



INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

ISSUE TWO | SUMMER 2021

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PRESIDENT'S MESSAGE

BRIAN DAMITZ, DPM | IPMA PRESIDENT

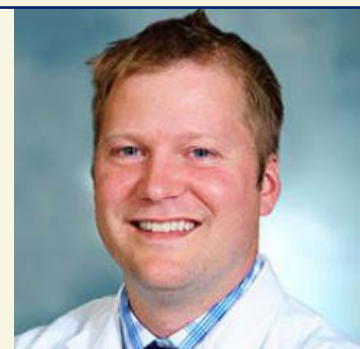
I hope everyone is having a good start to the summer. I am excited that in just a few short months we will resume the tradition of the IPMA Annual Convention in Indianapolis. I think coming together in Indianapolis as an association and a profession will be much more meaningful after the COVID-19 pandemic. It will be a great time and I encourage everyone not to miss it.

This past year presented many new challenges to our profession and most others as well. With unforeseen horizons it is imperative that we coalesce and continue to conceive new strategies to protect the progress we have made as a profession and to ensure our patients can depend on the critical care we provide. The IPMA needs you to be involved and engaged to make change happen for podiatrists, our patients, and our practices.

I want to thank everyone who supported the association through their membership and participation. And I ask for your continued support as we start to return to normal. One is just one but as all we are mighty. None of us can achieve this alone but we can as a group by getting involved with the IPMA. Podiatry has a bright future if it is cultivated with optimism and enthusiasm derived from wisdom and imagination. Everyone has something to contribute that can make our association better.

As always, I welcome members to continue to reflect on the association and provide me with feedback with thoughts and ideas on how we can strengthen the IPMA. The IPMA will only be strong if we work together to confront the many challenges we face.

Once again, I am proud to serve as your President and I look forward to a great second half of 2021. If you have any questions or concerns, please do not hesitate to contact me. 🦶



APMA HEALTH-CARE SOLUTIONS


SMALL GROUP ENROLLMENT PORTAL OPENED JULY 1

APMA is delighted to announce that the enrollment portal for its health insurance options for small groups (two or more participants) opened July 1.

APMA has partnered with The Ark Group, a national insurance brokerage with more than 100 years of experience, to provide plans for our small groups. While Noveta will continue to support our large-group offerings, The Ark Group will provide outstanding service and options for small groups.

APMA deeply appreciates your patience and the patience of

its members over the course of the COVID-19 pandemic and other delays as we worked to launch health insurance solutions for small groups. We understand these delays may have caused frustration and inconvenience for some members. Rest assured that we will follow up directly with those small groups that had already expressed interest in small-group options to ensure they receive the highest level of service and support.

If you have questions, please contact APMA Deputy Executive Director and Chief Business Officer [Denis Russell](#), CPA, CAE or visit www.apma.org/Membership/healthcaresolutions.cfm. 




THE NATIONAL

APMA ANNUAL SCIENTIFIC MEETING
DENVER, CO • JULY 29–AUGUST 1, 2021

Get ready to explore new frontiers with APMA in 2021! The Annual Scientific Meeting (The National) is coming to Denver, July 29–August 1. The must-attend meeting for every podiatrist will offer attendees up to 29.5 CECH with a diverse educational program touching on all aspects of foot and ankle surgery and medicine.

At this point in time APMA is closely monitoring the COVID public health crisis and preparing for multiple scenarios. We hope to see our attendees in person for four days of learning and networking. However, given the uncertainty of the situation and recognizing the need to accommodate everyone's personal level of comfort, we are planning a hybrid event that will allow virtual attendees to concurrently stream the event.


Check out the preliminary program, and watch your APMA publications for more information. Registration for The National is now open.

APMA is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. APMA has approved this activity for a maximum of 29.5 continuing education contact hours (CECH). 

LEGISLATIVE VICTORY!

APMA is pleased to announce victory on HR 2545, a bill to further clarify the role of doctors of podiatric medicine in the Department of Veterans Affairs. The bill was designed to address an oversight in the MISSION Act passed in 2018. That bill updated the pay authority for DPMs to be the same as that of their MD/DO colleagues but neglected to cover the position of Director of Podiatric Services. As a result, the director has not been included in pay updates. With the passage of this bill, the director's title will be changed to Podiatric Medical Director, and the position will be placed in the same pay authority as other medical director positions at the VA Central Office. With the passage of this bill, the VA will fully recognize and treat all DPMs within the Veterans Health Administration as physicians.

