tax-delinquent Medicaid providers to still receive full Medicaid reimbursements, thus saving the Medicaid system money and covering any additional federal budget costs associated with the inclusion of podiatrists.

We have always appreciated your support for our profession and our members and hope you will introduce this critical legislation for our members and our patients.

Please do not hesitate to contact me with any questions or concerns.

Sincerely,



Matthew Solak
Executive Director
Indiana Podiatric Medical Association

APMA BOARD ELECTIONS

Members may be aware that the Annual APMA House of Delegates was canceled as a result of COVID-19. On March 25 the APMA Board of Trustees approved a plan ([Emergency BAI 2-20](#)) to enable the transition of officers on the board and the election process for board members, the speaker, and members of the JCRSB. On April 8, a secure link to the election survey was provided to members of the 2019 House of Delegates. The election remained open until 11 p.m. EDT April 15 in order to allow delegations the opportunity to caucus if they wished. The results of the election have been provided to the Speaker of the House and are listed below:

UNCONTESTED POSITIONS

President-elect:	Jeffrey DeSantis, DPM (CA)
Treasurer:	Laura J. Pickard, DPM (IL)
Trustees (3-year term):	Brooke Bisbee, DPM (AR)
	Scott Hughes, DPM (MI)
YP Member:	Rebecca Sundling, DPM (MI)
Speaker of the HOD:	J.D. Ferritto, Jr., DPM (OH)

CONTESTED POSITIONS

127 votes cast out of a possible 147

BOT Non-ascending Member: Alan Bass, DPM (NJ) – 57
Alan Block, DPM (OH) – 70

HOD Rep to the JCRSB: Steven Goldman, DPM (FS) – 64
William Harris, DPM (SC) – 63 🏆

DUES RENEWAL UPDATES

In an effort to alleviate the financial burden from COVID-19, APMA members renewing for FY 20-21 receive a reduced rate of 75 percent of the normal dues rate. This is the equivalent of complimentary dues for the first quarter of the fiscal year. The first payment due date has been adjusted from June 1 to September 1 for FY 20-21.

Following is a summary of key dates for APMA regarding renewal notices:

- July 1 - FY 20-21 Renewal notices generated
- July 2-3 - FY 20-21 Renewal notices sent out
- Sept 1 - Payment due for (Q1) renewals

The 2020-21 APMA dues rates will be:

- Postgraduate \$0
- 1st and 2nd Year DPM \$243
- 3rd and 4th Year DPM \$521
- Active DPM \$694
- Non-practicing DPM \$174
- Permanently Disabled DPM \$104
- Senior or Faculty DPM \$347

Reminder, the only discounted rates will be for renewing members; rates for new or returning members are not discounted.

Additionally, your IPMA Board of Directors understands and appreciates the difficulties many practices are experiencing. Your board members are experiencing the same challenges. The IPMA Board is making a 25% dues reduction available to members should they need it as a result of COVID-19. The Board is respectfully requesting members pay the full dues if financially feasible. 🏆

IPMA ENDORSES PICA FOR LIABILITY INSURANCE

The Indiana Podiatric Medical Association is pleased to announce the endorsement of PICA as the preferred provider of medical professional liability insurance for podiatrists. The endorsement will be in place for the next three years, along with the service of Shepherd Insurance as broker. “PICA has been a tremendous partner to the podiatry profession and has been a strong supporter of state associations across the county, said Matt Solak, IPMA Executive Director. “We are excited for this new partnership and know it will be beneficial to the membership.”

PICA was created for podiatrists, by podiatrists 39 years ago. PICA gives back to state and national podiatric associations and is one of the largest providers of scholarships to podiatric medical students across the country. As part of our agreement, PICA will provide a risk management speaker at our annual conference (offering additional opportunities for a risk management discount to IPMA members).

