I want to take this opportunity to tell you about the current challenge we are facing on a national level, and how we are fighting it. In 2011, we all received a proposed DME LCD that would have prevented DPMs from prescribing pneumatic compression devices (PCD) for patients presenting with severe pitting edema, with a history of chronic venous stasis ulcerations and/or pain.

The basis of prohibiting us from prescribing the PCD was the possible influence that PCDs could have on body fluids and management of intravascular changes and fluid shifts. There was a hearing on the proposal, and APMA presented to the appointed hearing examiners. At that hearing, Laura Jacobs, MD, PhD, made a presentation that clearly eviscerated the science upon which the prohibition of our prescriptive rights was based.

Still the process moved forward. The Guild 45 then made a request to the AFL-CIO to set up a meeting with the appropriate medical directors from CMS, who are charged with DME contracts (read request letter online at www.ppma.org). That request resulted in a private meeting with CMS.

At the meeting, the APMA made its scientific case and Dr. Jacobs’ PowerPoint was reviewed. This matter was moved to what we thought was a dormant stage. However, like any snake, if you do not see the head separated from the body, you cannot be sure of its demise.
This month, we saw the LCD prohibiting us from prescribing PCDs again. This time it was published as a Final LCD, and the basis of our prohibition was our scope of practice. This was a novel approach, as Pennsylvania statutorily allows Doctors of Podiatric Medicine to treat “... local manifestations of systemic diseases...”, making the prohibition almost a “de facto” statement of discrimination.

We have had conference calls with APMA and other affected groups and are moving forward to confront CMS with the fact that this is a discriminatory LCD not based in scientific experience or data, and that the final form of the LCD varied from the initial proposal so broadly that the process of implementation violated the CMS guidelines.

Finally, the LCD violates the CMS guidelines because CMS is not to be in the business of interpreting state legislation, and this LCD clearly puts them in that position.

We have contacted the Pennsylvania Licensing Board, and their counsel supplied us with a verification of our scope, making certain our clear allowance and ability to treat local manifestations of systemic diseases. That information has been forwarded to APMA in preparation for a meeting or action in the appropriate appeal venue.

On the level of “normal” work, at our last Board meeting we established a program to calendar regular meetings with Medical Directors of the various plans here in Pennsylvania. As we work on individual problems, we have had very open and mostly successful interactions with the Medical Directors. Unfortunately, some Medical Directors still do not have a concept of the breadth of our training, education, and experience. We have appointed Board Members to act as the professional component with staff to schedule these meetings. It is the hope of
What’s most important to podiatrists when buying imaging equipment? Most will say it’s being offered a full line of podiatric equipment to meet their specific needs; timely service maintaining machines; and cost effectiveness. Podiatrists can look to Medical Imaging/IMCO, Inc., in Hatboro, PA, for all of the above. “Our product lines are the most technologically advanced in the podiatric market; these include radiographic, fluoroscopic, ultrasound, and CR/DR systems from Rayence,” says Al Dilanzo, CEO and co-owner of Medical Imaging/IMCO. Medical Imaging/IMCO provides these services:

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Reaching the non-compliant patient  
By Lynn Homisak, SOS Healthcare Management Solutions, LLC  
www.soshms.com

Why would people go to the trouble of seeking out a health-care provider’s medical advice, if only to neglect or reject the educated information? Discouraging? I should say. But is this disregarding behavior by patients unique to medicine? Not hardly.

As long as there has been a doctor–patient relationship, there has been some degree of non-compliance. Let us then not dwell on what was but on how to make things better by taking a look at some of the reasons for non-compliance, along with some strategies to help diminish continuing occurrences.

1. Doctor–Patient Relationship
Trust is one of the key ingredients in terms of patient acceptance. It’s important to make the effort to build a solid relationship with them first, gain their respect and trust, and then move on towards recommendation of comprehensive treatment plans.

2. Patient Perception of Severity
Chances are, because the patient who presents with an open, infected wound might recognize the severity of his condition, and fear a worse outcome, they MIGHT be more inclined to heed the health-care professional’s advice. While the patient who needs only a topical prescription to combat an itchy foot might be less concerned and therefore less attentive. Patient perception is what it is, and while the associated fear factor may play a significant role in favor of better compliance, it should not be assumed that it works positively in all cases.

3. Patient Understanding/Awareness
As their doctor, it’s up to you to help them understand the necessity of the recommended treatment, as well as the consequences that come with not heeding medical advice. And for everyone’s sake, talk in a language they can comprehend. Speak only in layman’s terms; and if you want to be assured they understand what you are saying, ask them to repeat it back to you. By the same token, understand what it is they are asking you, so that you can offer an appropriate response. Plain and simple, patients want answers and the answers, have to make sense to them. If they don’t, then they don’t see enough of a reason for doing it your way.

