

INDIANA PODIATRIC MEDICAL ASSOCIATION

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ISSUE THREE | FALL 2022

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## PRESIDENT'S MESSAGE

SANDRA RAYNOR, DPM | IPMA PRESIDENT

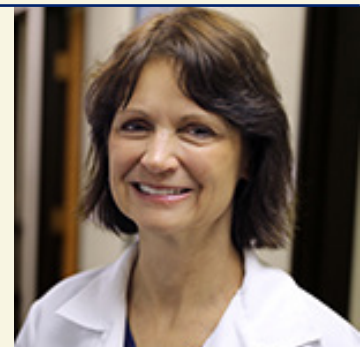
The IPMA Annual Fall Convention is just around the corner and I want to see you in Indianapolis next week. The IPMA offers a strong education program while providing an opportunity to meet with other IPMA members. It will be a great chance to see many missed faces, hear great lectures, and catch-up on association business. I also hope that you take the time to invite a colleague who you have not seen at the convention in a while.

We continue to face numerous challenges on multiple fronts but together as a profession we can tackle any challenges that arise. Podiatry is an amazing profession that has blessed us all with a lot of benefits. 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. I also want to ask members to consider making a donation to both the APMAPAC and the Indiana Foot Support PAC. Both our federal and state political action committees give us a voice with policymakers to ensure our voice is heard. 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.

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. The IPMA will continue to support you during these challenging times and I would encourage anyone and everyone to contact me with questions, problems or ideas.

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



# Predict treatment efficacy like never before



## Know *before* you treat with terbinafine.

Terbinafine resistance is on the rise globally and may occur in patients with dermatophytic fungi carrying specific mutations (primarily *T. rubrum* and *T. mentagrophytes*). To date, scientific research has identified 12 such genetic mutations that may confer terbinafine resistance.

## New insights, *only* from BakoDx Terbinafine Resistance PCR Test\*

- ✓ Eliminate terbinafine “watchful waiting” period
- ✓ Avoid unnecessary medications & potential side effects
- ✓ Increase treatment efficacy & patient satisfaction



Bako Diagnostics | 855-422-5628 | [bakodx.com](https://bakodx.com)

\*Available only as part of the Onychodystrophy PCR Test; Terbinafine resistance currently unavailable in NY.

# WHAT IS PATCHING?

MICHAEL L. BRODY, DPM AT TLD SYSTEMS

Many cybersecurity events and breaches are the result of us failing to keep our computers and computer programs up to date. The process of keeping our systems up to date is known as PATCHING. Patching is regularly updating your systems by applying security updates provided by the software or device manufacturer.

Let's look at this for a second, software or device manufacturer. That means that both our software and our hardware need to be patched or kept up to date.

## PATCHING HARDWARE

Devices such as routers, switches, printers, and other items have built in software known as firmware. The first step in keeping your devices up to date is to register each of your devices with the device manufacturer. Once you have registered the device, the manufacturer will send you email notices when they have a software update for the device. The email will contain instructions on how to update the device. Many of these updates are security updates and are vital to keeping your network and systems protected from hackers.

Since devices are 'smart'. They check back with the manufacturer

is a great example of a device checking for updates and then prompting you to do the update.

## PATCHING SOFTWARE

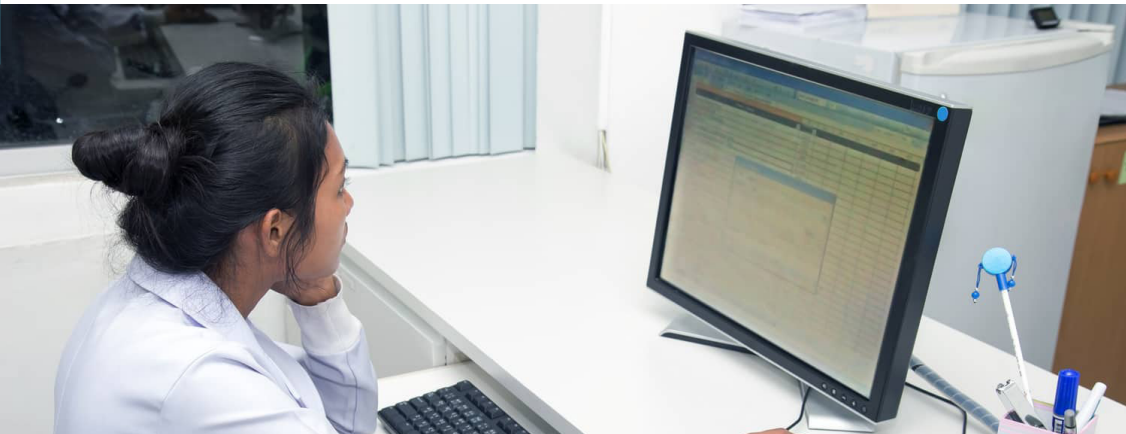
The process here is very similar to patching hardware. The first step is to register the software with the manufacturer. Current software systems are often set to check with the manufacturer and ask if an update is available the software will prompt you to do an upgrade. Each and every program on your computer needs to be kept up to date, even if you do not use the program very often. It is also important to keep an inventory of all of the software and hardware that you have and a list of when you last checked for updates. The department of Health and Human Services recommends that all software used in healthcare be patched at least monthly if not more often.

