



INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

ISSUE ONE | SPRING 2023

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PRESIDENT'S MESSAGE

CATHY COKER, DPM | IPMA PRESIDENT

I hope everyone has enjoyed the beginning of spring and the warmer weather. I am excited to begin my term as IPMA President. This year has already been a busy year for IPMA. In March, IPMA members went to Washington, D.C. during the House of Delegates to discuss the important issues facing the APMA and its governance structure. Additionally, I welcomed the opportunity to connect with many colleagues during the Midwest Podiatry Conference in Chicago.

I ask you to continue to support the IPMA/APMA with your membership dues and participation. The IPMA needs you to be involved and engaged to make change happen for podiatrists, our patients, and our practices.

As always, we continue to need the time and talents of all members in order to remain a strong organization. A major focus and challenge being discussed nationwide is the need to make podiatry more attractive for students entering the medical field. I would strongly encourage members to reach out to young people to encourage them to consider a career in podiatry. It has been so rewarding to me personally and I'm sure all of you. We must all step up to lead the next generation of our profession.

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

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





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HIGHLIGHTS FROM THE APMA HOUSE OF DELEGATES

On March 18-19, certified delegates and alternates from each component society met at the JW Marriott for the annual session of the APMA House of Delegates. The House of Delegates is the legislative and governing body of the APMA. The Indiana Delegate consisted of:

- Patricia Moore, DPM, Chief Delegate
- Zahid Ladha, DPM, Delegate
- Wendy Goldstein, DPM, Alternate Delegate
- Sandra Raynor, DPM, Alternate Delegate

APMA House of Delegates Election Results:

- President-elect: Sylvia Virbulis, DPM
- Vice President: Lawrence Santi, DPM
- Treasurer: Brooke Bisbee, DPM
- Elected to the Board of Trustees: Robert Sage, DPM
- Re-elected to the Board of Trustees: Scott Hughes, DPM; Alan Block, DPM
- Elected Speaker of the House: Timothy Tillo, DPM
- Elected liaison to the Specialty Board Recognition Committee: William Harris, DPM

Other highlights include:

- Will Long, DPM, chair of the Legislative Advocacy Committee, offered updates from the Legislative Advocacy Committee and encouraged members to make use of APMA's updated eAdvocacy system to contact their legislators about the HELLPP Act,
- Randy Kaplan, DPM, chair of the APMAPAC Board of Trustees, told the delegates that "leaders lead by example," and asked the house to lead by giving to the APMAPAC today.



Pictured L to R: Sandra Raynor, DPM, Alternate Delegate; Wendy Goldstein, DPM, Alternate Delegate; Patricia Moore, DPM, Chief Delegate; Matt Solak, IPMA Executive Director and Zahid Ladha, DPM, Delegate

- Larry Santi, DPM, 2022–23 treasurer, presented a report from the Finance Committee.
- Ira Monka, President Elect of the AOA, presented to delegates about his presidential goals for the coming year: To build a better future by inspiring the youth of the osteopathic profession—more specifically, to promote AOA board certification as the premier certification pathway for all osteopathic physicians; to expand outreach to osteopathic students and residents; and to continue to promote and build the osteopathic profession.
- Thomas Madejski, MD, Board Member of the AMA addressed the house, emphasizing the collaborative work APMA and AMA can do to represent our shared interests with a unified voice. Among AMA's initiatives, it is focusing on the following four main issues in the coming year: pushing for a rational Medicare payment system; fixing the burden of prior authorization; relieving physician burnout; and advancing telehealth. 🏠

DR. VIRBULIS INSTALLED AS APMA PRESIDENT

On Saturday, March 18, Sylvia Virbulis, DPM, of North Carolina, was installed as APMA president by Carroll D. Kratzer, DPM. Dr. Virbulis began her speech with an appreciation of the community in podiatric medicine. “As an only child of immigrant parents with no relatives in this country, I consider each of you a part of my family in your own unique way, and I am grateful to all of you,” she said. “It’s in this same sense of family and its collective members working together for common goals, that I approach this coming year.”