4. Encourage open communication
Take the necessary time to stop and listen to what it is they have to say. Patients can immediately sense YOUR unwillingness to hear their concerns, and they tune you out quicker than you can say “compliance.” Their logic is simple. Why should they listen to what YOU have to say, if you won’t listen to them?

5. Every excuse under the sun
Educate and reinforce that everything you are recommending is in their best interest. If they fire an excuse for non-compliance you may want to be more flexible (if you can) by altering the plan a bit. Make things as easy as possible for them to comply, and they will be more likely to follow through.
6. Get their friends and family on board
The support of spouses, friends, parents, and children can strongly influence your patient’s willingness to comply. With the patient’s permission, and minding all HIPAA rules, try to include and involve their loved ones in all discussions whenever possible regarding your patient’s care so they can be an encouraging factor in their compliance.

Ms. Homisak, President of SOS Healthcare Management Solutions, has a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of Podiatry Management’s Lifetime Achievement Award and recently inducted into the PM Hall of Fame. Lynn is also an Editorial Advisor for Podiatry Management Magazine and recognized nationwide as a speaker, writer, and expert in staff and human resource management.

PRESIDENT’S MESSAGE from page 2 »»

the Board that this will eliminate some of the aberrant denials that we have received based on the type of provider and some bundling issues.

Next month we will meet with the Alliance made up of larger APMA component states. This meeting generally reviews proposed Resolutions for the APMA House of Delegates. Pennsylvania, over the past few years, has been active in Resolution presentation at the House. We attempt to follow the direction that the medical community is taking and tailor our Resolutions to be sure that podiatry is involved with that general movement.

This will be the last of my official duties as President, and while I have one more message to write, I want to finish this one with a sincere Thank You to each of you for your support in allowing me to lead our Association for the past year.

While every President ascends to the office after years of Board service, I do not think that any of us have a clear picture of all that the Association does, and the importance this office holds until the term of President is served. I will speak more of this next month, but for now, please accept my gratitude.

Finally, as you all know, we are parties to the appeal against MCARE for the calculations that it made on assessments for the years 2009 through 2014. Though the appeal involved two cases, in the past two weeks, it appears as though both of those cases are moving toward settlement. We are working with the other appellants (the Pennsylvania Medical Society and the Hospital Health Care System of Pennsylvania) and should have a conclusion to report to you in the next newsletter.

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Financial Support Provided by The Podiatry Foundation of Pittsburgh & The Western PA Foot and Ankle Society

The Western PA Hospital is approved by the CPME as a sponsor of continuing education in podiatric medicine.
Martin Foot and Ankle—at the end of the day, it all comes down to providing the best patient care

With near 100 staff, 10 doctors, total of four offices, and a move to a three-building campus for the main office, Martin Foot and Ankle, York, PA, still plans to keep the momentum going for future growth. “Our goal was always to grow and expand, but at the same time provide quality care and service to patients in this area,” says Sonam T. Ruit, DPM, Managing Partner of Martin Foot and Ankle (MFA). They just welcomed their tenth doctor this past July, Bradley Boyer, DPM; and the move to the Pleasant Valley Campus brought all ancillary services to one location—a shoe store and a larger physical therapy facility.

Martin Foot and Ankle had its beginning September of 1978 by solo practitioner Craig Martin, DPM, with brother Rick Martin, DPM, joining him two years later, and another DPM joining a few years thereafter.

This year, Martin Foot and Ankle marks its 36th year practicing podiatry, and already exceeding its goal to provide comprehensive foot and ankle care. “This gives patients access to not just one aspect of care but other things they need, almost like a one-stop shopping type of experience in this area,” says Dr. Ruit.
A DAY IN THE LIFE OF PATIENTS AT MFA

To best illustrate how it is for patients at the Pleasant Valley Campus of MFA, let’s take a walk in their shoes. We’ll start with a hypothetical elderly female patient. Once she arrives at the Pleasant Valley Campus and goes into the doctors’ building for her appointment, she takes a seat in the spacious waiting area, which has decorative artwork adorning the walls (some from the Martin doctors’ private collections) over cozy chairs. It’s welcoming. There are six podiatrists on duty each day, thanks to the larger Pleasant Valley facility, allowing better flow and efficiency.