There are times when a manufacturer stops supporting a device or a piece of software. This is known as the "End of Life" for that device or program. Once something has reached the "End of Life" the manufacturer will no longer distribute updates to keep the product secure. It is very important that you replace any devices that have reached their end of life and remove any software products that have reached their end of life as these items represent a huge security risk for your practice.

One of the biggest software items that we need to keep up to date is the Operating System of our computers. You should have your system set to automatically update the operating system at least once a month and you should register your operating system so that you will receive email notifications should there be any urgent updates you need to manually apply.

Many of the large data breaches that have hit the news over the last few years are the result of organizations failing to keep all of their computers and software up to date with the latest security updates. Keeping your systems up to date costs NOTHING, the

manufacturers send out these updates for free. This can be one of the most important steps you take to protect the data in your practice. 🦋



It is very important that you replace any devices that have reached their end of life and remove any software products that have reached their end of life as these items represent a huge security risk for your practice.

and ask "Is there an update available for me?" If there is an update, the device may tell you that an update is available and have you push a button to update the device. Your cell phone



## APMA COMMENTS ON CY2023 MPFS AND QPP

APMA submitted comments in response to CMS' proposed changes to the Medicare Physician Fee Schedule and the Quality Payment Program for 2023. In our extensive comments, we focused on the following concerns, among others:

- **Medicare Conversion Factor.** APMA has significant concerns beyond the proposed reduction for 2023. We believe these proposed reductions reflect structural problems within the Physician Fee Schedule (PFS), including requirements for budget neutrality and statutorily-mandated low (or nonexistent) annual payment updates—that have long contributed to undervaluation of physician services. APMA urged CMS to pursue opportunities to mitigate the impact of the proposed conversion factor reductions for 2023, including working with Congress and other stakeholders to enact a legislative remedy and enact real reform to the PFS that ensures physicians can consistently rely on sustainable payments over the long term.
- **Cellular and/or Tissue-based Products Services.** CMS is proposing an overhaul of the nomenclature, coding, and payment of cellular and/or tissue-based products (CTP), also referred to as skin substitute products, effective January 1, 2024. APMA fears these changes will impact patient access and increase the number of amputations and infections for patients with chronic non-healing wounds. We do not support CMS' proposed policies and urged CMS to withdraw the proposal. At a minimum, APMA urged that CMS should delay implementation until key questions are addressed and stakeholders have had time to fully analyze the proposed changes.
- **Telehealth.** APMA recommends strongly that CMS work with Congress to permanently finalize and adopt many of the changes related to telehealth that are scheduled to end with the end of the public health emergency (PHE). In particular, we urge CMS to work with Congress to permanently remove the Section 1834(m) geographic and originating site restrictions to ensure that all patients can access care where they are, where clinically appropriate and with appropriate beneficiary protections and guardrails in place.
- **Global Surgical Package Valuation.** APMA does not agree with CMS' assertion that current valuations of the global packages reflect certain E/M visits that are not typically furnished in the global period, and thus are not occurring. APMA does not support CMS' contemplation of significant changes to payment for global surgical services. We, instead, agree with the RUC in recommending that CMS instead indicate specific codes which it believes are potentially misvalued so that the RUC may address individual services without penalizing all surgeons and all services with a global period.
- **MIPS Value Pathways (MVPs) Creation Process.** APMA urged CMS to better support the development of additional measures to populate MVPs—particularly where there are notable measure gaps—through technical and financial assistance, as well as through the adoption of policies that incentivize the use of such measures. Currently numerous specialties, including podiatry, do not have applicable MVPs available to them.
- **MIPS Minimum Performance Threshold Increase.** APMA urged CMS to contemplate the effect the ongoing PHE and COVID-19 hardship exceptions will have had on providers' ability to participate successfully at the high level now statutorily required to avoid a MIPS penalty. APMA urged CMS to work with Congress to reassess this ramp-up and also contemplate how to ease new Medicare providers into the MIPS program.