Dr. Virbulis noted that each member of a family is key to supporting shared goals. “Please be a mentor,” she implored. “Open your experience to our hopefuls and encourage them—you are the best ambassadors—you are the *key* to this success. I will welcome continued communication with the colleges and deans and encourage *their* fraternal communication.”

APMA’s updated strategic plan, Dr. Virbulis told delegates, cross-cuts all aspects of APMA’s work. The plan has four main pillars

that serve as a foundation for the many tasks and goals APMA has set. “APMA will be the leading advocate, offer preeminent education, drive innovative research, and create an empowered community for our profession. These are broad and sweeping endeavors, but I would like to offer just a few highlights within them.”

Summarizing the agenda for her presidency, Dr. Virbulis said, “Our charge includes the very important work of integrating our new Strategic Plan.” She reminded the house that APMA membership is the single best source of professional representation and advocacy in podiatric medicine, encouraging delegates to be proactive in their legislative advocacy by reaching out to lawmakers, scheduling meet and greets, and whatever it takes to support the profession’s growth.

In closing, Dr. Virbulis said, “We are *all* charged to APMA—‘Advocate for Podiatric Medicine Always.’ We are the *key*! And, together, we have the *keys* to our future!” 🦋

APMA OPPOSES EGREGIOUS NEW CIGNA 25 MODIFIER DOCUMENTATION POLICY

APMA is aware of Cigna Healthcare’s deeply disturbing and onerous new policy, “*Reimbursement policy update—Evaluation and management codes billed with modifier 25 and minor procedures effective June 11, 2023.*” Under the new policy, providers must submit office notes with claims submitted with E/M CPT® codes 99212, 99213, 99214, and 99215 and a 25 Modifier when a minor procedure is billed. If a provider fails to submit this supporting documentation, the claim will be denied. Cigna also shares instructions regarding how to submit these claims and the required documentation.

APMA feels this policy is unjust and extraordinarily onerous for providers. The policy’s administrative burden distracts from providers’ ability to care for their patients and will contribute to physician burnout. APMA is already engaged with other societies and is collaborating with others to contest this egregious policy. APMA members can find guidance regarding documentation guidelines for significant and separately identifiable E/M services at www.apma.org/25modifier. 🦋



The 2022 APMA Spring Virtual Coding Seminar was a half-day online seminar providing attendees with a deep dive into foot- and ankle-specific coding issues. **APMA is in the process of converting this event into an on-demand course; watch your APMA publications for more information.** Certified professional coders Jeffrey D. Lehrman, DPM, and Edward N. Prikaszczikow, DPM, instructed participants on a variety of topics to enhance processes and better serve patients. The [final agenda and objectives](#) are available now.

Education Credit

- Doctors of Podiatric Medicine: 4.0 CECH
- Podiatric Medical Assistants: 4.0 CME
- AAPC Certified Professional Coders: 4.0 CEUs

To support this seminar, APMA has designated an unrestricted educational grant from Modernizing Medicine. 🦋

APMAPAC UPDATE

SANDRA RAYNOR, DPM
APMAPAC COORDINATOR

Below are the 2023 contribution numbers as of March 4, 2023.

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

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

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

Dr. Gage Caudell
Dr. Angie Glynn
Dr. Miranda Goodale
Executive Director Matt Solak


SILVER LEVEL (\$300-\$499)

Dr. Patricia Moore
Dr. Kathleen Neuhoff

BRONZE LEVEL (\$150-\$299)

Dr. Michael Carroll
Dr. Wendy Goldstein

PATRIOT LEVEL (LESS THAN \$150)

Dr. Robert Freestone
Dr. Sarah Standish
Dr. Chase Stuart 

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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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 ONLINE LIMITED PODIATRIC RADIOGRAPHY EDUCATION 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 members of its limited podiatric radiography program that meets the ISDH requirements and is designed to instruct the podiatry assistant in the safe and effective use of x-rays in the podiatric practice.

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

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](#). 

