MOVING INDIANA FORWARD

www.indianapodiatric.org

INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

ISSUE TWO | SUMMER 2023

IN THIS ISSUE

PRESIDENT'S MESSAGE

CATHY COKER, DPM | IPMA PRESIDENT

Greetings! I hope everyone has had a safe and happy summer. It is hard to believe but fall is quickly approaching. The coming of fall means the coming of the Annual Convention. This year the convention will take place October 5-8 at the Marriott Indianapolis North. We are fortunate to have speakers that often rival the speakers at many larger conventions. Additionally, our meeting offers the convenience of a central Indiana location at an affordable price for members. I encourage members to attend this fall and bring a colleague.

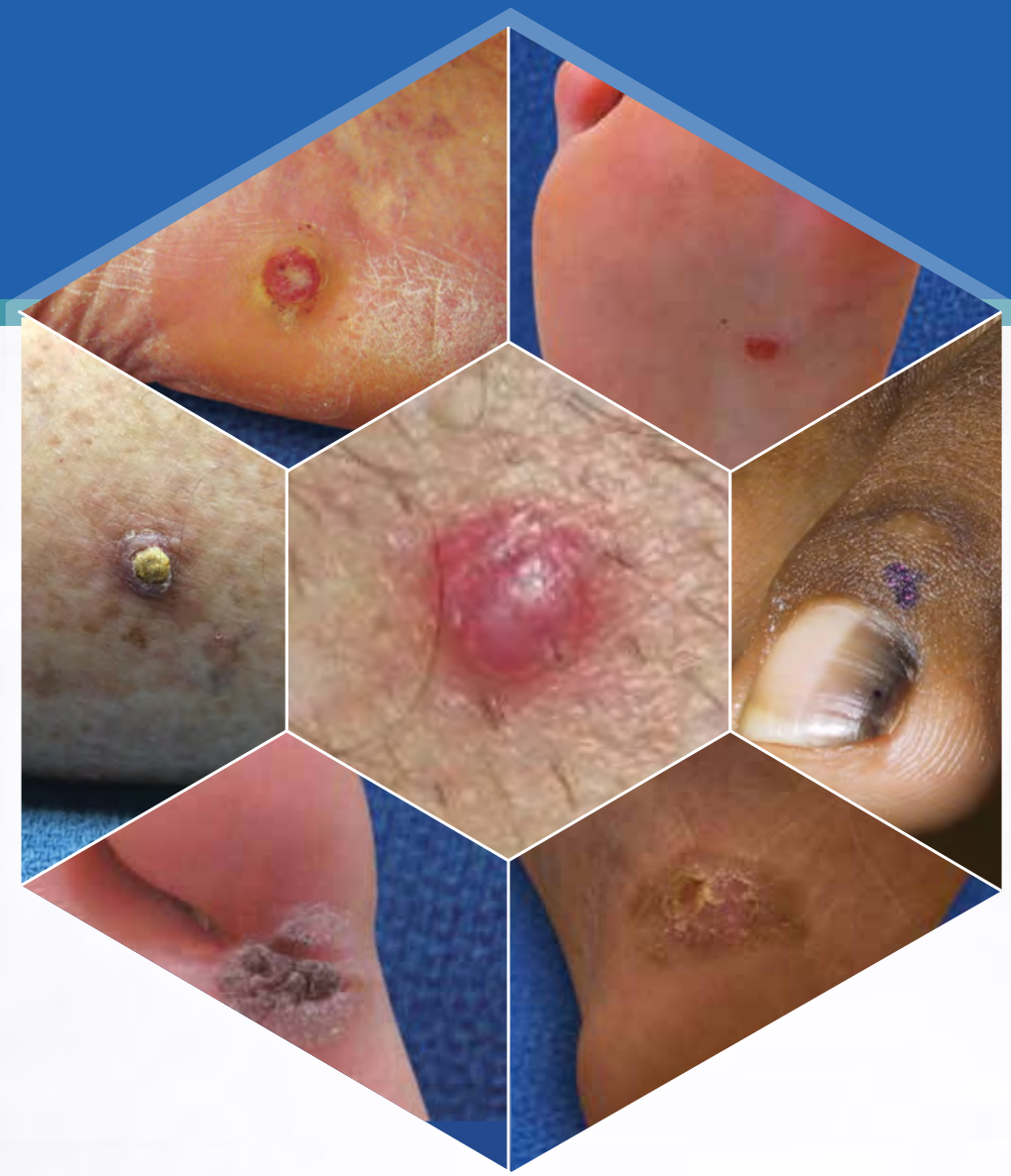
In addition, another way to support the association is to contribute to both the Indiana Foot Support PAC and the APMAPAC. We are fortune to practice in a pro-podiatry state, but we continue to face challenges on both the legislative and regulatory fronts. The Foot Support PAC and APMAPAC help the association support candidates that support our profession and the clients we serve. I would encourage members to consider a political action committee contribution to help protect our profession.

Supporting the IPMA/APMA with your membership dues, participation and political contributions are key to the success of our association and our profession. The IPMA needs you to be involved and engaged to make change happen for podiatrists, our patients, and our practices.

We continue to need the time and talents of all members to remain a strong organization and cultivate new leaders for our profession. Podiatry is a tremendous profession, and we owe it to the next generation of podiatrists to secure a bright future and I would ask you to reflect on how you can best contribute to our profession.

I will continue to fight for our profession and our membership. I encourage anyone and everyone to contact me with questions, problems or ideas.

What do all of these skin lesions have in common?



They are all MALIGNANT.

Early diagnosis and treatment can save a life.

bako dx
intelligence not just information

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Bako Diagnostics | 855-422-5628 | bakodx.com

5 TIPS FOR DEFENDING AGAINST RANSOMWARE ATTACKS

BY ALEX HARRINGTON

Practices and hospitals focus on training employees against social engineering attacks. But they risk leaving themselves open to attacks that exploit network software vulnerabilities. Ransomware, denial-of-service, data theft and disruption are some of the most common IT-related risks facing healthcare today. And the consequences can be big – disrupted services, remediation costs, and HIPAA fines for inadequate security of protected health information (PHI).