Read the full letter at [www.apma.org/commentletters](https://www.apma.org/commentletters). Contact the [APMA Health Policy and Practice Department](#) with any additional concerns or comments. 🏠



## SUPPORT STUDENTS WITH A DONATION TO APMA SCHOLARSHIP FUND

[CLICK HERE TO MAKE A  
DONATION](#)

# APMAPAC UPDATE

SANDRA RAYNOR, DPM  
APMAPAC COORDINATOR

This strength in advocacy can only be accomplished by a strong APMAPAC. I am asking all IPMA members to support our advocacy efforts with a meaningful PAC contribution. The 2022 APMAPAC campaign is three quarters over and a big thanks to those who have already made their annual contribution. Thank you to all the members who have contributed as of September 15, 2022:

## 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

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

Dr. Angie Glynn  
Dr. Miranda Goodale  
Dr. Nathan Graves

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

Dr. Michael Carroll  
Dr. Cathy Coker

Dr. Brian Damitz  
Dr. Patricia Moore  
Dr. Kathleen Neuhoﬀ  
Dr. Walter Warren

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

Dr. Gage Caudell  
Dr. Tracy Lee  
Dr. Scott Neville  
Dr. Chase Stuart  
Dr. David Sullivan  
Dr. Tracy Warner

## PATRIOT LEVEL (LESS THAN \$150)

Dr. Wendy Goldstein  
Dr. Scott Neville  
Dr. Sarah Standish 

*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**

SINCE 1972

eAdvocacy  
Federal & State  
Action Center

Visit [www.apma.org/donate](http://www.apma.org/donate).  
Make a difference for podiatry. Join TEAM APMAPAC today!


PURPOSE: The American Podiatric Medical Association Political Action Committee's purpose is to raise and disburse funds to candidates for federal office who support the legislative priorities and goals of the podiatric medical profession.

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.

## 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 offers a 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.

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

## FOOT SUPPORT PAC UPDATE

KEN KRUEGER, DPM  
FOOT SUPPORT PAC CHAIR

The Foot Support PAC is a nonprofit, bipartisan fundraising committee through which podiatrists support state candidates who support podiatric medicine's issues before the Indiana General Assembly. Our advancement as a profession is better achieved with a strong state political action committee. I am asking that members support our advocacy efforts with a meaningful PAC contribution. Thanks to all who have already made their yearly contribution as of September 15, 2022.

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

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

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

Dr. Gage Caudell  
Dr. Nathan Graves  
Dr. Angie Glynn  
Dr. Kenneth Krueger  
Executive Director Matt Solak

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

Dr. Michael Carroll  
Dr. Kathleen Neuhoﬀ  
Dr. Richard Stanley  
Dr. Walter Warren

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

Alyson Raynor  
Dr. William Oliver

Please make your contribution on the IPMA website by [clicking here](#).

## IPMA 2<sup>ND</sup> QUARTER DUES PAYMENTS ARE NOW DUE

The 2022 IPMA membership 2nd quarter dues are now due. [Click here](#) to make your 2nd quarter payments.

If you have any questions or concerns about your 2022 dues, please feel free to contact [Trina Miller](#) in the IPMA office at 888.330.5589 and she will be happy to assist you with your questions.

Thank you for continued support of IPMA and the podiatric profession in Indiana.

# ANNUAL FALL CONVENTION

CONVENTION INFORMATION



OCTOBER 13-16, 2022

MARRIOTT INDIANAPOLIS NORTH

[CLICK HERE TO REGISTER](#)





# ANNUAL FALL CONVENTION

## OCTOBER 13-16, 2022

MARRIOTT INDIANAPOLIS NORTH



## CONVENTION INFORMATION

### Location & Hotel Accommodations

Marriott Indianapolis North  
3645 River Crossing Parkway  
Indianapolis, IN 46240



The Marriott Indianapolis North is offering a special rate of \$149 for the IPMA Convention. Reservations must be made by September 22 to receive this rate. To make reservations, call 800-445-1551.

### Questions?

Please contact the IPMA office with any questions. We are happy to help. Email us at [inpma@indianapodiatric.org](mailto:inpma@indianapodiatric.org) or call 888.330.5589.

### Parking

Complimentary self parking is available at the Marriott Indianapolis North.