CLASSIFIED ADS

SEEKING TRAVELING PODIATRISTS

We Heel the Sole Podiatry, LLC™ has expanded its senior living community service area. We are hiring traveling Podiatrists based in northern and southern Indiana to serve our patient base, this growing area including Laporte, Lake, Tippecanoe, Knox, Vanderburgh, Pike, Dubois, Monroe, Lawrence, Jackson, Scott, Ripley, Dearborn counties and surrounding areas. New graduates are encouraged to apply! Send CV to jlaster@weheelthesole.com.

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INDIANA FOOT SUPPORT PAC

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.

The Foot Support PAC neither determines the issues to be addressed on behalf of the profession, nor lobbies on those issues. That is the role of IPMA's Legislative Committee and Board of Trustees.

The Foot Support PAC's role is to support candidates seeking office in the Indiana State Senate or Indiana House of Representatives. The only other legal means for such support is through contributions made directly to a candidate by an individual.

CLICK HERE TO DONATE TO THE INDIANA FOOT SUPPORT PAC



LEGISLATIVE REPORT

BY RHONDA COOK
LEGISGROUP PUBLIC AFFAIRS, LLC

The Indiana General Assembly just completed week 10 at statehouse. Committee work is starting to pick up pace. The Senate Health and Providers Services Committee heard a handful of bills this week and the House Public Health Committee only heard one bill – SB 4. Senate Bill 4 is the public health commission’s bill which allows county executives to opt into the state’s local public health program (which of course is tied to funding). The skeptics of this bill fear that locals will lose control of certain rights and freedoms and that there will be top-down mandates from the federal/state especially in the case of another public health crisis. It has been an interesting debate.

HB 1017, Prescription Drug Repositories, passed out of the Senate

Health Committee this week. It would allow unused prescription drugs to be recycled to other patients who need them. The drug manufacturers warned of concerns for certain types of sensitive drugs (of course those are the ones that are also very expensive). The bill passed and has been reassigned to the Senate Appropriations Committee.

SB 275, Practice of Medicine Terms, hasn’t been scheduled for a hearing in the House Public Health Committee as of yet. The IPMA is working with bill sponsors to have four words from the legislation removed that may cause legal confusion.

For a full report, [click here.](#) 🗣️

THE NEGATIVE TEAM TALK

BY TINA DEL BUONO, PMAC, CPC
DIRECTOR TOP PRACTICES VIRTUAL PRACTICE MANAGEMENT
INSTITUTE

I am sure that many of you, like I, suffer from time-to-time with negative self-talk. It seems to rise its ugly head when we are stressed, unhappy, or are having a pity party for one reason or another. If we do not catch what is going on quickly, we can allow this voice to consume our thoughts and begin to believe that they are the truth.

A while back our office was going through an extra stressful time. Every day it seemed as though the black cloud was hanging over the practice and it was not going to pass. As I was talking to myself on the way to work, I realized that even though we were having a difficult time at work, it was “us, the team” who was creating the black cloud because of the things we were saying to each other about our current work situation. Ultimately, we all knew that this situation would pass, but while going through it we were making life worse for ourselves by our negative self-talk. Once we understood that we were making the situation worse, we knew that we could make the way we felt each day better by choosing to do just that.

Here are a few of the word changes that we made to help our situation:

- Instead of saying “I have to do something that I didn’t like” (Dread) we would say, “I can’t wait to do this so I can move forward and tick it off of my list.” (Uplifting)
- Instead of saying “We have so much to do” (Overwhelm) we would say, “I am going to take these two small steps today to work on this project.” (Doable)
- Instead of saying “We don’t like our jobs now” (Anger) we would say and continue to say, “I’m thankful I have a job that I can earn a living.” (Gratefulness)
- We also learned to say, “This is only temporary.”

The situation did not change, but we as a team changed the way we looked and spoke to ourselves about it. It wasn’t easy and the negative self-talk would continue to try and squeeze into the conversation, but once we made the commitment to not only have better mental health while going through a difficult situation, but to also have a happier workplace, it was easier to catch that negative voice, scold it for coming around, and focus on positive talk so we could deal with the situation in a much healthier way.