Many ransomware attackers gain access through social engineering, such as phishing emails – often by tricking employees into providing access credentials. So, organizations focus on training employees against social engineering attacks. But in doing so, they risk leaving themselves open to the next-largest source of attacks – those that exploit network software vulnerabilities.

As documented in threat frameworks like the Cyber Kill Chain, attackers start with reconnaissance of your system. They do this through automated scans, and any system exposed to the internet may be scanned thousands of times per day. They're looking for connections between private networks and the public internet – points of entry. They can tell what kind of port it is, the software it is running, and sometimes other critical information such as the operating system.

From that, they can draw inferences about what your vulnerabilities might be. The attackers might know, for example, that a particular type of server has some vulnerabilities made public recently – and they can probe automatically to see if you have installed the patches to fix those vulnerabilities. Here are five defenses that can help protect your system:

1. FREQUENT AND COMPLETE BACKUPS, STORED SEPARATELY

The lowly backup remains one of the most critical defenses. If your system gets corrupted by an attack, you should be able to go to a recent stored image of your system, restore that, and then bridge the gap between your backup and the current reality. The upside is that you can often freeze out an attacker and return to operation. The downside is the size of the gap between your backup and the current time, since backup restoration rarely goes as smoothly as it should.

2. EFFICIENT NETWORK SEGMENTATION

You can often limit the damage a successful attack can do, if you have taken steps to divide your network into smaller, isolated segments. It's like a series of firewalls inside a building, to prevent the spread of fire. This segmentation must be designed in a way that does not interfere with cooperation among different parts of the organization. This network design prevents other types of attacks too, such as unauthorized access by rogue insiders.

3. DETECT AND RESPOND SYSTEMS

Often labeled EDR and XDR systems, these are the business analog to traditional antivirus software for your home computer. They alert your team when there are intrusions or anomalous network activity. By raising the red flag early and often, detect and respond systems allow you to take action to mitigate the damage of an intrusion, and confine the attack to a limited area of your system.

4. ASSIDUOUS PATCHING REGIMEN

Software patches and upgrades, while they are intended to fix vulnerabilities, often create an opportunity for hackers. Here's how this works. When a software update is announced, hackers will reverse engineer the patch to understand the vulnerability it's intended to fix. Then they'll move swiftly to carry out attacks based on that newly revealed vulnerability, knowing that many organizations won't install that patch for months, if at all. A diligent vulnerability management program that prioritizes and expeditiously patches high risk vulnerabilities is essential.

5. OBFUSCATION HELPS CONCEAL VULNERABILITIES

The fifth tool for stopping ransom and other network attacks is designed to prevent attackers from discovering the vulnerable parts of your system, by concealing network ports from reconnaissance scans. Obfuscation technologies can allow you to operate connected network services without the type of exposure that reveals exploitable software or vulnerable network configurations, encouraging threat actors to move on to other easier targets. By not being in the line of fire of attackers, network administrators using obfuscation have far greater time and leeway to apply patches and close vulnerability gaps.

Cybersecurity is constantly evolving, and nothing is foolproof. None of these five methods can individually solve the ransom attack problem, but working together they can go a long way to keeping your system secure.

Alex Harrington is co-founder and CEO of SecureCo. Originally published in Medical Economics.

APMA CORNER

APMA PHYSICIANS SELECTED FOR NON-PRESSURE ULCER WORKGROUP

APMA is thrilled to announce that two podiatric physicians were selected to serve on the MACRA Episode-Based Cost Measure Wave 6 Clinician Expert Non-Pressure Ulcers Workgroup. APMA Senior Medical Director and Director of Clinical Affairs Dyane Tower, DPM, MPH, MS, CAE, and APMA President-Elect Lawrence Santi, DPM, will join the workgroup.

The workgroup's overall objective is to develop episode-based cost measures suitable for use in the Quality Payment Program, with members providing clinical input on the specifications for the non-pressure ulcer episode-based cost measure. Members will review empirical testing, clinical practice guidelines, program needs and priorities, input from persons with lived experience, and other relevant information as part of their deliberations.

As CMS moves away from traditional MIPS and places increasing weight on MPS Value-based Pathways (MVPs), ensuring that podiatric physicians are included in these discussions and have a specific episode-based cost measure to report is another step forward in creating a meaningful MVP that podiatric physicians can use in their MIPS participation.

The first virtual workgroup meeting took place June 28. At this first meeting, workgroup members discuss eda draft set of measure specifications, testing results, and other meeting materials in order to provide initial recommendations for how to specify the episode group, with voting on recommendations following the meeting.

If you have any questions about this or other issues related to MIPS, please contact APMA Health Policy and Practice. Members can find all information related to the current 2023 MIPS Performance Year at www.apma.org/MIPS2023.

APMA, CMS TO MEET, REVISE SURGICAL NAILS TREATMENT POLICY FOR CPT® 11730 AND 11732

At the end of June, APMA met with CMS to revisit its policy on the surgical nails treatment of establishing use parameters for CPT® 111730 and 11732. The policy states:

- A medically reasonable and necessary repeat CPT 11730/11732 of the same nail within 32 weeks of a previous avulsion will be considered upon redetermination.

The policy goes on to provide examples of why a repeat procedure of the same nail may be medically necessary, and the two examples provided are "ingrown nail of the opposite border or a new significant pathology on the same border recently treated." Two of the Part B Medicare Administrative Contractors (MACs)—Novitas Solutions, Inc. and First Coast Service Options, Inc.—have released policies that reflect this guidance.

APMA has sent letters to and met with representatives from CMS, Novitas, and First Coast in its efforts to contest this policy. APMA has requested that this policy be abolished. After the success with CPT 11750 detailed at www.apma.org/surgicalnail, APMA is meeting again with CMS this week to discuss similar relief on CPT 11730. Previously, APMA had offered the possible solution of allowing the use of modifiers to indicate the medical necessity of these procedures deemed to be "repeat" by CMS, rather than the only current option of establishing medical necessity on redetermination. APMA will continue to update members regarding its efforts and any resolutions or changes.