### Convention Registration

The convention registration fee includes all education sessions, as well as breaks, reception on Friday, lunch on Friday and Saturday. You must pre-register for the lunches. To register online, [click here](#) or scan the QR code.



Need assistance? Call 888-330-5589.

*Scan Me!*

### Registration Fees

IPMA Member.....	\$295
APMA Member.....	\$495
Non-Member .....	\$795
IPMA/APMA Life Member.....	Complimentary
Resident/Student.....	Complimentary
Medical Assistant/Office Staff .....	\$130

An additional fee of \$35 will be added to all registrations received after October 3, 2022. After October 3, complimentary registrations will increase to \$35.

## CONTINUING EDUCATION CREDIT

This activity has been planned and implemented in accordance with the standards and requirements for approval of providers of continuing education in podiatric medicine through a joint provider agreement between the American Academy of Podiatric Practice Management and the Indiana Podiatric Medical Association. The American Academy of Podiatric Practice Management is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. The American Academy of Podiatric Practice Management has approved this activity for a maximum of 22.5 continuing education contact hours.







# ANNUAL FALL CONVENTION

## OCTOBER 13-16, 2022

MARRIOTT INDIANAPOLIS NORTH



## CONVENTION INFORMATION

### Virtual Attendance Option

The IPMA Fall Convention will be held in person at the Marriott Indianapolis North. IPMA is also offering the option for doctors to attend virtually. (You may only select one option – in person or virtual.) We regret that we cannot offer a combined format of both virtual and in person. This option is only available for the doctor program.

Should you wish to change your registration from attending in person to virtual, there is no charge for changes made on or before October 3. After October 3, there is a \$50 fee to change your registration from in person to virtual.

If you are electing to attend virtually, a few days prior to the convention, you will receive the information to log into the virtual platform. Your login is unique to you and will be used to determine the number of continuing education credits to be awarded, along with your participation in the CME sign-in opportunities. In addition, you will receive instructions on how to achieve continuing education credits and the convention program.

### Attire

The suggested attire for all events is business or business casual.

### Lectures

The topics and speakers may have changed since this brochure was produced. Please visit [indianapodiatric.org](http://indianapodiatric.org) for the most up-to-date schedule and for lecture descriptions and learning objectives.

### Intended Audience

This convention will be of interest to podiatric physicians and surgeons. Other health care professionals with special interest in the diagnosis and treatment of lower extremity disorders will also benefit from this convention.

### Convention Purpose and Objectives

This convention will provide information on the most up-to-date diagnostic and treatment methods for lower extremity disorders. Objectives include:

1. To provide the podiatric physician with a broad range of programs offered in an intensive three-day convention.
2. To establish an understanding of developing concepts in the diagnosis, evaluation and treatment of lower extremity disorders and foot conditions.

### About IPMA

The Indiana Podiatric Medical Association represents podiatrists throughout the state with the goal of furthering the specialty of podiatry at the local and national level. IPMA actively educates, supports and advocates for podiatrists and their patients on a wide variety of administrative, licensing, legislative, and patient-care issues.

IPMA's mission is to ensure the highest quality of lower extremity health care for patients by advancing the art and science of podiatric medicine through advanced continuing education, legislative advocacy, public education and promotion of the profession.

### Privacy and Confidentiality Policy

The Indiana Podiatric Medical Association's (IPMA) Policy on Privacy and Confidentiality dictates the Association's handling of a learner's personal information. This policy is enforced in all areas of the Association's business, including online communications, offline communications, direct marketing, and event registration.

IPMA maintains a comprehensive database of information on its learners in accordance with the general needs and expectations of the organization and its learners. This information is intended exclusively for purposes related to official Association business and to facilitate interaction between the Association and its learners. Directory information in the database may include home or work addresses, telephone numbers, fax numbers, e-mail addresses, and activity registrations/online purchases.

### Consent to Use Photographic Images

Registration and attendance or participation in the IPMA Fall Convention constitutes an agreement providing permission for the use of the registrant's image or voice in photographs or recordings at the event without compensation. IPMA can use the images for promotions in any and all media. IPMA or its successors are exempt from any liability for the use of photographic images. You may revoke this authorization at any time by notifying IPMA at [inpma@indianapodiatric.org](mailto:inpma@indianapodiatric.org).



# ANNUAL FALL CONVENTION

## OCTOBER 13-16, 2022

MARRIOTT INDIANAPOLIS NORTH



## DOCTOR SCHEDULE

### THURSDAY, OCTOBER 13

3.5 Continuing Education Contact Hours

11:30 a.m.-1:00 p.m.