The bill passed the House of Representatives yesterday evening. We are asking the Senate to expedite the House-passed version of the bill through its process.

APMA gratefully acknowledges the support of Rep. Brad Wenstrup, DPM (R-OH), and Rep. Frank Mrvan (D-IN) for their leadership in sponsoring the bill and ushering it through the House of Representatives. 

SUPPORT STUDENTS WITH A DONATION TO APMA SCHOLARSHIP FUND

[CLICK HERE TO MAKE A DONATION](#)

APMAPAC UPDATE

SANDRA RAYNOR, DPM
APMAPAC COORDINATOR

I am proud to say that IPMA members have consistently showed generosity and support to APMAPAC. As of July 1, 2021, these IPMA member have pledged their contributions to APMAPAC:

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

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

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

Executive Director Matt Solak

SILVER LEVEL (\$300-\$499)


Dr. Patricia Moore
Dr. Wendy Winckelbach

BRONZE LEVEL (\$150-\$299)

Dr. Michael Carroll
Dr. Robert Freeston

PATRIOT LEVEL (LESS THAN \$150)

Dr. Kent Burress
Dr. Miranda Goodale
Dr. Scott Neville
Dr. Sarah Standish
Dr. Chase Stuart

The future of podiatry and your future depends upon your support of APMAPAC. 

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.



APMAPAC
Promoting Professional Excellence and Patient Advocacy

★ ENSURING THE ★

SUCCESS
OF PODIATRIC MEDICINE

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eAdvocacy
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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.

IPMA MEETS WITH IPA



The IPMA recently met with the Indiana Pharmacists Association (IPA) to discuss recent inconsistencies with some Indiana pharmacists filling prescriptions written by podiatrists. The IPA is going to publish clarification regarding podiatrists prescribing authority, to its membership in its upcoming newsletter. IPA asked IPMA to support its efforts by having IPMA members reach out to the IPA if they are having specific issues.

If you are having any issues with pharmacists filling certain prescriptions, please contact [Matt Solak](#) at the IPMA office. 🏥

REVISIONS TO CPME DOCUMENTS

COMMENT PERIOD CLOSES AUGUST 20

In 2019, the U.S. Department of Education engaged in negotiated rulemaking around several issues and finalized revisions to the regulations in July 2020. As a result of these revisions, the Council on Podiatric Medical Education (CPME) has incorporated these changes to comply with the new regulations within:

- **CPME 120**, Standards and Requirements for Accrediting Colleges of Podiatric Medicine, and
- **CPME 130**, Procedures for Accrediting Colleges of Podiatric Medicine.

CPME 935a, Guidelines for the Conduct of Appeals by Colleges of Podiatric Medicine, was revised to include the addition of a pool of appeals panel members and the processes that govern their selection. In addition, an arbitration policy and venue of claim or proceeding was added to both CPME 935a, Guidelines for the Conduct of Appeals by Colleges of Podiatric Medicine, and CPME 935b, Guidelines for the Conduct of Appeals by Residencies, Fellowships, Providers of Continuing Education, and Specialty Boards.

Per council procedures, these documents will be open for comment from the community of interest through August 20. To review the revisions to CPME 120, CPME 130, CPME 935a, and CPME 935b, visit the “News” section at www.cpme.org. 🏥

INTERESTED IN SERVING ON THE IPMA BOARD?

The IPMA is always seeking the next leadership for the association. Member participation is vital and is the only way we can strengthen the IPMA. If you are interested in becoming a voting member of the IPMA Board of Directors, please contact IPMA Executive Director [Matt Solak](#). 🏥




CLASSIFIED

Western Michigan – This progressive 30-year-old practice is seeking a new owner. Opportunity to live and work 30 minutes from Lake Michigan. Prime opportunity for well trained surgeon to harvest untapped cases. Practice fully equipped with digital x-ray, EHR, computerized orthotic measuring device and DME. Transition from owner available. Contact: MCrosby518@gmail.com. 🏥



Save the Date 
www.indianapodiatric.org

Annual Fall Convention 
October 14-17, 2021

 Ascension St. Vincent William K. Nasser, MD,
Healthcare Education and Simulation Center | Indianapolis