TREMENDOUS AETNA FOOT CARE ADVOCACY WIN

Aetna has informed APMA that effective July 23, it will drop its external review program regarding use of -59 Modifier when submitted with CPT 11719-11721, G0127, and 11055-11057.

This development follows more than two years of APMA's advocacy through multiple communications and meetings with Aetna leadership.

Aetna had been inappropriately applying an edit to certain foot care claims. APMA's Health Policy Committee formed a 59 Modifier workgroup more than two years ago to address this issue. Thanks to the work of that group, other APMA members, staff, and consultants all contributed to this latest victory.

APMA encourages members to continue to follow NCCI guidelines and only submit callus paring codes when the calluses pared are not on the same distal phalanx of a toe that had a nail debrided. Members can learn more about how to lower the chances of denials related to the 59 Modifier by reviewing APMA's -59 Modifier Claims Tool Kit.

APMAPAC UPDATE

SANDRA RAYNOR, DPM
APMAPAC COORDINATOR

Below are the 2023 contribution numbers as of July 1, 2023.
Goal: $9,845 out of $8,446 (117%)
Contributors: 16 out of 194 (8%)

DIAMOND LEVEL ($2,500-$4,999)
Dr. Patrick DeHeer
Dr. Zahid Ladha
Dr. Sandra Raynor

GOLD LEVEL SUPPORTERS ($500-$999)
Dr. Angie Glynn
Dr. Miranda Goodale
Executive Director Matt Solak

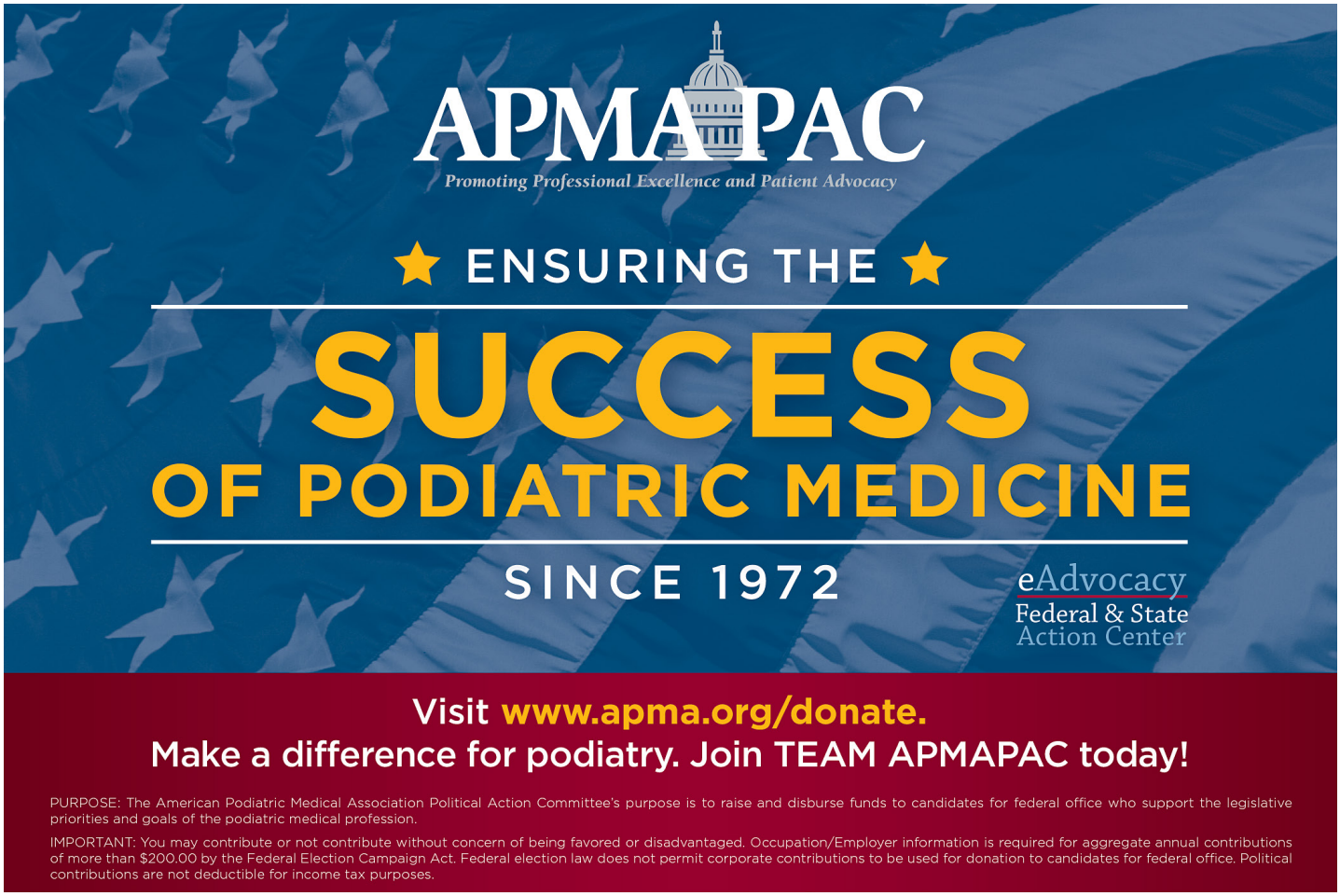
SILVER LEVEL ($300-$499)
Dr. Gage Caudell
Dr. Wendy Goldstein
Dr. Patricia Moore
Dr. Kathleen Neuhoff

BRONZE LEVEL ($150-$299)
Dr. Michael Carroll
Dr. Scott Neville

PATRIOT LEVEL (LESS THAN $150)
Dr. Kent Burress
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.