This not only made life better for each of us individually, but collectively as a team. Tough times are bound to happen at work and it can take a toll on the whole team. If you need help getting through difficult times in your practice, just email me to discuss how your team can get through it and come out on a positive side. 🩺

Tina Del Buono, is a Performance Coach and mentor for physicians and her fellow office managers/administrators and their staff. She 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.



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PRIVATE EQUITY INVESTMENT IN MEDICAL PRACTICES SERIES

BUYING OR SELLING A MEDICAL PRACTICE STEP 2: SHOULD I USE A BROKER

BY THOMAS N. HUTCHINSON AND BRIAN M. HEATON

Private equity (PE) health care transactions continue to capture the attention of many in the industry. Whether viewed as an opportunity to grow, stabilize, or exit a business, owners feel compelled—even obligated—to explore PE alternatives before the market cools or they are otherwise left behind.

Unfortunately, health care providers sometimes consider PE transactions at the wrong time or for the wrong reasons, including when their business is experiencing stress (e.g., recruitment or reimbursement challenges) or when they have been approached by a prospective buyer.

While both scenarios can be managed, the better time to consider a PE transaction is when the business is stable (or strong) and you have formulated a strategic plan and longer-term goals. Being proactive is critical and engaging your team of outside advisors is a great first step in the planning process.

Given the complexity of their operations, most health care businesses already have a solid team of advisors. This team should include an accountant and an attorney. When considering these team members for your PE discussions, be sure each professional or someone else in their firm has specific experience with PE. Ask for details of other transactions. Ask for client references.

It is also important to consider adding a business broker / investment banker to your team, who can serve an important

role in “packaging” the business for consideration by multiple PE firms.

As noted above, businesses often first consider selling when they get a cold call or an inquiry from a colleague who has been through a recent PE transaction. Although these individuals may have your best interests at heart, they may be incentivized to find more acquisition opportunities. Even in the best case, they are limited in their perspective. Engaging in these discussions without an investment banker can mean limiting your buyer options, sharing information about your business before it is ready, and wasting time with unqualified buyers.

Even if you are in a narrowly focused specialty or niche, and think you know the most likely buyers for your business, a good investment banker can introduce you to other options. At a minimum, as they take you through their process, any previously identified prospective buyer will now know that you are serious and you are considering other opportunities. This process typically results in an increase in the final purchase price, often by 10% or more.

Investment bankers also prepare your business for a possible PE investment. In conjunction with your accountants and attorney, investment bankers will review your business operations and identify areas that may be of interest or concern. They will help you anticipate issues that may be raised by a buyer. For example, how do you define your market? Are your rates competitive? Do you have family members working in the business at above market salaries? Do you rent space in a building you own and



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have you been charging yourself enough rent? Do you have an old lingering lawsuit? Items like these should be addressed in advance to best present your business to potential buyers.

Buyers do not like surprises. Surprises will slow down the negotiating process and can be used by buyers to drive down the price, even after you have turned other opportunities away. Your advisor team will help put the business in the best possible light for buyers. They will help you tell your past, present, and future story, and will work with you to articulate your goals.

Anticipating and collecting this information before a buyer requests it also takes some pressure off you and your staff. Although there will still be a large volume of requested information (a process often called “due diligence”), having your own advisors help collect and organize this information will be more efficient than asking your staff to do so. It can also help maintain more confidentiality about the process in the early stages of the discussions when uncertainty around a potential transaction could lead to concerns among your staff.

Investment bankers will ask you to sign an engagement letter or contract. That engagement letter should be reviewed by counsel to ensure that the terms are reasonable. Once it is signed, they will send you a list of requested due diligence items and you should ask that they sign a Non-Disclosure Agreement to protect the confidentiality of the information that is provided.