FEDERAL COURT IN TEXAS RULES EMPLOYERS CAN REQUIRE EMPLOYEES TO GET VACCINATED

BY ELIZABETH M. ROBERSON

As anticipated, the litigation regarding COVID-19 vaccinations is beginning. In *Jennifer Bridges, et al. v. The Methodist Hospital d/b/a the Methodist Hospital System, et al.*,¹ the U.S. District Court for the Southern District of Texas ruled that the hospital system in Houston could require its employees to be vaccinated against COVID-19 and dismissed a lawsuit filed by workers who disagreed with the mandate. **Although this case is not controlling authority in Indiana, it sets the landscape for how mandatory vaccinations by employers may be litigated and decided.**

This case involved the first major healthcare system in the United States to require COVID-19 vaccinations for its existing employees and new hires, which included more than 26,000 people. Over 100 employees joined to file suit against the healthcare system contending that vaccinations were experimental and dangerous.

In ruling in favor of the hospital system, Judge Hughes explained: “This is not coercion. Methodist is trying to do their business of saving lives without giving them the Covid-19 virus.” And he explained that employees could choose to accept the vaccine or refuse and work somewhere else. The healthcare system had suspended, without pay, 178 full-time or part-time employees for failing to get vaccinated.

It is important to note that the healthcare system’s policy allowed employees to request accommodations for both disability and religious reasons. It also allowed pregnant employees to delay their shots. Such a policy was in sync with the EEOC’s guidance that was explained in a prior [alert](#). This case is likely to set the standard for federal courts ruling on these issues. The EEOC has explained that employers can require employees to receive COVID-19 vaccinations and/or require proof of vaccination status. Thus, after this decision, it seems likely that if employers are following the EEOC’s guidance, a vaccination requirement would be upheld.

As you adapt your COVID-19 policies and consider whether to require vaccinations, it is important for your organization to understand current requirements and the various legal considerations. If you have any questions in making this determination, please contact [Elizabeth M. Roberson](#) or another member of our [Employment Law Group](#). 🏥

Disclaimer. The contents of this article should not be construed as legal advice or a legal opinion on any specific facts or circumstances. The contents are intended for general informational purposes only, and you are urged to consult with counsel concerning your situation and specific legal questions you may have.

¹ *Jennifer Bridges, et al. v. The Methodist Hospital d/b/a the Methodist Hospital System, et al.*, Case No. 4:21-cv-01774 (S.D. Tex. June 12, 2021).



STUDENT RECRUITMENT TOOL KIT

In March 2018, the APMA House of Delegates approved resolution 9-18, which directed the association to devote significant funding and staff resources to student recruitment. APMA conducted a massive market research effort among current and prospective students and developed a [strategic recruitment plan](#) based on the outcomes of that research. APMA is spearheading a profession-wide recruitment effort, Step Into Podiatry, designed to attract more and better-qualified students to our schools.

APMA's research confirmed what many in the profession had long suspected: Firsthand exposure to podiatry plays a significant role in generating interest in careers in podiatric medicine.

STEP INTO PODIATRY

Students who have received care from a podiatrist or who shadow a podiatrist are more likely to apply to podiatric medical school. On this page, members and other stakeholders will find a wealth of resources designed to help them take an active role in recruiting students and promoting the

profession. Here are a few things you can do to promote podiatry.