LEGISLATIVE REPORT

BY RHONDA COOK
LEGISGROUP PUBLIC AFFAIRS, LLC

HOUSE ENROLLED ACT 1004 – HEALTH CARE MATTERS

The preferred legislative methods for attempting to lower health care costs for Hoosiers became a point of contention as the session wound to a close, with the majority caucuses in each chamber negotiating the final version of HEA 1004 during the final days of session. In the end, the bill establishes a Health Care Cost Oversight Task Force made up of legislators to review the cost of health care in Indiana, along with a myriad of other topics related to health care delivery. For the largest health systems in the state, HEA 1004 also prohibits billing for office-based services under a hospital's license (which incurs a higher facility fee) if such services are provided more than 250 yards from a hospital campus. Furthermore, the bill requires the state to engage a third-party contractor to collect hospital price data and publish a report comparing large hospital systems' prices to 285% of Medicare. The bill also creates a tax credit for physician primary care practices established after December 31, 2024. Supporters claim HEA 1004 will increase transparency, spur competition, and decrease costs for Hoosiers. Opponents of the legislation voiced concerns that the provisions interfere with private contracts between providers and payors and that the establishment of a benchmark of 285% of Medicare is a slippery slope to future price regulation.

SENATE ENROLLED ACT 275 – PRACTICE OF MEDICINE TERMS

This bill adds seven new terms that can only be used by physicians. There was vague language that IPMA didn't like that would have called into questions certain terms used to describe services. We were able to get that line removed in the House, but Senator Johnson made an attempt to bring that language back again during conference committee, but we were able to again, keep that line out of the bill.

SENATE ENROLLED ACT 4 – PUBLIC HEALTH COMMISSION

SEA 4, which advances many of the recommendations of the Governor's Public Health Commission, aims to modernize Indiana's public health infrastructure by giving county executives the choice to opt-in to provide a list of "core public health services" at the local health department level to receive

additional funding from the state. Counties would have to provide a 25% funding match. Local health departments are currently funded by property taxes, resulting in a range of investment across the state of $1.25-$1.83 per person, compared to the national average of $55 per person. The bill also creates a framework that allows the Indiana Department of Health (IDOH) to provide guidance and technical assistance to local health departments, streamlining the delivery of services and increasing efficiency. In addition, SEA 4 requires the IDOH to create metrics for the purposes of tracking local health department investment in core public health services and related public health outcomes.

SENATE ENROLLED ACT 8 – PRESCRIPTION DRUG REBATES AND PRICING

Pharmacy benefit managers (PBMs) have long drawn the ire of legislators due to allegations that the rebates they collect as "middlemen" in the pharmaceutical supply chain increase drug costs for employers and patients. After considering similar bills in previous sessions, the Indiana General Assembly passed this bill, which requires at least 85% of all rebates collected by PBMs to be calculated at the point of sale and passed through to consumers for individual health insurance coverage. For group health insurance coverage, 100% of rebates must be passed through to the employer purchasing group coverage, and the employer must be provided options at the time of contracting with their PBM regarding how rebates are to be passed through either directly to the consumer or used to reduce premiums.

SENATE ENROLLED ACT 400 – HEALTH CARE MATTERS

An omnibus health care bill with multiple provisions, SEA 400 was touted by its author, Sen. Liz Brown (R-Fort Wayne), as a measure that would increase access to health care for Hoosiers. Two provisions received the most attention. First, the bill creates a pilot program with the State Employee Health Plan to eliminate prior authorization for a certain list of CPT codes. During debate on the bill, lawmakers discussed examining results from this pilot program and potentially replicating it with other health plans in the future. Second, the bill creates a provisional credentialing process for health insurance plans that will help speed up the time it takes to fully credential new providers (or providers who have switched jobs) with health plans. In addition, SEA 400 specifies that providers are to be reimbursed retroactively to the date of provisional credentialing if their final credentialing application is ultimately approved.

SENATE ENROLLED ACT 7 – PHYSICIAN NONCOMPETE AGREEMENTS

After requiring all physician noncompete provisions to include a buyout clause in 2020, the Indiana General Assembly further restricted the use of noncompete clauses in physician contracts by prohibiting them for primary care physicians in contracts entered into on or after July 1, 2023. For all other physician specialties, SEA 7 states that non-compete clauses are not enforceable if: (1) the employer terminates the physician's employment without cause; (2) the physician terminates the physician's employment for cause; or (3) the physician's contract has expired and the physician and employer have fulfilled the obligations of the contract. The legislation also spells out a mediation process for instances in which physicians and employers cannot agree on whether a buyout clause (still required for non-primary care physicians) is "reasonable."

INTERIM STUDY COMMITTEES

In June, the Legislative Council met and assigned interim study committee topics. Please see the attached resolution. Here are some highlights from the list:

- **Employment and labor** – to study occupational licensure portability
- **Financial Institutions and insurance** – to study prior authorization
- **Health Care Cost Oversight Task Force** – to study healthcare costs
- **Government Reform Task Force** – to study standard procedures for agencies.

BRING YOUR BEST SELF TO WORK

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

No one wants to work with an uninspiring coworker or employer. As a staff member in a medical office, we need to be able to "Bring the Joy" (as High Performance Coach Brendon Burchard states). It is not always easy to be in an "up" mood everyday but below are three things you can do each day to bring your best self to work:

PRIORITIZE SELF-CARE

Taking care of yourself is crucial to perform at your best. Prioritize self-care activities such as getting enough sleep, eating nutritious meals, and engaging in regular exercise. In our practice, for many years the staff have gone for short brisk walks on their lunch to help them have a boost of energy to get through the afternoon. By taking care of your physical and mental well-being, you'll have more energy, focus, and resilience to handle the demands of working in a medical office.

SET POSITIVE INTENTIONS

Begin each day with a positive mindset and set intentions for the day ahead. Before you enter the office, take a few moments to reflect on what you want to achieve and how you can contribute positively to the team and patients. Focus on cultivating a compassionate and empathetic attitude towards your colleagues and patients. By setting positive intentions, you'll create a more harmonious work environment and enhance the quality of care you provide. I have done this personally for many years on my drive to the office each morning and it has made a tremendous difference on who "I" bring to the office each day.