In the middle is one side of the administrative area (like a semi-circle) for those entering, and the other half on the opposite side, both housing Podiatric Medical Assistants. The patient signs in and picks up the latest MFA newsletter or the Foot and Ankle Review to read while waiting. She just barely gets to read the first line of the article, “Heel Pain in Central Pennsylvania” when she is called to be taken into one of the treatment rooms.

After the examination, she is told by the podiatrist he will be writing a prescription for some physical therapy, which is right next door. The patient is concerned she doesn’t have appropriate shoes, so the podiatric physician calls up the shoe store (adjacent to the PT area) and tells staff he is sending over a patient with a certain type of foot problem. “Whether it’s a bunion deformity, ankle instability, heel pain, we’ve broken down various types of shoes to meet not only the pathology but also patients’ needs as well, in terms of design, comfort, and so forth,” says Dr. Ruit.

She enters the shoe store with her order form/script in hand and is greeted by Jason Brady, the retail shoe operations manager. He has already pulled several pairs of shoes going by what the doctor had told him. She is pleased with such prompt attention.

This patient only has to go through the adjoining door to enter into the physical therapy area to schedule her PT appointment. The area resembles a gym with its open space and PT equipment. So with shoes in hand and her PT scheduled, she exits, her appointment complete for the day.

Another patient scenario might be—a middle-aged male who has just gotten the news that he needs bunion surgery. He’ll be able to schedule his surgery at the MFA Surgical Center, located on Queen Street in York, close to the York Hospital.

One of MFA’s podiatric medical assistants works directly with this patient to get all of the consent forms, orders, and paperwork signed after the Surgical Center confirms a date. “The staff on the MFA side also dispenses any boots or DME products required for pre- and post-surgical procedures; pre-certifies any insurance information on these items; and schedules the post-op appointment with the patient at the time they do their surgery paperwork,” says Theresa Reed, Operations Manager for MFA.

By now you should be getting a clearer picture of how MFA provides continuity of care.

DEDICATED PROFESSIONALS

The old adage, “Too many cooks spoil the broth” doesn’t apply at MFA, it’s rather the reverse. Having a large group of DPMs allows patients to have a variety of options in terms of getting a second opinion or as Dr. Ruit says, “It gives [us] the ability to cross-refer patients and discuss cases.”

According to Aimee Miller, Business Development Manager for Martin Foot and Ankle, Dr. Craig Martin handles more of the wound care and Dr. Dunkerley does most of the nerve pain problems. “It’s nice that each one of them has something that they kind of take ownership in,” she adds.

Dr. Ruit points out that they learn from each other through face-to-face discussions to improve patient care. The assistants and the shoe store staff go through rotations with the doctors and the physical therapists. It’s “so they understand how the foot works,” says Miller.

Dr. Ruit adds that because of doing these rotations, he can call the shoe store and tell them he has a bunion deformity, and they will have an idea what types of shoes to have the patient try on. In other words, MFA employees work hard at keeping the lines of communication open with all the components of their large practice.
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Booths #59 & 60 at the Clinical Conference

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The Look of a Second Term for Tom Corbett

In a recent interview with the Tribune-Review about what a second term might look like, Governor Tom Corbett said that “He’s counting on voters to realize he did exactly what they elected him to do four years ago.” Corbett emphasized that “The state’s economy added 175,000 private-sector jobs, [and] energy-sector growth made Pennsylvania the country’s second-largest natural gas producer, and he balanced the budget without increasing tax rates.” After acknowledging that the state’s unemployment rate has declined dramatically during his term—from 8.2 percent down to 5.7 percent—Corbett said in his next term he “would attempt to lower the state’s 9.99 percent Corporate Net Income Tax rate and push for an education system more in line with job openings.”

Investigating the Investigator

Attorney General Kathleen Kane is being investigated by a special prosecutor to determine if she and/or her office “leaked confidential grand jury material to a newspaper in a bid to strike back at former prosecutors in the office who had been critical of her, according to several people familiar with the matter.” Its nexus appears to be the AG office’s 2009 investigation of “Philadelphia political activist J. Whyatt Mondesire,” former head of the city’s NAACP office. That investigation was spearheaded by former state prosecutor Frank Fina, who has repeatedly—and publicly—butted heads with Kane since she took office.

Apparently, there is enough concern that the AG’s office leaked disparaging information from the Mondesire case, in an effort to taint Fina, to warrant this probe. Montgomery County Judge William Carpenter, a criminal defense lawyer in Plymouth Meeting and former prosecutor in Delaware, appointed Thomas E. Carlucci, a criminal defense lawyer in Plymouth Meeting and former prosecutor in Delaware, to handle the investigation.