Once the engagement letter is signed, investment bankers normally charge a flat monthly fee as they help gather data,

assimilate and “scrub” it, and explore potential buyers. If you are concerned about the process dragging out and becoming too expensive, a one-time flat fee can also be considered. If a transaction is not completed, you still owe this monthly amount for the work that has been done, but not the larger transaction fee discussed below.

If a PE transaction is achieved, the investment banker is also paid a percentage of the total consideration paid, including purchase price, debt assumed, etc. The amount varies depending on the type of business being sold, the competitiveness of the current market, and the size of the transaction. Commission rates of between 1% and 5% of the total value of the transaction are common, and expect to pay a higher percentage if there is a lower or no monthly fee. Sometimes the rate is tied to different segments of the purchase price, with a higher commission being used for amounts an investment banker achieves above what is a typical market price, which might be considered an additional “success fee.” Depending on where your business is in the transaction process, you may be able to negotiate exclusions from the percentage fee or lower percentage fees for certain buyers with whom you have an existing relationship. 🦋

If you are considering a PE transaction or would just like to understand the process in more detail, please contact [Thomas N. Hutchinson](#), [Brian M. Heaton](#), or your regular Krieg DeVault attorney.

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.

APMA ADDRESSES CAC ENGAGEMENT AND CROSS AGENCY ISSUES WITH CMS

APMA recently submitted to the Medicare Administrative Contractor (MAC) Workgroup its Principles of Sound Local Coverage Policies and consensus answers to questions raised by CMS and the workgroup. APMA has been working with its Contractor Advisory Committee (CAC) Engagement Coalition to reach these consensus positions.

Previously, on February 7, APMA met with the members of the CAC Engagement Coalition to review these materials and discuss consensus answers to questions raised by CMS and the MAC Workgroup, which is investigating changes to the CAC feedback process brought about by 21st Century Cures Act. APMA plans to revise the group's materials and share this information with the MAC Workgroup and with CMS to help improve the process for developing LCDs and LCAs and contribute to more reasonable policies and better beneficiary care.

On January 9, APMA had previously gathered the CAC Engagement Coalition to gain consensus and set strategy for its upcoming meeting with the MAC Workgroup. As part of this meeting, APMA shared questions that had been posed by the MAC workgroup as well as a draft document that APMA has created based on feedback by the coalition and stakeholders on Principles of Sound Local Coverage Policies. APMA's involvement with the MAC Workgroup came about through APMA's leadership in the CAC process and LCD development as well as the strong working relationships between APMA's CAC representatives and their contractor medical directors (CMDs).

Previously, on September 30, 2022, APMA and its CAC engagement coalition held a call with CMS in furtherance of their CAC engagement efforts to address cross-agency issues with CMS.


APMA and the coalition have experienced several challenges with the Local Coverage (LC) process in recent years and have

brought those concerns to CMS' Coverage and Analysis Group (CAG). The CAG has considered APMA's concerns and is working to address many of them on an ongoing basis.

As previously reported in APMA Weekly Focus, the CAG has raised many of our concerns regarding CACs with the MAC medical directors, who have developed a working group to address concerns raised by this group, and with whom we are engaged to continue to work through several issues. However, other issues have hit roadblocks, so APMA requested this meeting with CMS to facilitate cross-agency engagement on these issues to help advance goals of transparency, burden reduction, and sound policy.

Specifically, APMA and the coalition again raised the following issues:

- Lack of notice and comment regarding articles that determine coverage
- Proper nomenclature and placement issues for "Articles" across CMS that do not address coverage
- Performance metrics and additional accountability for MACs, including adhering to LCD timelines, new standards for CAC engagement, requirement to always include a draft LCA with the draft LCD for notice and comment
- Need for an ombudsman to coordinate these issues

This meeting continues the efforts of APMA and the coalition to [address lingering concerns](#) regarding the Local Coverage Determination (LCDs) and Article (LCAs) review process, role of the CAC representatives, and other issues that APMA and our coalition have raised related to changes brought about by the 21st Century Cures Act. 

Read more about APMA's advocacy and the CAC process at www.apma.org/cacpiac and www.apma.org/medicare.