ENHANCE COMMUNICATION AND COLLABORATION

If you have either heard me lecture or read any of my articles, you know that I believe effective communication and collaboration are essential in a medical office setting. Strive to improve your communication skills by actively listening to your colleagues and patients, asking clarifying questions, and expressing yourself clearly and respectfully. Foster a collaborative atmosphere by offering help when needed, sharing knowledge and ideas, and being open to feedback. Building strong relationships and effective teamwork will not only benefit the office dynamics but also improve patient care outcomes.

Remember, bringing your best self to work is an ongoing process. Continuously evaluate and adjust your approach to find what works best for you and contributes to a positive and productive work environment.

Tina Del Buono is a Practice Management Performance Coach, Consultant and Mentor for physicians and her fellow office managers/ administrators and their staff. She has been a practice manager for over 25 years. 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 lectures nationally on Practical Practice Management, specializing in Complete Practice Efficiencies, Team Building, Staffing Issues, Manager Training and Practice Building Protocols. She has also authored over 450 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, in small practical, achievable steps.

INDIANA · PODIATRIC · MEDICAL · ASSOCIATION

Annual Fall Convention

INDIANA PODIATRIC MEDICAL ASSOCIATION

OCTOBER 5-8, 2023 | MARRIOTT INDIANAPOLIS NORTH

CONVENTION PREVIEW

Annual Fall Convention

INDIANA PODIATRIC MEDICAL ASSOCIATION

OCTOBER 5-8, 2023 | 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 $155 for the IPMA Convention. Reservations must be made by September 14 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** 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 and 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 September 28, 2023. After September 28, complimentary registrations will increase to $35.

*There will be an additional fee of $150 to attend the conference virtually. This option is only available to doctors.

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 21.5 continuing education contact hours. The Office Staff/Medical Assistant program on Friday, October 6 will offer 6 continuing education contact hours, pending approval from the Commission on Accreditation of Podiatric Medical Assisting Certification.

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.

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** 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**.

Annual Fall Convention

INDIANA PODIATRIC MEDICAL ASSOCIATION

OCTOBER 5-8, 2023 | MARRIOTT INDIANAPOLIS NORTH

Doctor Schedule Preview

THURSDAY, OCTOBER 5

5 Continuing Education Contact Hours

8:30 a.m.-10:30 a.m.
IPMA Board of Trustees Meeting

10:30 a.m.-5:00 p.m.
Convention Registration

11:00 a.m.-1:00 p.m.
Risk Management Lunch Lecture | 2.0 CECH
PICA insured podiatrists attending this lecture are eligible to receive a one-year, 15% risk premium credit.

1:30 p.m.-4:45 p.m.
Education Sessions | 3 CECH

FRIDAY, OCTOBER 6

6.5 Continuing Education Contact Hours

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

7:30 a.m.-9:00 a.m.
Continental Breakfast with Vendors

8:00 a.m.-10:00 a.m.
Education Sessions | 2 CECH

10:00 a.m.-10:30 a.m.
Refreshment Break with Vendors

10:30 a.m.-12:00 p.m.
Education Sessions | 1.5 CECH

12:00 p.m.-1:30 p.m.
Lunch and Vendor Showcase
Prize Drawings!

1:30 p.m.-2:30 p.m.
Escape Room Activity | 1 CECH

2:30 p.m.-3:00 p.m.
Refreshment Break with Vendors

3:00 p.m.-5:00 p.m.
Education Sessions | 2 CECH

5:00 p.m.-6:30 p.m.
Past President's Reception

SATURDAY, OCTOBER 7

5.5 Continuing Education Contact Hours

8:00 a.m.-5:00 p.m.
Convention Registration

8:30 a.m.-10:00 a.m.
Education Sessions | 1.5 CECH

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

10:15 a.m.-11:45 a.m.
Debates | 1.5 CECH

11:45 a.m.-1:15 p.m.
Lunch and IPMA Annual Meeting

1:30 p.m.-3:00 p.m.
Education Sessions | 1.5 CECH

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

3:15 p.m.-4:45 p.m.
Education Sessions | 1.0 CECH

SUNDAY, OCTOBER 8

4.5 Continuing Education Contact Hours

7:00 a.m.-12:30 p.m.
Convention Registration

7:30 a.m.-10:00 a.m.
Abstract Presentations | 2.5 CECH

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

10:15 a.m.-12:15 p.m.
Abstract Presentations | 2 CECH

Click here for continuous updates on the lectures and speakers

Medical Assistant / Office Staff Schedule Preview

THURSDAY, OCTOBER 5

Bonus Educational Opportunity

10:30 a.m.-5:00 p.m.
Convention Registration

11:00 a.m.-1:00 p.m.
Risk Management Lunch Lecture

1:30 p.m.-4:45 p.m.
Medical assistants and office staff are invited to attend the doctor lectures.

FRIDAY, OCTOBER 6

Medical Assistant and Office Staff Program | 6 Continuing Education Contact Hours

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

8:30 a.m.-10:30 a.m.
Education Sessions | 2 CECH

10:30 a.m.-11:00 a.m.
Break with Vendors

11:00 a.m.-12:00 p.m.
Education Sessions | 1 CECH

12:00 p.m.-1:30 p.m.
Lunch and Vendor Showcase
Prize Drawings!

1:30 p.m.-2:30 p.m.
Education Sessions | 1 CECH

2:30 p.m.-3:00 p.m.
Break with Vendors

3:00 p.m.-5:00 p.m.
Education Sessions | 2 CECH

SATURDAY, OCTOBER 7

Bonus Educational Opportunity

8:00 a.m.-5:00 p.m.
Convention Registration

8:30 a.m.-10:00 a.m.
Medical assistants and office staff are invited to attend the doctor lectures.

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

10:15 a.m.-12:00 p.m.
Medical assistants and office staff are invited to attend the doctor lectures.

12:00 p.m.-1:30 p.m.
Lunch and IPMA Annual Meeting
There is an additional fee for medical assistants and staff to attend this lunch.