State Senate Political Analysis

Democratic State Senate Leader Jay Costa declared in a recent Post-Gazette article that his party was “on the cusp” of taking back control of the Senate. Could that happen in November? Potentially, perhaps—but not likely. Hamstrung by poor candidate recruitment, which has begat even poorer campaign fundraising, Democrats, who picked up three Senate seats in 2012, will be hard pressed not to lose ground this fall—a net gain by the Senate GOP is actually the likeliest scenario. A district by district review shows that State Senate Democrats are not close to taking control of that Chamber in November, which the GOP now controls by a 27–23 margin. To read more of the analysis, go to Bit.ly/PEGPAC1.

Student Education Costs

A new state poll shows that 73 percent of voters underestimate the amount of money the state spends per student on education, which is $14,620. And 83 percent of voters seriously underestimated the average salary of a public school teacher, which is $63,000. After hearing the actual figures involved, “54 percent said they would not be personally willing to pay higher taxes to increase education funding,” according to the poll’s sponsor, the Commonwealth Foundation.
Booths #59 & 60 at the Clinical Conference

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PPMA/ APMA DUES PAYMENT REMINDER

1) Second Quarter Payments WERE DUE September 1, 2014; if payment not sent, it is NOW PAST DUE.

2) Remember to place your PPMA Member Number or full name on check if remittance stub not sent back with payment.

3) Don’t forget to PAY ONLINE to assure payment is received on time!!!

4) Because APMA and PPMA engage in certain restricted lobbying activities, 5% of your National Dues and 10% of your State Dues are not deductible as an ordinary and necessary business expense, if otherwise deductible.

If you are having a problem paying your dues, please contact Jenna Clay at 717-763-7665, Ext. 13, or email Jenna@ppma.org to discuss possible payment options that may be available to you.

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MARKETING BIG PART OF SUCCESS
You can’t talk about Martin Foot and Ankle without noting their strong marketing presence in South Central PA. “The old days of just opening a practice, putting a sign up, and hoping for somebody to walk in is not the case anymore,” says Dr. Ruit. He observes that a practice has to go out and market itself to give patients a reason to come in. Their marketing plan supports their goals to provide quality and compassionate care to patients and offer the latest techniques and procedures for the foot and ankle.

FUTURE PLANS
According to Dr. Ruit, Martin Foot and Ankle’s future plans involve starting a Residency Program and to develop more of its Clinical Research. “Currently, we have one doctor doing some of the clinical research, but we’d like to build upon that, do more in that area,” he says. MFA keeps the long-term in the forefront, by doing frequent patient surveys and keeping a pulse on patient satisfaction.

But even with all the technology, marketing, communications, and foresight, at the end of the day, what matters most to this practice is that they’ve all succinctly provided the best care to their patients. —Susan G. Kramer, Newsletter Editor
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Booths #61 & 62 at the Clinical Conference

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YM Profile: Bradley B. Boyer, DPM

“Honestly, you’d be hard pressed to find a better career.”

1. **In what ways do you see that you are making a difference in the lives of patients?**
First, by treating them and giving the patient good, sound health-care. Second, just getting to know the patient a little. I think each person has a story, and if you can lend an ear while treating the patient, you can get them better physically while giving a mental boost.

2. **Name a few things about the profession you feel the public has overlooked?**
   **Our scope:** Even though the trend has been improving over the last couple decades, I think many people still do not realize that we are foot AND ankle specialists.  **Our training:** A lot of patients are surprised to hear that a podiatrist, more often than not, does three years of surgical training.  **Our determination:** We strive to be the absolute best specialists out there for comprehensive treatment of the lower extremity—dermatologically to orthopedically; surgically to biomechanically.

3. **Do you feel it’s important for podiatrists to do community outreach? What kind?**
Of course. It is great to attend a health fair, perform foot and ankle screenings, help people out in the community, and show how we can aid their everyday foot ailments to improve their lives.

4. **What is one of the most important things to you right now as you head toward practicing?**
Ethics. Do right by the patient and you cannot go wrong.

5. **Anything else you want to add—your accomplishments, why you chose podiatry, your future plans?**
I love this profession! It is fun to get out there and treat patients, get them feeling better, and support your community. I was fortunate enough to be able to come home and practice in my hometown of York, PA. Honestly, you’d be hard pressed to find a better career.

Dr. Boyer is a 2011 graduate from Temple University School of Podiatric Medicine and is Board Qualified with the American Board of Foot and Ankle Surgery. He just finished a three-year residency at Memorial Hospital of Rhode Island in the Podiatric Medicine/Surgical/RRA Residency Program. He is a Resident Member of the American College of Foot and Ankle Surgeons, and an Associate with Martin Foot and Ankle, York, PA.
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