BECOME A MENTOR IN THE MENTOR NETWORK

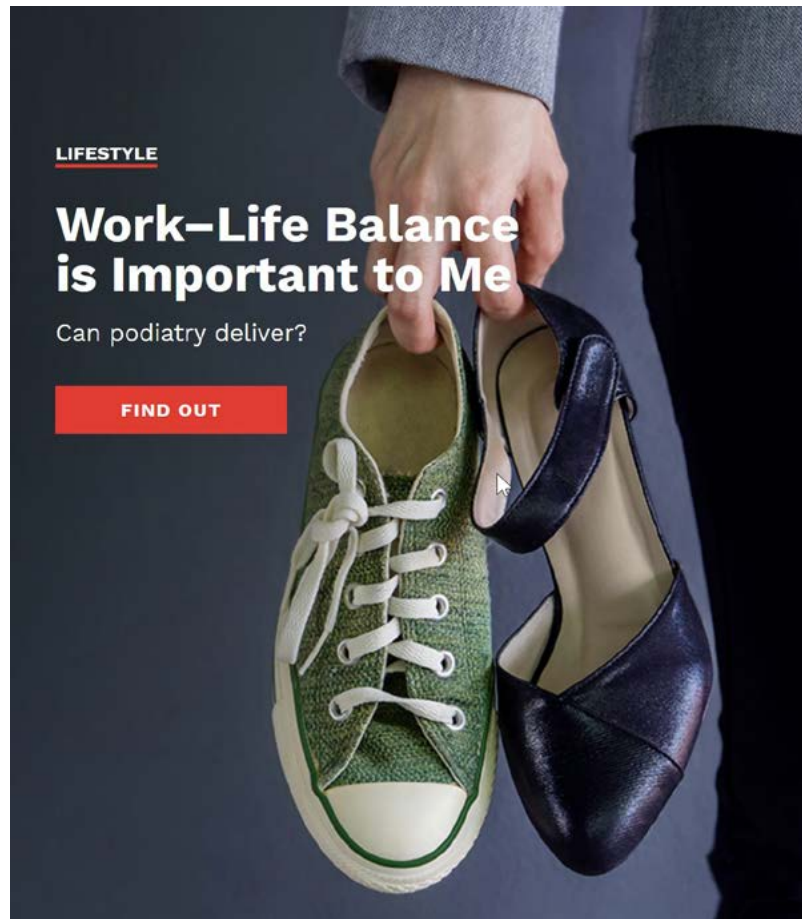
No one is better suited to talk about the benefits of a career in podiatry than current podiatrists. APMA is asking you to do your part for student recruitment by joining the Mentor Network.

You can now opt-in through your account profile on [APMA.org](#), making the process easier than ever:

- Log in to [APMA.org](#)
- Click "My Account" on the top of the screen
- Click "Update Contact and Mentor Info"
- Scroll down; select the box next to "Become a Podiatry Mentor"
- Click "Save"

PROMOTING STUDENT RECRUITMENT ON SOCIAL MEDIA

Social media is critical to student recruitment, as it's where our recruitment messaging has the potential to reach a number of prospective students interested in a career in medicine. And who



better to share that messaging than current podiatric medical students, and members of the profession! Organic social media content highlighting the profession already exists, and helping to share it goes a long way in featuring our current members of the profession while appealing to our ideal target audience.

- [Social media best practices for student recruitment](#)
- [Sample recruitment posts for social media - February 2021](#)
- [Sample recruitment posts for social media - March 2021](#)

[Click here](#) to look at all of APMA's student recruitment advertising & marketing campaign material. 🦶

TALKING PRACTICE IMPROVEMENT IT COSTS HOW MUCH?!

BY JOHN V. GUILIANA, DPM, MS

Those of you who know me know that I am a perpetual student of microeconomics. Call me crazy but I just have a certain affinity for the subject. In this article, I'm going to discuss the microeconomic principle of "opportunity cost" and hopefully help you understand its relevance to your practice. As economic pressures gain a grip on medical practices and stress their resources, addressing the concept of opportunity cost becomes instrumental.

In microeconomic terms, an opportunity cost is the cost of an alternative that must be forgone to pursue a certain action. Put another way, it's the benefits you could have received by taking an alternative action.

Medicine is rapidly becoming a hybrid of medical care (patient care) and nonmedical care (business management, billing, etc). Unfortunately, unless resources are unlimited, we cannot devote time to one without sacrificing time devoted to the other. That is the applicable opportunity cost. Economists use what's known as a **Production Possibility Frontier (PPF)** curve to explore where maximum growth potentials exist. Below might be a PPF curve for Acme Podiatry (fictional). It demonstrates the "something has to give" concept of opportunity costs.

Now let's consider the true costs associated with the billing process of a practice. According to national averages, a full-time biller costs approximately \$35,000 per year (salary, taxes, benefits) and for each \$600,000 in collections, a full-time biller is required.

So a practice generating \$1.2M in collections would typically require two full-time billers. Using these national averages, the cost of the billers related to collections would be 5.8% (\$1.2M x .058). But that accounts for only the human resource cost.

We have to also consider the cost of technology, training, office space, etc. Just as the PPF curve explains the opportunity cost associated with medical care versus nonmedical care, there are opportunity costs associated with all of the additional biller expenses just noted.