1:30 p.m.-3:00 p.m.
Medical assistants and office staff are invited to attend the doctor lectures.

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

3:15 p.m.-4:45 p.m.
Medical assistants and office staff are invited to attend the doctor lectures.

Click here for continuous updates on the lectures and speakers

PRIVATE EQUITY INVESTMENT IN MEDICAL PRACTICES SERIES
STEP 3: PRE-SALE DILIGENCE

BY THOMAS N. HUTCHINSON AND BRIAN M. HEATON

One time consuming (and potentially frustrating) part of any private equity transaction is pre-sale due diligence. Pre-sale diligence is an internal review of the "selling" practice. (For purposes of this article, we will refer to the practice as the "seller" even though the buyer may be making an investment in the practice and not buying it outright.)

Pre-sale diligence is intended to prepare the seller for the transaction process, which will include a detailed due diligence examination by the buyer. After the parties have entered into a Nondisclosure Agreement (Part 1) and have signed a Letter of Intent (Part 2), the buyer will expect to commence its pre-sale diligence in earnest. Ideally, for a seller to present itself in the best possible way, the seller's side of the process could even start sooner. It is akin to cleaning up your home before guests arrive. This is the time to make any needed "repairs." Done right, conducting pre-sale due diligence internally before a buyer starts its process can put the seller in a stronger position for the transaction and for its ongoing operations.

The pre-sale review typically includes a review of the seller's books, board and owner meeting minutes and resolutions, organizational documents, permits and licenses, contracts, etc. Well maintained records will help facilitate the buyer's diligence process and also demonstrates a "top notch" practice to potential buyers. The review is typically done by the practice's administrative team, with significant involvement by outside advisors. If the seller uncovers any issues during its review, it can address the issue or prepare responses that may limit a buyer's concerns. To the extent that any compliance issues are identified as part of the pre-sale diligence process, a seller should consider engaging outside counsel to assist with a formal investigation as to the extent of that compliance issue, under the protection of attorney-client privilege.

In addition to the areas described above, a pre-sale diligence review often involves the following compliance areas:

- **Payor Contracts.** Does the seller derive revenue from federal health care programs? Revenue from federal health care programs requires consideration of key health care fraud and abuse laws, including the federal Anti-Kickback Statute, the Stark Law, and the Civil Monetary Penalties Law. A buyer may also require a chart review to identify any potential issues with amounts charged to applicable payors.
- **Compliance.** Does the seller have a mandatory compliance agreement such as a corporate integrity agreement (CIA) or a voluntary program? Mandatory compliance agreements are often publicly available, either on governmental agency websites, attached to press releases from past settlements, or included on the court dockets. Are there any related compliance concerns? Does the practice have an updated and effective compliance program that it actually uses?
- **Physician Contracts.** When physician employment contracts are applicable to the seller's activities, the buyer will likely pay particular attention to the methodology for calculating any incentive compensation to ensure that the methodology is consistent with fair market value. Are the agreements up to date and fully executed? Do they have

valid restrictive covenants (such as non-competition and non-solicitation provisions) or are they based on "old law" and are no longer enforceable?

- **False Claims Act.** The diligence process should include an analysis of the seller's risk for liability under the federal and state false claims acts, including the risk of qui tam (i.e., whistleblower) lawsuits. Has the practice received any early indicators of such claims, including known compliance concerns or disgruntled employees raising issues?
- **HIPAA.** Diligence should encompass a review of the seller's compliance with HIPAA and HITECH Acts. Key questions include whether the seller has a HIPAA privacy officer and security officer and whether the seller has recently conducted a HIPAA security risk assessment. Buyer's counsel will also want to review the HIPAA breach logs, if any.
- **Facilities.** The diligence process will consider any facilities the seller owns or leases, whether those facilities are properly licensed, certified, or accredited, and whether any leases for those facilities comply with applicable healthcare fraud and abuse laws.
- **State Law.** It is important not to overlook state law issues. Of particular importance is whether there are state restrictions on the corporate practice of medicine. Also, some states impose limitations on the ability of licensed professionals or licensed entities to split fees.

As a seller conducts its pre-sale diligence, it can also address any items that might cause a delay in the buyer's diligence process. For example, it is common for parties to realize they do not have fully signed copies of certain contracts, including payor contracts, employment agreements, EMR agreements, supply contracts, employee benefit plan agreements, office and equipment leases, etc. To the extent any third party consents are needed to assign key seller contracts, those consents can cause delays in the transaction process and it is important to develop a plan for contacting those third parties as early as possible to not delay closing, but not so early that it creates risk for the seller.

In a traditional sale transaction, diligence is a two-way process. Although most of the focus is typically on the buyer's review of information about the seller, the seller should also investigate the buyer's ability to successfully finance and close the acquisition. Further, if the seller is receiving any rollover equity as part of its proceeds, "reverse" due diligence on the buyer will be important to verify the value of the rollover equity received. Finally, key employees of the seller will want to get information about the buyer's operations to ensure that they know what to expect as a post-closing employee of the buyer.

It is never too early to start pre-sale diligence. To discuss this process or any of your legal needs, please contact Thomas N. Hutchinson, Brian M. Heaton, or your usual Krieg DeVault attorney.

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WHEN DOCTORS TAKE ON LEADERSHIP ROLES, THE RIGHT COACHING CAN HELP

BY JENNIFER LUBELL

Doctors get lots of training and have years of experience on how to build rapport with individual patients to help them achieve better health outcomes. More rarely, however, do physicians get the targeted help that they need to make the transition into health-system leadership roles in which they are called upon to navigate fraught dynamics and find win-win solutions for the organizational team and the patients they serve together.

AMA RECOVERY PLAN FOR AMERICA'S PHYSICIANS

After fighting for physicians during the pandemic, the AMA is taking on the next extraordinary challenge: Renewing the nation's commitment to physicians. But since 2016, Baptist Health has supported its physician leaders through a program crafted by The Strategy Forums, an Indiana-based consulting group. The program uses a series of assessments to evaluate participants, gauge their leadership styles, and fine tune those abilities through individual and group coaching sessions.

