MCARE Withdrawal Would Offer Predictability

This month, I want to take this space to bring you up-to-date on our effort to implement the provisions of Section 716 of Act 13, or the MCARE Act. When MCARE was created to replace the CAT Fund, we were successful in having language inserted that would allow us to retire our liability in the MCARE Fund, and meet our requirement to carry one-million/three-million dollars in professional liability coverage from the open market.

There are several factors that have to be considered in approaching this retirement and withdrawal. First, what is the amount of our “incurred but not reported” liability in MCARE. That is a figure we retained actuaries who work for MCARE to calculate.

Since we began this effort a year and three months ago, we have had two estimates of that liability. The first was four-million, seven-hundred-thousand dollars. The second, coming a year later, was five-million, three-hundred-thousand dollars. I tell you this because we all have to understand that our podiatric liability in MCARE is so small that a single case can influence all of the trends.

As it happened, between the time that we began this negotiation and the present, there was a single one-million dollar verdict that had the effect of increasing all of the Incurred But Not Reported Liability (IBNR—those cases that have occurred but not yet matured to a claim) trends by 11.2 percent. We also have...
We are soliciting your vote to withdraw. We understand that this type of “moving target” is why our Board continued to pursue this exit strategy.

The second factor that must be considered is the “cost” of this exit. Each of our Pennsylvania licensees will have to pay two amounts, which are different in amount and form, from the payment that you have today. Today you pay the premium charged for the base layer of insurance ($500,000/$1,500,000) then you pay an assessment issued by the MCARE Fund, which gives you coverage (not insurance) for the remaining $500,000/$1,500,000.

If we withdraw from the Fund, you will pay for the full $1,000,000/$3,000,000 in the form of a premium from an insurance company. This additional coverage should be in the range of an additional 20 percent of your base premium. This amount will be set by your insurer.

We have worked with the major companies in Pennsylvania to arrive at this percentage. In addition, for a period of years (we are now negotiating that number), you will pay an MCARE Assessment that will fund the purchase of the IBNR.

At the present time, this combination of payments, your one-million/three-million premium plus the IBNR Assessment appear to be at or lower than the base premium plus MCARE Assessment. We will have final figures, determined by an actuary in the next few weeks. Since we appear to be able to move forward without significantly changing the cost of mandated coverage during the withdrawal, you will be receiving a letter from us and the Department of Insurance. That letter will contain the cost of withdrawing, by specialty, by territory. You can then calculate the cost to you.

We are soliciting your vote to withdraw. The statute requires an affirmative vote of the “class” is defined as all licensed Doctors of Podiatric Medicine in the Commonwealth. We are soliciting your vote because we feel that

**QuadraStep System®—Bridging the Orthotic Gap**

Louis DeCaro, DPM, co-founder of the Nolaro24™ company’s QuadraStep System® likens foot types to “fingerprints,” in that “foot types demonstrate specific anatomical findings . . .” In 2008, Dr. DeCaro and Roberta Nole, CEO, joined together to patent Nole’s 10-plus years of research and refinement to implement a clinical algorithm that categorizes a patient’s foot into one of 24 types. Subsequently, the QuadraStep System was born.

The QuadraStep System revolutionizes and bridges the gap between the be-labored process and expense of custom orthotics and the quick-fix of shoe-insert machines, which Dr. DeCaro points out, “usually lack adequate biomechanical support.”

The QuadraStep System uses a six sub-classification method, known as “Quads,” grouping four relatively similar foot types. The six Quads are lettered A through F and are color-coded for further classification.
Many doctors have approached me, stating “times are tough,” “things are not the way they used to be”, “meaningful use is killing us!” and “the practice is declining ever since ACA”. It’s not certain whether or not these are merely observations, cries for help, complaints, or total surrender. One thing for certain is in the big picture, these are individuals all concerned about the future of their practice. Some for the first time since hanging their shingle.