The total cost of each biller could easily climb to over 8%. And what if the billers were not specialized or these individuals also handle other tasks within the practice? What if the billers were not trained enough to work as accurately and as fast as possible? The costs go up exponentially. The real objective to maximizing growth is NOT to "move along" a PPF curve and give up something to gain another. The real growth comes from "shifting" the PPF curve outward through "specialization of labor", which requires outsourcing.

In the PPF curve above, Acme Podiatry decided to outsource their billing to "highly specialized and trained" billers. They did so for barely the cost associated with ONLY their current total billing costs. But this specialization allows for an outward shift of the PPF curve so that at any given point of medical care, attention to nonmedical care tasks (which can potentially create even more revenue and quality) are much greater. Now that's true economic growth!

So what does it really cost you to perform billing in house? It's essential that you consider:

- Human Resources (salary, benefits, taxes)
- Technology (computers, etc)
- Postage
- Physical opportunity cost (office space in sq feet x cost per sq feet)
- Human opportunity cost (losses on time spent on non medical care)
- Human error/ claim rejections associated with non-specialization


So the next time you entertain the thought of outsourcing, always keep in mind the Production Possibility Frontier Curve and truly know what your current costs and opportunity costs are. 🩺

Dr. Guiliana is a nationally recognized speaker and author on topics pertaining to medical practice management. He is a Fellow of the American Academy of Podiatric Practice Management and holds a master's degree in Healthcare Management. He has authored numerous columns in various journals and is the co-author of 31 ½ Essentials to Running Your Medical Practice, as well as The Million Dollar Practice... Keys to Success. Dr. Guiliana is currently a Medical Director of Podiatry for Modernizing Medicine's award-winning technology. He can be reached at John.guiliana@modernizingmedicine.com

OSHA RELEASES NEW EMERGENCY TEMPORARY STANDARDS FOR HEALTH-CARE SETTINGS

OSHA released new [COVID-19 Emergency Temporary Standards \(ETS\) for health-care settings](#) on June 10, including physician offices, hospitals, and outpatient centers, and nursing homes, among others. The intent of the ETS is to protect workers in health-care settings where suspected or confirmed COVID-19 patients are treated. The ETS are effective upon publication in the *Federal Register*, which will likely occur on or around June 22. There are, however, exceptions to the ETS. For example, OSHA exempts fully vaccinated workers from masking, distancing, and barrier requirements when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be presented. [OSHA created a flow chart to help understand if your health-care setting is covered and/or exempted from these new standards.](#)

For health-care settings that are not exempted, the ETS require employers with more than 10 employees to develop a COVID-19 plan, designate a COVID-19 safety coordinator, provide PPE, and enact physical distancing and barriers if distancing is not possible. Other requirements include, but are not limited to, providing paid leave for employees to get vaccinated and for employees experiencing any side effects.

Covered employers must comply with most provisions within 14 days of the effective date, and with the remaining provisions within 30 days. For more information view the [Fact Sheet](#) or [FAQs](#). The APMA COVID-19 Resource page includes CDC and OSHA resources on practice operations during the public health emergency. 




The graphic features a dark blue background with abstract, glowing purple and blue lines and dots forming a network-like pattern on the left side. On the right, there is a large, faint circular seal of the American Academy of Podiatric Practice Management (AAPPMM) with a caduceus in the center. The text is overlaid on the right side of the graphic.

AAPPMM VIRTUAL CONFERENCE MARKETING

Saturday, September 11, 2021

10:00 a.m. – 1:00 p.m. ET

Register today
at www.aappmm.org



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.](#)

NEW COMPARATIVE BILLING REPORT ON ORTHOSES REFERRING PROVIDERS

The CMS contractor that issues Comparative Billing Reports (CBRs) has announced a new CBR related to services provided by orthoses referring providers. A related webinar is scheduled for July 14. "A CBR is an educational tool that reflects your billing patterns as compared to your peers' patterns for the same services in your state and/or nationwide," the contractor noted. "The CBR is intended to enhance accurate billing practices and support providers' internal compliance activities."

Register for the upcoming webinar:

Review of Special Edition CBR 202106 Orthoses Referring Providers

Wednesday, July 14 | 3–4 p.m. EDT

Learn more on the main [CBR webpage](#). For more information about DME-related matters, visit www.apma.org/dme.

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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 Melissa Travis for an ad kit today!

2021 CLOSING DATES

| ISSUE | EMAIL MONTH | AD DEADLINE |
|--------|-------------|-------------|
| Fall | September | August 20 |
| Winter | December | November 20 |

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