Effective physician leaders are key to developing an effective and high performing medical group, according to Isaac J. Myers II, MD, chief health integration officer and president of Baptist Health Medical Group, who brought this program to the health system. "This program served as a pivotal foundation to build that necessary physician leadership infrastructure," he said, noting that "having the ability to understand your personality profile as a leader and having a coach to help you work through the balancing act is paramount to becoming a good physician leader."

Such training has helped retain physicians—and practices. Dr. Myers recalled when a primary care practice was having trouble acclimating to the Baptist Health environment. Instead of parting ways with this group, the group received some coaching to help them understand the health system better. "Now it's one of our best-performing primary care providers," he said. "As they started working with the coach, understanding themselves, understanding the challenges they were having with working with the team and the leaders, it just all turned around and that was huge for us," added Dr. Myers.

Baptist Health Medical Group is part of Baptist Health, a Louisville-based health system delivering care in Kentucky, Southern Indiana and neighboring states. Baptist Health's physician network includes more than 2,000 independent physicians, plus about 780 physicians and 870 nonphysician providers employed by the medical group. Baptist Health Medical Group is a member of the AMA Health System Program, which provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

ASSESSMENTS GUIDE LEADERSHIP STYLE

For many physicians, it's a challenge to move back and forth from clinical to administrative roles, Dr. Myers said. Leadership isn't always intuitive for doctors, noted Sally Tassani, president of The Strategy Forums. "They know how to be a physician—some have been in the trade for 20, 30 years. But many will say, 'I don't know leadership.'" Tassani's coaches take them by the hand and walk them through the process of identifying their leadership style.

Being a physician leader involves shifting your thinking, noted Janet Renee Chipman, MD, a general surgeon and regional physician president for Baptist Health Medical Group. Physicians are trained to have a one-on-one obligation to each patient. Physician leaders have an obligation to a community, said Dr. Chipman, who went through the coaching program. "If you don't have the mindset to manage a large community, you won't be successful. You have to be a team player," said Dr. Chipman.

Tassani's coaching program incorporates personality profiles based on four types of emotional expression, which together carry the acronym DiSC:

- Dominance.
- Influence.
- Steadiness.
- Conscientiousness.

Participants go through a series of assessments: DiSC Workplace®, Emotional Quotient/Intelligence (EQ), Productive Conflict®, and DiSC Work of Leaders® to gauge their leadership style. "This helps us to understand them better, and for them to understand themselves better," said Tassani. "We really get a clear picture of the individuals we coach."

Work of Leaders compares you with leadership best practices, she explained. The Productive Conflict assessment identifies 18 unproductive responses to conflict, such as defensiveness, withdrawing, sarcasm or arguing, and how to replace them with 16 productive responses to conflict. The emotional-intelligence assessment explores how a person displays 15 different competencies, including self-regard, reality testing, interpersonal relations, empathy and independence.

Dr. Chipman was amazed by the accuracy of the assessments. "After they give you your style, they'll tell you the sorts of personalities you'll have difficulty with. It was very predictive of that," she said. Through these assessments, a leader may learn that they could be more assertive. Or perhaps their stress tolerance is higher than the team they supervise. If that's the case, "these leaders might be able take on and do more, but the people who work with them won't be able to handle the volume," said Tassani.

The goal is to refine the leader's style to work more productively with the personalities of the people they are leading. Even more importantly, individuals and administrative leaders can share their profiles with each other to learn how to work better together, Dr. Myers said.

RIGHT WAY TO HAVE HARD TALKS

The program also helped internist Ashish Patel, MD, meet face to face with a physician who was being disruptive. "We had gone through a recent acquisition of a practice," said Dr. Patel, medical director for Baptist Health Medical Group's primary care practices in Lexington, Richmond and Corbin and surrounding areas. One of the physicians in the acquired practice had been reluctant to join the health system.

While the transition from independent practice to being part of a larger health system can be challenging, the physician responded in an unproductive way. For months, the employee consistently made snide remarks, writing long, passive-aggressive emails, and was disruptive with managers. Things were not going well. Dr. Patel knew that he had to balance diplomacy with firmness to deescalate the situation. He asked the employee if Baptist Health was the right fit for him. "We've given you all kinds of support and help, and you have rebuffed those offers. We are at a fork in the road. Either you are with us, or you will have to think about doing something else," Dr. Patel said to the employee in a one-on-one meeting intended to show respect.

That combination of respect for the physician and the display of forcefulness paid off. The employee apologized for the unprofessional behavior and has discontinued it. Coaching helped Dr. Patel achieve this successful outcome, he said. "It energizes me as a physician leader and helps me come up with ideas and goals to better serve my team and improve patient care."

The program has assisted other physician leaders at Baptist Health to excel in such demanding situations. So far, 45 people at Baptist Health Medical Group have completed the training. This isn't a one-time commitment. Leaders "stay in the training," which spreads out from a monthly to a quarterly commitment over time, said Dr. Myers.

BOOSTING PHYSICIAN LEADERSHIP

Dr. Myers' desire to build a coaching program came from years of watching physicians struggle in leadership roles at other health systems. They had a lot of questions about how to manage staff and work with hospital administration. But they never received training in these skills. "That's why, when I came to Baptist Health, I thought it was so important that we get the leadership training. I knew this was a big lift to make this medical group successful. I needed physician leaders to be in place to help me, and I wanted to give them all the assets and foundation to be successful in their role."

In his quest to build a strong physician leadership team, Dr. Myers drew from his learnings of a similar program he

participated in years before. He came away with a better understanding of himself and how to work with others to drive results. "I learned the pros and cons of my personality type, how to be a better listener, when to excel or pull back to meet personal and business expectations and to achieve a work-life balance which added to my success."

He wanted these same things for the Baptist Health Medical Group physician leaders and executive team. The program helps physicians in clinical practice who face challenges adapting to the culture of the medical group, or working with their peers and others, said Dr. Myers. Since its inception, the program has broadened to include Baptist Health Medical Group senior executives, vice presidents of operations and several directors.