**IPMA Board of Trustees Meeting**

1:00 p.m.-5:30 p.m.

**CME Sign-in and Sign-out**

1:00 p.m.-7:00 p.m.

**Convention Registration**

1:30 p.m.-2:00 p.m.

**1st MPJ Arthrodesis: The GOAT Foot Surgical Procedure | .5 CECH**

*Patrick DeHeer, DPM*

2:00 p.m.-2:30 p.m.

**Modern Incision Closure Techniques | .5 CECH**

*Patrick DeHeer, DPM*

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

**Medial Column Biomechanics and Surgical Implications | .5 CECH**

*Patrick DeHeer, DPM*

3:00 p.m.-3:30 p.m.

**Progressive Collapsing Foot Deformity: My Evidence-Based Approach to Surgical Treatment | .5 CECH**

*Patrick DeHeer, DPM*

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

**Break**

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

**Diagnosis of Diabetic Foot Osteomyelitis | .5 CECH**

*Andrew Meyr, DPM*

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

**Hypermobility and HV | .5 CECH**

*Andrew Meyr, DPM*

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

**Surgical Anatomy of the Transmetatarsal Amputation | .5 CECH**

*Andrew Meyr, DPM*

### FRIDAY, OCTOBER 14

6.5 Continuing Education Contact Hours

7:00 a.m.-6:00 p.m.

**Exhibit Area Open**

7:00 a.m.-5:00 p.m.

**Convention Registration**

7:00 a.m.-5:00 p.m.

**CME Sign-in and Sign-out**

8:00 a.m.-8:30 a.m.

**Navicula Stress Fractures | 1 CECH**

*William Wolfe, DPM*

8:30 a.m.-9:00 a.m.

**Evidence-Based Approach to Offloading of Diabetic Foot Ulcerations | 1 CECH**

*William Wolfe, DPM*

9:00 a.m.-10:00 a.m.

**Painful Diabetic Neuropathy | 1 CECH**

*Marc Orlando, MD*

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

**Break to Visit Exhibitors**

10:30 a.m.-11:00 a.m.

**Achilles Tendon Ruptures | .5 CECH**

*Rachel Albright, DPM*

11:00 a.m.-11:30 a.m.

**Hammertoe Surgery | .5 CECH**

*Rachel Albright, DPM*

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

**A Public Health Perspective on the DM Foot | .5 CECH**

*Rachel Albright, DPM*

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

**Lunch**

1:00 p.m.-1:30 p.m.

**Lisfranc Fracture Management | .5 CECH**

*Karl Dunn, DPM*

1:30 p.m.-2:00 p.m.

**Calcaneal Fracture Management | .5 CECH**

*Karl Dunn, DPM*

2:00 p.m.-2:30 p.m.

**Charcot Reconstruction: Pearls and Techniques to Limb Salvage | .5 CECH**

*Karl Dunn, DPM*

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

**Break to Visit Exhibitors**

3:00 p.m.-3:45 p.m.

**Bunion Techniques (Lapidus) | .75 CECH**

*Jason Bruse, DPM*

3:45 p.m.-4:30 p.m.

**Pediatric Flatfoot | .75 CECH**

*Jason Bruse, DPM*

4:30 p.m.-5:30 p.m.

**Reception**

All attendees are encouraged to attend this opportunity to network with peers and vendor representatives.

[CLICK HERE TO REGISTER](#)





# ANNUAL FALL CONVENTION

## OCTOBER 13-16, 2022

MARRIOTT INDIANAPOLIS NORTH



## DOCTOR SCHEDULE

### SATURDAY, OCTOBER 15

6.5 Continuing Education Contact Hours

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

**Convention Registration**

7:30 a.m.-5:15 p.m.

**CME Sign-in and Sign-out**

8:00 a.m.-8:30 a.m.

**Medial Double Arthrodesis | .5 CECH**

*Mark Prissel, DPM*

8:30 a.m.-9:00 a.m.

**Ankle Arthrodesis | .5 CECH**

*Mark Prissel, DPM*

9:00 a.m.-9:30 a.m.

**Assessing Post Operative Pain and Opioid Use Following Rearfoot Surgery | .5 CECH**

*Andrew Cohen, DPM*

9:30 a.m.-10:00 a.m.

**Ankle Equinus and Post-Operative Forefoot Ulcerations in Patients with TMA | .5 CECH**

*Andrew Cohen, DPM*

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

**Break**

10:15 a.m.-10:45 a.m.