It’s unlikely that from a business perspective, doctors ever stop being concerned about their practice, and their concerns usually revolve around change. Change is a common catalyst for anxiety, fear, uneasiness, disruption, etc. Unfortunately, if one has not done their due diligence and really learned HOW, WHAT, and WHY the change will ultimately impact them, it can result in skepticism, apprehension, and panic. We hear a lot of commentary about the future of health care, and even start to believe it, not knowing whether the source is factual, an opinion, or assumption. I have seen what negative chatter does, and it is unproductive.

I’m going to suggest an alternative—Act, don’t RE-act. Here’s the thing. What I have found is that despite the national changes that everyone is facing, many practices continue to flourish! Yes, flourish! How can that be when they face the same challenges that everyone else does?

How do you suppose they overcome the gloom and doom that others say turned their practice upside down? The difference is they do not allow themselves to get swallowed up by changes outside of their control. They don’t hide from them, they embrace them, adopt them, and apply strategies to deal with them.

There is no hiding the fact that for many doctors who find EMR cumbersome (and even some who don’t), the increased time and workload was underestimated. Some of it has to do with the fact that they jumped into a system that didn’t meet their needs. Others feel the process of digitally entering clinical notes takes away from patient face-to-face time; and still others, who are just not computer-comfy, say the multiple screens and templates are inefficient. Multiple physicians with ineffective or insufficient training, leaving doctors and staff at a loss. Combine this with the constraints of Meaningful Use, Stage II, and some docs might prefer dumping anything and everything that is digitized and return instead to a black satchel and house calls. At LEAST to the “good, old-fashioned” paper chart.

If that describes you, rather than frustration, one option might be to utilize a software program that transcribes your dictation directly into the EMR system. Some of my clients find this to be a more efficient, more accurate way to complete their notes. Other doctors have managed the new criteria associated with Meaningful Use by assigning existing staff to manage the project, contracting outside help, or battling through it themselves. Larger practices were able to hire a part-time project manager to oversee this program in addition to other revenue-producing assignments. The takeaway is, they made it work. Regarding the ACA, it would be beneficial to know as much as you can about the program, not just from one or two anecdotal stories or what political pundits are selling. Get hard and fast, relevant data to help you and your patients be more aware and better prepared. When patients have questions and want to know more, they look to you, their physician, for hopeful answers. Face it, you can put all your energies into being angry and fighting it, or you can realize that the ACA, in some shape or form, is here to stay. Finding out how the program works best for you and your patients is far more productive than the alternative.

- Patient numbers lagging? Maybe you need to invest in more or improved marketing techniques.
- Referral numbers just not there? Perhaps more emphasis on tracking methods is in order to determine who your high and low physician referrals are so you can pay them a long overdue professional visit. You might choose to increase patient satisfaction and word-of-mouth referrals by going back to the fundamentals of exceptional customer service; also learn how to improve your communication skills in order to enhance your clinical patient presentations and acceptance.
- Can’t see more and more patients for less and less reimbursement? Utilize your staff—delegate non-revenue producing jobs to the lowest paid employee that can do the task well.
- “Times are tough?” If you keep saying it, you’ll may actually talk yourself into believing there is nothing you can do about it.
- “Things are not the way they used to be?” Probably not, but “time and tide waits for no man.” It’s called life, and if you’re not moving forward, you are standing still or going backwards. There are no boundaries to your success that you cannot overcome if you are willing and have the right attitude. If the current approach you are taking is not working for you, it’s time to regain your footing and seize one that is. If others can do it, so can you.

The times they are a changin’—Are you ready to give up and sink or grab hold and swim? Withdrawal offers us predictability in our insurance market. Any change in premium will only rest on the performance of our class. Your practice would no longer be subject to assessments that reflect the liability incurred by other specialties. Historically, we have, as a class, paid substantially more into the MCARE Fund than podiatric practices have cost the MCARE Fund. Therefore we subsidize other specialties. Withdrawing would allow us to eliminate that requirement of subsidization. We would only be responsible for our own practice, our own performance, and our own liability.

I want to thank our PMAP Board for being so involved in the insurance market that we could move this far in these negotiations. Because of PMAP’s unique position as a Purchasing Group, we own all of our own loss and cost data, and this has allowed us to negotiate with open eyes. These Board members, again, serve voluntarily and have served in these positions for years. They have become conversant with the language of professional liability and have skillfully advocated our position to bring us to this current opportunity.