WORK FROM HOME: NETWORK SECURITY

BY TAHLIA BRODY, VP CLIENT SERVICES AT TLD SYSTEMS

Your EHR is on the cloud and you can now access your patient's records from all locations. What precautions and security should you have in place before accessing those records?

This is also applicable if you host your data in your office and have set up your network to allow remote network access.

Your office network should be configured to safeguard it from exterior threats. The only devices that are on your office network should be devices that are necessary for the office to function (e.g. computers, phone system, credit card terminals). Part of managing the security on your network involves completing the annual HIPAA risk assessment and addressing the associated risks throughout the year. If you connect your EHR to another network without proper consideration, you may be putting your patient's data at risk of a HIPAA breach.

When you or members of your practice access your cloud-based EHR or remotely access your office from any location, you should require members of your team to access patient records in a secure manner. Unless your office is managing the network your team is connecting from, you cannot assume that the network is secure. As such, devices that are brought outside the office should use a VPN before connecting to the internet. We do not know what other devices are connected to other networks. Nor do we know the security settings enabled for the router. However, by utilizing a VPN, a secure connection can be established. 🏥

Learn about how to set up computers to work from home at tldsystems.com/work-home-computer-security. Do you have questions about how to ensure your office is HIPAA compliance? Contact TLD Systems at (631) 403 6687 or email info@tldsystems.com.



HEALTH CARE HIRING TRENDS PHYSICIANS NEED TO KNOW

BY BETH BROOKS, PHD, RN, FACHE

With three years of COVID under their belt, clinicians are armed with more information, power, and ability to dictate the types of jobs that they want. Now that federal spending on health care workers has diminished, and with the Public Health Emergency declared for the pandemic to expire on May 11, the health care labor market is undergoing a fundamental shift, which will bring a new set of opportunities for hospitals and health systems in 2023 and beyond.

FLEXIBILITY OF SCHEDULING FOR STAFF ROLES WILL INCREASE

Recent findings from leading health care jobs marketplace Vivian Health's fourth annual [Future of Healthcare Work Report](#) revealed that 86% of clinicians who have been on long- and short-term travel contracts over the past couple of years surveyed that they are more willing to explore permanent

employment in 2023, with 46% indicating that they already plan to begin permanent employment this year. This number has grown significantly from 2022, where only 55% were considering the switch to permanent positions—likely a result of the decline in average travel wages and an increased appetite for the stability that permanent roles offer.

This is promising news for employers who have been [chronically short-staffed](#) and relying heavily on premium labor. However, clinicians who have been traveling are demanding higher wages in exchange for permanent roles, and now have a taste for the flexibility and work-life balance that comes with short-term contracts. In fact, survey respondents ranked “flexible schedules” as one of the top five most important factors they consider when evaluating a new job. As a result, health care employers that offer flexible work schedules and a variety of shift options will ultimately retain and attract the most talent. This may bode well for physician practices, which have more traditional hours



and do not require overnight shifts, giving them a competitive advantage over hospitals and other 24/7-care facilities.

A GREATER EMPHASIS ON CAREER PROGRESSION WILL INFLUENCE JOB DECISIONS

Flexible career paths will become critical to clinician retention, career progression and autonomy. Recent policy shifts in telehealth and reimbursement for health care services delivered at home—such as the Johns Hopkins Hospital at Home initiative, which is allowing more clinical care to be delivered outside hospitals and nursing homes—will create entirely new categories of job options for clinicians, creating additional competition for workers. It will also give opportunities for vertically integrated care providers to provide flexible career paths within a single organization.

THE OVERALL WORK EXPERIENCE IN CORE STAFF POSITIONS WILL IMPROVE AS HEALTH CARE EMPLOYERS INVEST HEAVILY IN RETENTION

Health care employers are investing in supporting their core staff with improved salaries, benefits and retention bonuses, and mental health and wellbeing services. Without additional federal aid for travelers, the core staff positions need to be competitive and for physician practices that can't always offer market-leading salaries, investing in more staff benefits will go a long way. In Vivian's Future of Healthcare Work Report, health care benefits such as medical and dental insurance proved to be the most important offering, followed by retirement or pension benefits, vesting length for 401(k), short-term and long-term disability, and tuition reimbursement benefits.