**Evaluation and Treatment of the Neuropathic Joint and Differential Diagnoses | .5 CECH**

*Andrew Cohen, DPM*

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

**Latrogenic Nerve Injuries: Diagnosis and Management | 1 CECH**

*Kevin Powers, DPM*

12:00 p.m.-1:30 p.m.

**Lunch and IPMA Annual Meeting**

1:30 p.m.-2:00 p.m.

**Lower Extremity Dermatology Pearls You Can Use on Monday | .5 CECH**

*Tracey Vlahovic, DPM*

2:00 p.m.-2:30 p.m.

**Podiatric Dermatology Myths | .5 CECH**

*Tracey Vlahovic, DPM*

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

**Inflammatory Skin Disorders | .5 CECH**

*Tracey Vlahovic, DPM*

3:00 p.m.-3:15 p.m.

**Break**

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

**Disappearing Nail Bed | .5 CECH**

*Tracey Vlahovic, DPM*

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

**Surgical Tips and Tricks | 1 CECH**

*Gage Caudell, DPM*

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

**Past Presidents Reception**

### SUNDAY, OCTOBER 16

6.0 Continuing Education Contact Hours

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

**Convention Registration**

7:00 a.m.-2:15 p.m.

**CME Sign-in and Sign-out**

7:30 a.m.-9:30 a.m.

**Breakfast and Risk Management Presentation | 2.0 CECH**

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

9:30 a.m.-9:45 a.m.

**Break**

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

**Abstract Presentations | 2.5 CECH**

*William Wolfe, DPM*

11:45 a.m.-12:00 p.m.

**Break**

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

**Abstract Presentations | 2 CECH**

*William Wolfe, DPM*

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# ANNUAL FALL CONVENTION

## OCTOBER 13-16, 2022

MARRIOTT INDIANAPOLIS NORTH



## MEDICAL ASSISTANT/OFFICE STAFF SCHEDULE

### FRIDAY, OCTOBER 14

---

7:00 a.m.-5:00 p.m.

**Convention Registration**

8:30 a.m.-9:15 a.m.

**OSHA**

9:15 a.m.-10:00 a.m.

**Taking and Recording a Comprehensive History**

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

**Break to Visit Exhibitors**

10:30 a.m.-11:15 a.m.

**HIPAA**

11:15 a.m.-12:00 p.m.

**Podiatric Jeopardy**

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

**Lunch**

1:00 p.m.-1:30 p.m.

**Concurrent Hands-on Workshops**

1:30 p.m.-2:00 p.m.

**Concurrent Hands-on Workshops**

2:00 p.m.-2:30 p.m.

**Concurrent Hands-on Workshops**

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

**Break to Visit Exhibitors**

3:00 p.m.-4:00 p.m.

**Risk Management**

4:00 p.m.-4:30 p.m.

**Roundtable Discussions**

4:30 p.m.-5:30 p.m.

**Reception**

Attendees are encouraged to attend this opportunity to network with peers and vendor representatives.

### SATURDAY, OCTOBER 15

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Medical Assistants and staff are invited to attend the doctor lectures on Saturday, October 15. Please refer to page 5 for the schedule.

CLICK HERE  
TO REGISTER





# ANNUAL FALL CONVENTION

OCTOBER 13-16, 2022  
MARRIOTT INDIANAPOLIS NORTH



## FACULTY

**Rachel Albright, DPM**



**Jason Bruse, DPM**



**Gage Caudell, DPM**



**Andrew Cohen, DPM**



**Patrick DeHeer, DPM**



**Karl Dunn, DPM**



**Andrew Meyr, DPM**



**Marc Orlando, MD**



**Kevin Powers, DPM**



**Mark Prissel, DPM**



**Tracey Vlahovic, DPM**



**William Wolfe, DPM**





# THE CALL FOR SPEAKERS IS NOW OPEN FOR THE NATIONAL 2023 IN NASHVILLE

The Call for Speakers for the [APMA 2023 Annual Scientific Meeting \(The National\)](#) is now open! The conference will take place July 13–16 at the Gaylord Opryland Resort & Convention Center in Nashville, TN. Submit your proposal now to be a part of the can't-miss event for every podiatrist. The deadline to submit a presentation is Friday, October 14.

Broad topic areas include surgery, biomechanics, dermatology, complications, wound care, and trauma; however, any topic related to foot and ankle care will be considered. There is also an option to submit a Surgical Blitz lecture topic, which would consist of a 10-minute presentation on a single surgical pearl or technique. Note: To be considered for the faculty, you must be an APMA member in good standing.