This experience emphasizes the importance of the PMAP program. We are currently in a soft market, and you may be receiving letters and contacts from other carriers offering premiums which appear to be unrealistic. The premium may be realistic for a year, but the company will not be writing in Pennsylvania at those premiums as soon as the experience hits their books or the market hardens. PMAP offers you the lowest responsible premium and its strength has brought us the opportunity to withdraw from the unpredictability of the MCARE Fund. Consider all of this, and consider the value that membership and PMAP participation brings to your practice.

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.
Last Oral Exams Held in June

The recent changes of the American Board of Podiatric Surgery, now the American Board of Foot and Ankle Surgery/ABFAS, in doing away with the oral exam segment of Part II certification exams has led the Goldfarb Foundation to replace its Mock Oral Exam component with a “CBPS Experience” at the 2015 Board Review Course, February 4–7, 2015.

Dr. Joseph also mentions in the article about how his podiatric practice (started in 2000) has been using electronic means from the start. “We work from an iPad in the office and can order prescriptions and other things electronically.” So when the Affordable Care Act (ACA) went into effect, Dr. Izzo’s practice was already ahead of the game!

Update 2

Al D’Angelantonio Featured in Men’s Health about Home Remedies for Foot Odors

PPMA Member Al D’Angelantonio, DPM, was recently featured in a Men’s Health article, along with a DPM from Georgia, by Ali Eaves on “6 Simple Cures for Smelly Feet.” In the article, Dr. D’Angelantonio offered three of the six ways to get rid of stinky foot odor: Soaking them in saltwater, Spraying Shoes with Lysol®, or Using Sprays Powders on feet. To read the entire article go to http://www.menshealth.com/grooming/cures-for-smelly-feet. It beats trying to air shoes out on a clothesline!

Update 2

Louis Izzo Talks About Passion for Fly Fishing and his Head Start with ACA in Recent Tribune-Review Article

PPMA Member Louis Izzo, DPM, Jeannette, PA, says in an article by Margie Stanislav of The Jeanette Spirit/Tribune-Review, “I try to fish once a week. I have fished State College and Spruce Creek.” He’s on the Board of Directors for the Forbes Trail Chapter of Trout Unlimited, a nationwide conservation initiative founded in 1959 to preserve cold water fisheries and watersheds, and a Past-President.

Dr. Izzo also mentions in the article about how his podiatric practice (started in 2000) has been using electronic means from the start. “We work from an iPad in the office and can order prescriptions and other things electronically.” So when the Affordable Care Act (ACA) went into effect, Dr. Izzo’s practice was already ahead of the game!

Update 2

Warren Joseph Gives Thumbs Up to Approval of KERYDIN™ Topical!

Last month the FDA approved KERYDIN™ (tavaborole) topical solution (5%) manufactured by Anacor Pharmaceuticals, Inc., Palo Alto, CA. This topical solution is the first oxaborole antifungal now approved for treatment of onychomycosis of the toenails.

PPMA Member Warren Joseph, DPM, was quoted in a Press Release about the FDA approval, saying, “With the approval of KERYDIN, physicians can now offer patients a safe, effective, and easy-to-use topical treatment for their onychomycosis of the toenails, which I think will be well-received by patients.”

Paul Berns, CEO of Anacor Pharmaceuticals says, “We expect to launch KERYDIN in the U.S., either alone or with a partner, as early as the end of this quarter.”

Dr. Joseph is a Lower Extremity Infectious Disease consultant at Roxborough Memorial Hospital in Philadelphia, PA.

Update 2

Warren Joseph Gives Thumbs Up to Approval of KERYDIN™ Topical!
My Commitment to PENNSYLVANIA PPAC

To maintain and strengthen podiatry’s involvement on the state health care scene, I pledge my support to PA-PPAC’s 2014 Campaign. My voluntary political contribution of $________ is enclosed.

Name____________________________________________________________________________
Address____________________________________________________________________________
City/St/Zip_________________________________________________________________________

Make check payable to PA PPAC. PERSONAL FUND CHECKS ONLY Contributions are not deductible for income tax purposes. You may contribute any amount or no amount without concern of being favored or disadvantaged. Send to PA PPAC: 757 Poplar Church Road, Camp Hill, PA, 17011-2383.