In another component of the program, group meetings help Baptist Health Medical Group departments such as finance, operations and recruitment, and their administrative assistants understand themselves and work better together as a team. Dr. Myers hopes to expand the program to practice managers. "They are the nucleus to our medical group, working with the physicians, the nurse practitioners, the staff running the practice," he said. "There's a lot of day-to-day activity and interaction. Getting that same understanding, learning and education with that group is only going to benefit us."

WORKING IN TEAMS

Tassani's coaches use the results from the assessments to craft a leadership-development strategy for each participant. Working with teams, participants observe how their leadership style plays out when they interact with others, and how they can modify their style to achieve the most effective relationships and productivity. This is also about retention: keeping people happy in their jobs, said Tassani.

The teamwork exercises incorporate The Five Behaviors®: trust, engaging in productive conflict, committing to one another, holding each other accountable, and achieving results. (The Strategy Forums is an independent Everything DiSC® and The Five Behaviors Authorized Partner.) This is to get people to trust one another and resolve conflict, said Tassani. Most importantly, it's about sharing and exchanging perspectives among peers. In one-on-one coaching sessions, participants can discuss any conflicts they're grappling with, and how to maneuver the office setting. An individual may learn that their impulse control is high, and they might not share what they're thinking. "We coach them to reduce their impulse control and be more assertive, so they speak up when they need to," said Tassani.

ASSESSMENT CAPTURES "INHERENT WIRING"

The assessments didn't reveal anything surprising about Dr. Patel's personality. But they did deepen his self-understanding. He learned that he was a direct person who had an impulsive side and didn't always show patience to deal with ongoing problems. He ended up retesting after a few years—and saw that the coaching strategies he practiced led to some improvements.

DiSC reveals your "inherent wiring," said Dr. Patel. You learn that you can leverage and attenuate your leadership style to better engage with other leaders within your organization, he said. He would talk with Tassani, who became an honest friend and coach to him. "She's giving you feedback on your emotions and how you want to react to a certain situation," he said.

Through coaching, he learned that he shouldn't be so quick to make judgments about situations. That translates to this, in practice: Do less talking, hear people out and wait to say something. "You don't have to decide right there. You could do it a week later, sleep over it, take your time," he said. He also learned how to express thoughts in a clear, direct manner without offending someone.

For Blair Tolar, MD, medical director for Baptist Health Medical Group in Paducah, Kentucky, the training shed light on how other physician leaders behave and perform—what gets them out of bed in the morning, what leadership traits they have, and how he could more effectively work with people with different leadership styles. "For me, the big takeaway was patience and learning how to listen better—not just take in what the feedback is from other people, but also try to understand it from that viewpoint," said Dr. Tolar, an ob-gyn.

"DON'T TAKE MY COACH AWAY"

Seeing Baptist Health physicians grow in their administrative roles, deal with challenges and work more productively with other physicians and administrators have been key wins for the coaching program, said Dr. Myers.

In yearly surveys that measure the value of the program, physicians will talk about how it has improved their problem-solving and communication skills and administrative capabilities. Many physicians will say, "Don't take my coach away," said Dr. Myers. Looking ahead, Dr. Myers would like to bring back more face-to-face group meetings to the coaching program. "There's a lot of value to having the in-person interaction and conversation," he said.

The quarterly face-to-face meetings held before COVID-19 and Zoom were much more impactful, he said. Physician leaders would discuss specific topics, work through challenges, and set goals. An important component of these discussions was the "Big Rock," a primary goal someone wanted to accomplish during the year. Dr. Patel has seen physician engagement improve. A recent survey measuring employee satisfaction and engagement placed Baptist Health physician practices in his region in the top 10th percentile of similar systems on these metrics.

Coaching also helped him achieve a longtime goal of adding Saturday hours at four of his clinics, extending patient access while working productively with other leaders and staff to secure buy-in. There's no doubt the program has improved physician morale, Dr. Chipman said. "It's allowed us to understand how the other regions are working better, and helps you have insight into other people."

It's also been helpful in resolving difficulties with specific practices in the health system, she added. Some of these practices were going down a bad road, "and we began efforts to make things work better," she said. This involved listening to staff, hearing out their views, helping with operations, "and understanding that people aren't at their best if they're not given support they need," she said.

Dr. Tolar continues to seek advice from Tassani on difficult issues he's struggling with. The tough situations never get any easier, he said. "You've got a disruptive physician or you've got a physician who's falling behind on work. They're still colleagues and they're still friends," Dr. Tolar said. "But I still need to hold people accountable to the work that they're hired to do." And that also means making it clear that no one is justified in treating people poorly or engaging in other disruptive behaviors.

KNOW THE PEOPLE YOU LEAD—AS PEOPLE

To build morale, Dr. Tolar applies his learnings from the coaching program to connect with staff and build relationships during meetings. He and his staff take a few moments at the beginning of meetings to talk about their day, or other topics that aren't on the official agenda. "This is an effort to get to know each other," he said.

In the spirit of the late, great TV and radio legend Larry King, he also asks one of the meeting participants to answer a question on the fly. There are two rules: the person always knows they're going to be chosen in advance and can refuse to answer the question without any consequences. "The second thing is they can't know the question going into it because that would kind of defeat the purpose." For example, he asked one person, "What's the greatest piece of advice you've ever been given?" The answers to that and similar questions have helped build camaraderie and strengthened the team's understanding of each as physicians, health professionals and staff.

"Whether it's coaching, whether it's formal leadership training—those are the types of things," Dr. Tolar said, "that I did not get in college or medical school."

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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.

IPMA MEMBERSHIP RENEWAL

The 2023 IPMA membership dues were sent out earlier this Spring. Simply fill out the payment information, make any needed changes to the contact information, and return to us.

If you have any questions or concerns about your 2023 renewal, please feel free to contact Trina Miller in the IPMA office at 888.330.5589 and she will be happy to assist you with you questions.

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

SAVE THE DATE

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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