APMA will again use a portal to make the application process easier for you. To apply, follow these instructions:

- Go to the [Call for Speakers](#) site.
- Select “Enter Now,” then select “Click Here” under “New to This Site?” on the left side of the screen.
- Enter your email address, create your login credentials and password, agree to the data policy, and select “Enter.”
- Fill out the required (and optional, if desired) speaker fields. Note: If someone else is filling out the application on your behalf, these responses should correspond to the presenting physician.

- Disclose any financial relationships. If you have a disclosure, enter the name of the commercial interest and the nature of the relationship, then click “Add.” Complete this step for all financial relationships.
- Select and upload a current CV in PDF format.
- You will then be directed to your Author Homepage. To create a new presentation for consideration, select “Create a New Presentation” under “My Submissions.”
- Provide the presentation title and learning objectives, then select “Add New Presentation.” Once you click this button, you will receive a confirmation that your presentation was successfully submitted for consideration.

You may add additional presentation topics or modify a submission until the Call for Speakers deadline on October 14. Once all submissions are received, the Education Committee will review the presentations. The final decision on the educational program for The National is made by the APMA Board of Trustees based on the recommendations of the Education Committee.

The Call for Speakers portal is available year-round for members to submit topics to be considered for the APMA Online Learning Center. If you are interested in submitting a lecture presented as an internet live (webinar) or an on-demand CECH activity, please follow the instructions above and select “Live Virtual” or “On Demand” under “Speaker Option.” 🎵





# APMA RESPONDS TO CMS ON CY2023 OPPTS PROPOSED RULE

APMA submitted comments in response to CMS' proposed changes to the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgery Center (ASC) Payment System proposed rule for 2023. APMA's comments focused on the following concerns:

- **Wound Care Management Terminology.** APMA disagrees with CMS that "skin substitutes" should be renamed "wound care management products." CMS has indicated that the reason for the change of nomenclature is to provide a "more accurate and meaningful term," to help address confusion among interested parties about how these products are described and how they are paid. APMA recommends that CMS adopt the term "Cellular and/or Tissue Based Products for Skin Wounds" or CTPs, in order to create less confusion and to utilize a more accurate term describing the entire suite of products currently marketed as well as prospective ones. This nomenclature is already known and being utilized by clinicians and speakers at conferences, as well as in publications and several of the CMS A/B MAC contractors and private payers' LCDs.
- **Elimination of HCPCS Q Codes to Designate CTPs.** APMA opposes the HCPCS CTP coding changes from Q codes to A codes. A codes designate supplies, but CTPs are not supplies. In making the current proposals, CMS fails

to recognize that a majority of these products are in fact biologicals. Transitioning to A codes does not capture the therapeutic significance of these treatments. Therefore, APMA recommends that all CTPs be assigned a Q code when meeting the requirements of HCPCS.

- **Opportunities within CMS Quality Programs.** CMS may spend as much as \$98 billion a year on treatment of chronic wounds, impacting 15 percent of Medicare beneficiaries. However, there are no national MIPS quality measures relevant to the management of patients with chronic wounds and ulcers, and among the quality programs in all health-care sectors, there is only one measure relevant to chronic wounds (the counting and staging of pressure injuries). CMS has acknowledged that rates of amputation have accelerated during the PHE, due in part to delayed wound care and preventive care. APMA believes that without appropriate coverage of preventive care, this situation will continue. APMA believes that ulcer risk assessment and follow-up are key components of preventive care for patients with diabetes, including use of APMA's Comprehensive Diabetic Lower Extremity Exam Model.

Read the full letter at [www.apma.org/commentletters](http://www.apma.org/commentletters). Contact the [APMA Health Policy and Practice Department](#) with any additional concerns or comments. 🏥



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# ADDRESSING POOR PERFORMANCE

BY TINA DEL BUONO, PMAC, DIRECTOR TOP PRACTICES  
VIRTUAL PRACTICE MANAGEMENT INSTITUTE  
CONSULTANT AND PERFORMANCE COACH

Most of us have had a day when our work performance has been less than our best, but this is a rarity not the norm. As a manager or physician business owner, what do you do when poor performance starts to become an employee's regular performance? If this is allowed to continue by the employee, it will most definitely cause issues with other employees as time passes and poor performance "seems" to become acceptable performance, at least from this employee.

It can be quite frustrating for co-workers to work side-by-side with someone who is performing below the standard on a daily basis. Often, managers or business owners would rather choose to look the other way instead of dealing with an employee with poor performance, as confrontation and rehabilitation take time and are difficult. The only answer is, it must be dealt with if you want to keep it from spreading to other employees.