“We are pleased to have received this endorsement,” said Ross Taubman, president and chief medical officer at PICA. “We serve

a large number of podiatrists across the county and see this as a chance to expand our services within the Indiana podiatric community.”



PICA provides:

- Comprehensive professional liability coverage
- Coverage for administrative claims and audits
- Cyber liability coverage
- Online access to podiatry-specific educational and risk management resources
- An aggressive defense of claims, and more.

If you are currently not insured by PICA, please call Lori Munroe with Shepherd Insurance at 800-846-0204 for a free no-obligation quote. 🏥

APMA COMMENT ON CMS' COVID-19 INTERIM FINAL RULE

APMA submitted comments to CMS in response to CMS' interim final rule on flexibilities for physicians and other providers during the public health emergency (PHE). APMA thanked CMS for finalizing provisions APMA requested previously, including:

- increasing payment for audio-only telephone E/M services (CPT 99441–99443) by cross-walking with the work RVUs and direct practice expense inputs for CPT 99212–99214, on an interim basis for the duration of the COVID-19 PHE; allowing hospital outpatient services to be furnished in temporary expansion locations of a hospital (including a patient's home); and
- providing clarity regarding use of time for level selection for office/outpatient E/M services furnished using telehealth.

APMA took the opportunity to inform CMS of the vital services podiatrists are delivering remotely to their patients using telehealth, virtual check-in, telephone E/M, and online digital E/M. APMA urged CMS to continue access to these services with appropriate reimbursement even after the current emergency abates.

While APMA thanked CMS for continued waivers and flexibilities, we also requested additional relief to alleviate costs associated with regulatory burdens from the Appropriate Use Criteria program and MIPS reporting requirements.

Learn more about APMA's COVID-19-related advocacy initiatives on APMA's COVID-19 resource page. 🏥



ONLINE LIMITED PODIATRIC RADIOGRAPHY EDUCATIONAL PROGRAM

The Indiana State Department of Health (ISDH) requires all podiatric medical assistants who take x-rays to be licensed as a limited podiatric radiographer.

The IPMA wants to remind the membership of its new limited podiatric radiography program that meets the ISDH requirements and is designed to instruct the podiatry assistant in the safe and effective use of x-rays in the podiatric practice.

Content includes:

- History of the x-ray
- Risks and safety measures associated with radiography
- Image production and film development
- Principles of CT Scan, MRI, and Bone Scan
- Anatomy of the foot and ankle
- Positioning and x-ray machine placement

PROGRAM STRUCTURE

The program consists of four online content modules, each with a final exam, one attestation module, a student manual, and an x-ray log. A Certifying Physician must guide the applicant in the clinical portion of the program and the completion of the x-ray log. The podiatry assistant must document competency by demonstrating the proper performance of 60 x-ray views in the podiatrist's office.

At the successful conclusion of the program, the applicant will have the proficiency and skill necessary to obtain the limited podiatric radiography license and will receive a Certificate of Completion. The Certificate, the completed Application for Proficiency Certification for Limited Radiographer and signed x-ray log should be sent to the IPMA. 🏠

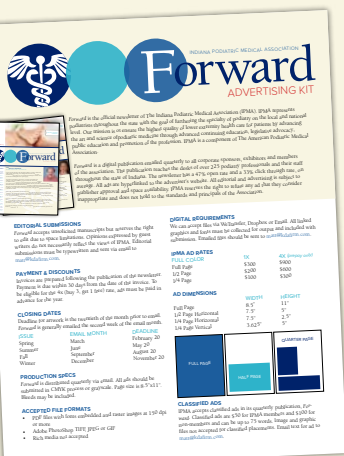
[To learn more about this program or to register, click here.](#)

SAVE THE DATE

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

Midwest Podiatry Conference
October 28-31, 2020
Hyatt Regency Chicago
Chicago, Illinois

ADVERTISING WITH THE IPMA



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

Fall
Winter

EMAIL MONTH

September
December

AD DEADLINE

August 20
November 20

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