500 GIFT CARD RAFFLE!

Please note that with every $100 contribution, your name will be entered at the end of 2014 in a raffle for a $500 gift card. So FILL UP THESE BLANK SPACES and keep the profession in the forefront on the Hill in PA!!

Total: $7,599

My Commitment to apmapac - 2014

Check here if this contribution is drawn on:
q 12- Corporate Account

Enclosed is my voluntary, personal political contribution of:
q $25 (Student)  q $75 (Young Physician)  q $150
q $300  q $500  q $1,000  q $2,500  q $5,000

Name_________________________ APMA# __________________
Address__________________________________________________________
State_________________________ Zip________________ E-mail Address__________________________

q Check   q Credit Card   q Other
Credit Card Number: ________________
Expiration Date____________________Signature______________________________________

IMPORTANT: These are suggested amounts. You may contribute more, less, or not contribute without concern of being favored or disadvantaged. This information is required for contributions of $200 or more 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.

Mail your contribution to: APMAPAC, 9312 Old Georgetown Road Bethesda, MD 20814

TOTAL: $10,355

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Podiatry is in our DNA.

To say that PICA knows about protecting podiatrists more than any other professional liability carrier might be an understatement. Podiatry is at the very essence of who we are. PICA was created for podiatrists, by podiatrists. We understand podiatrists and the podiatric profession because podiatry is our true focus. Podiatric professional liability insurance is not just our product, it is in our DNA and who we actually are.

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.

PPMA/ APMA DUES PAYMENT REMINDER

1) Second Quarter Payments are DUE September 1, 2014.
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.

In Dr. Herpen’s Own Words about his service in the Vietnam War—

After basic training . . . I was assigned to Camp LeJeune, NC, for advanced Infantry Training. After a 30-day leave, I reported to the Naval Air Training Center, Memphis, TN, for the CNECEs. We trained to maintain and install the various Com, Nav, and ECM components on the A-6 (Intruder), A-4 (Sky Hawk), and the F-1 (Phantom) air crafts. (Note: Senator John McCain flew an A-4 in Vietnam.) Pilots would not fly without ECM gear because it told them if and when a missile was launched against their aircraft.

While in Japan . . . I had the opportunity to visit Tokyo and Hiroshima and the various sites and points of interest in Southern Japan, like The Peace Museum in Hiroshima. I found that the Japanese people favored American GIs. It seems nowadays, we are more appreciative of the service of our men and women in uniform. This was not the case during the Vietnam conflict.

Dr. Herpen’s Milestones:

1969: Enlisted in the United States Marine Corps on January 27, 1969, and sent to Parris Island, South Carolina, for basic Infantry Training/Boot Camp.
1969: After seven months of Communication, Navigation, and Electronic Countermeasure Equipment (CNECE) School, I was assigned to Marine Corps Air Station (MCAS), Cherry Point, NC. I was assigned to VMFAT-202, an A-6 Squadron in the Com/Nav shop. (Note: A-6’s were developed as a one-way nuclear delivery system.)
1970: 13-month tour at Marine Corps. Air Station, Iwakuni, Japan, in January. Our group’s assignment was to support the nightly bombing missions over the “North.”
1973: I finished up the last year of my four-year enlistment back in Cherry Point, NC, as an E-5 (Sergeant). I was in charge of a 25-man crew responsible for maintaining 14 A-6’s so that our squadron could continue to train A-6 pilots and bombardiers.
1976: Started at Temple University School of Podiatric Medicine (formerly PCPM) to become a DPM.
The John Yurconic Agency is pleased to offer **GROUP HEALTH INSURANCE** to qualified members of PPMA.

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For more information on this exclusive offer, contact Donald Friedman at 877.261.7622 ext. 109 or email DFriedman@yurconic.com

This program is currently offered to practices located in Pennsylvania.
The Goldfarb Foundation succeeds every November to bring its attendees well-rounded, top-notch lectures by leading speakers. As it heads toward its 42nd Clinical Conference, November 6–9, the Foundation is setting a precedent and much more!