Tackling the problem as soon as it is noticed is always best. It can be as simple as asking the person if everything is okay because you noticed their performance has recently dropped. This not only gives the person a chance to respond, but it lets them know

that you are aware that they have slipped below the line, opening the door for further communication if it happens again.

If management waits too long to deal with the issue, they are not only causing problems for their other employees to uphold work standards, but they are making it more difficult for themselves to address the problem with the poor performer who will question, "If this was a problem, why didn't you say something before?"

Speaking as a manager who at one time waited to see if things would turn around in a situation and they did not, it is much easier to address this type of issue when it immediately appears. Keeping the workplace standards above the line keeps everyone happy because they know what the expectations are and that they apply to everyone.

If you have any questions on this topic, just email me and I will be glad to help. ✉

*Tina Del Buono, PMAC has been a practice manager for 25 years. She lectures nationally on Practical Practice Management. Tina is the author of a National Indie Award-Winning Book, "Truth from the Trenches" The Complete Guide to Creating A High-Performing, Inspired Medical Team. She has also authored over 400 articles on practice management and has developed, GPS –Global Practice Systems, to create the road map to get your practice from where it is now to where you want it to be.*



# HOW TO EVALUATE YOUR BILLING PERFORMANCE AND ACCOUNTS RECEIVABLE BALANCE

MARY-ELLEN SCHIMMOLLER, EXECUTIVE DIRECTOR  
INDEPENDENT NETWORKING GROUP (ING)

Anyone who performs the billing functions for a practice understands the level of detail and perseverance it takes. If your billing staff doesn't have these traits you can end up with mediocre or less than stellar results. There is also a question as to how much is too much in the AR balance.

Below are a few areas that we focus on when providing a Billing and AR analysis:

- What is the total AR in relation to average monthly charges. The acceptable standard for total AR is 1-1/2 to 2 times the average monthly charges. So, for example, if your average monthly charges are \$75,000, your AR should be no more than \$112,000 - \$150,000.
- Next, take a look at the breakdown between Patient and Insurance outstanding balances. The percentage of AR in patient balances is a direct reflection of the patient collection process. Better performing practices may carry as low as 10% of their total AR in patient balances.
- Turn your attention to the aging of the Insurance AR – this is typically broken down by 0-30, 31-60, 61-90, and >90 days. The majority of your insurance aging should fall into the first two categories. In addition, industry standards say that you should have no more than 20% of your AR over 90 days. (At our firm, we strive for less than 10% in total over 90 days.)
- Many practice gurus also believe that it is important to look at the "Days in AR" - i.e. the number of days it takes to collect the payments due to the practice. To calculate this figure, look at the total charges posted in the past 6 months and divide by the total number of days in those

months = average daily charges. Then divide the total AR by the average daily charges. Example: \$360,000 total charges posted in the past 6 months divided by 181 days = \$1989 average daily charges. Then, total AR of \$80,000 divided by \$1989 (average daily charges) = 39 days. The higher performing practices are at 30 days or less. Over 60 days is considered below average.

Each practice is unique in the demographics of their practice location and patient population. Practices that are heavier into outpatient surgery or inpatient rotations tend to skew toward the higher end of the stats because of the complexity of getting correct and timely information, and requests for medical records on multiple service surgeries that end up delaying payment.

Additional areas of a Billing Analysis will review how quickly denials, rejections, and appeals are handled. In addition, it is important to review how your software handles automated payments. There is some very popular software in use that automatically adjust off denials – basically taking the charges out of your AR. A good biller will reverse the adjustment and work on the denial.

Accounts Receivable is continually changing. Keeping an eye on your month to month performance will guide you in determining where to focus your energy in order to maximize your revenue. As always, please feel free to contact me if you have questions on how to improve your billing performance and reduce your AR. 🦋

*Mary-Ellen Schimmoller is the Executive Director of the Independent Networking Group (ING). She has been providing billing and consulting services for over 20 years and has been a speaker for the AAPP. She can be reached at 260-927-1266 or mary-ellen@ingstrategies.com. Website: [www.ingstrategies.com](http://www.ingstrategies.com)*





## MIDWEST PODIATRY CONFERENCE

**March 9-12, 2023**  
Hyatt Regency Chicago  
Chicago, Illinois

### UPCOMING EVENTS

IPMA Annual Convention  
October 13-16, 2022  
Marriott Indianapolis North  
Indianapolis, Indiana

Midwest Podiatry Conference  
March 9-12, 2023  
Hyatt Regency Chicago  
Chicago, Illinois

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