We've also learned that 100,000 clinicians who resigned were predominantly 49 years of age and younger, and left due to a lack of affordable childcare and virtual learning for their children. Conversely, the pandemic also exacerbated the complexity gap: There are too few nurses with extensive experience and knowledge working with new nurses who feel unprepared for today's patients requiring complex care. These two trends unfolding concurrently pose a concerning threat to the health care industry, but health systems that implement the aforementioned benefits and ensure a safe, well-staffed and flexible work environment will be best positioned to meet this challenge and retain experienced and newer clinicians alike for longer.

PAY TRANSPARENCY WILL BECOME THE NORM, NOT A COVID-INFLUENCED EXCEPTION

During the height of COVID, job marketplaces like Vivian established the expectation of transparency with travel job rates. Now that clinicians are more willing to accept core staff roles, they want as much information as possible upfront.


Employers that reveal their hourly wages will have to meet that expectation of pay transparency from the onset. This trend is being reinforced with policy changes implemented by many jurisdictions across the country, such as The City of New York, California, and Colorado, which are now requiring employers to include compensation ranges on their job listings.

ADVANCED PRACTICE PRACTITIONERS WILL BE IN EVEN HIGHER DEMAND

Nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, clinical nurse specialists, and physician assistants already provide much-needed clinical care and are meeting the increasing demand for health care services. The Bureau of Labor Statistics estimates that the employment of nurse anesthetists, nurse midwives, and NPs will grow 40% between 2021 and 2031 and employment of PAs will grow 28%. This year, we anticipate more states will expand the scope of practice for these roles, fueling even higher demand for advanced practice professionals.

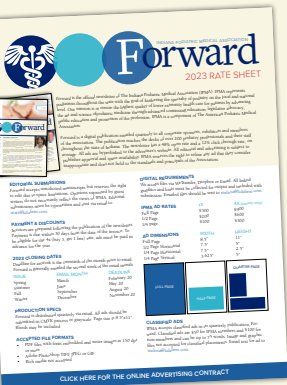
This demand will continue to grow, especially for those who provide geriatric primary care. As Baby Boomers age—the elderly population is expected to double by 2050—they will need long-term care in nursing homes, retirement communities, home care, hospice, and acute-care settings more than ever before. Currently, there aren't enough providers specializing in geriatrics to keep up with the demand of the aging population. This is likely the driving force behind the 1.9 million new health care jobs expected to generate nationwide by 2028. Concerns and opportunities for advanced practice practitioners also apply to underserved communities where health disparities may be exacerbated by the lack of primary care providers' access.

HEALTHCARE EMPLOYERS WILL INVEST IN CREATING A POSITIVE EXPERIENCE FOR JOB CANDIDATES

The immense shortage of clinicians will lead to an increased focus on minimizing drop-off during the recruitment process. Currently, the average hiring time ranges between 45 to 60 days to fill an open acute-care position, and 30 to 67 days for a position at a skilled-nursing facility. Employers are losing strong candidates because they aren't acting swiftly, and the gap between offer and orientation is coming down to communication tools like texting versus emailing to chat with candidates and employer responsiveness. Health care employers will invest in technology, operations, and talent acquisition professionals to create a speedy and positive experience for job seekers. 

Beth Brooks, PhD, RN, FACHE, is clinical advisor to Vivian Health. Article was originally published in the Mar 10, 2023 edition of Medical Economics. <https://www.medicaleconomics.com/view/health-care-work-trends-physicians-need-to-know>

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Fall	September	August 20
Winter	December	November 20

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July 13-16, 2023
Nashville, Tennessee

IPMA Annual Convention
October 5-8, 2023
Marriott Indianapolis North
Indianapolis, Indiana

Midwest Podiatry Conference
April 11-14, 2024
Marriott Chicago
Chicago, Illinois

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