Among the DPMs, there are two DOs, an MD, two DPTs, an ND (Naturopathic Medicine), and a Yoga instructor. “We are offering a new viewpoint from a multi-disciplinary perspective,” says Goldfarb Foundation President John Marty, DPM. You won’t want to miss—

- “Evidence-Based Natural Therapies for the Prevention and Treatment of Peripheral Neuropathy” by Marie Winters, ND. This lecture will give podiatrists the tools to feel more comfortable recommending supplements to alleviate symptoms of peripheral neuropathy, especially in those hard-to-treat patients with persistent symptoms not relieved by standard pharmaceuticals, and to potentially help nerve fiber regeneration.

  Randomized, placebo-controlled clinical trials have shown that the amino acid, acetyl-L-carnitine, can alleviate pain, improve nerve fiber regeneration, and vibrational perception in patients with diabetic neuropathy.

  However, acetyl-L-carnitine can intensify symptoms of chemotherapy-induced peripheral neuropathy when given in conjunction with taxane-based chemotherapy. There are evidence-based recommendations that can help patients suffering with neuropathy, but not all supplements are appropriate for all patients. It’s important for the clinician to know what to recommend and when.

  This lecture will address not only acetyl-L-carnitine, but also the most recent evidence behind the use of alpha lipioic acid, glutamine, folate, methylcobalamin, vitamin E, and omega-3 fatty acids, among others.

- Saturday’s “The History of Flatfoot in the Military” lecture by Michael Neary, DPM

  Did you ever wonder why many family members and friends were barred from enlisting in the Army because of flat-feet? This lecture will discuss the history of flat-feet in the Army from the Civil War to the present day. Included in the lecture: the role of professionalism at the beginning of the 19th century; struggles of health-care providers to categorize a pathologic foot type; and recent research related to foot type and overuse injuries.

  The lecture will tie in with present studies at West Point aimed at objectively measuring foot type and flexibility, and how they relate to injury. The information shared will be beneficial in many areas of a podiatric practice, from parental concern of flat-feet to the high-end athlete seeking advice on running shoes.

- “The Use of Yoga as a Preventative for Foot & Ankle Injuries in Athletes” by Jennifer Venable Austin

  Not sure how to get your Zen on? Not sure what Yoga is, or who to refer it to? Do you work with active athletes or “weekend warriors?” Then The Use of Yoga as a Preventative for Foot & Ankle Injuries in Athletes is the perfect lecture for you.

  This lecture will provide a brief working history of Yoga and how it is used today in professional and college sports. We will explore the more popular Yoga practices, and which are appropriate as preventative medicine. This lecture will examine how Yoga can work to complement athletic training and also how and when to use Yoga in rehabilitation.

Register today, and don’t miss out on the Early Bird Discounted Rates. Registration Form is on next page. Up to 28.75 CE Contact Hours are Available. On Thursday, November 6, an APMA Coding Seminar (for doctors and coding staff) and Risk Management Update will be held.
1. **CONTACT INFO**

   **First Name* ______________________________ Last Name* ____________________________ Title* ____________
   
   **Address #1* ______________________________ Address #2* ____________________________
   
   **City* ___________________________________ State* ________________________ Zip* ____________
   
   **Phone* ______________________________ Fax* ____________________________ Email* # _____________________________
   
   **NOTE:** PPMA Active Members are those members of PPMA who have paid at least 50% of their dues by the time they register for the Clinical Conference 2014. PPMA members who have not paid 50% of their dues, been suspended, or those who are not members will need to register at the appropriate rates listed above.

2. **THURSDAY WORKSHOPS NOVEMBER 6**

   - **For DPMs/Assistants/Office Staff:**
     - **CODING WORKSHOP** $75
     - **RISK MANAGEMENT UPDATE** (includes dinner) $75

3. **ASSISTANTS REGISTRATION**

   **Track 1: Administrative Program**
   - PPMAA Members $160*
   - Non-PPMAA Members $185
   
   * PPMAA Members Must Send Copy of Membership Card in with Registration.

   **Track 2: ASJMA Review & Exam Program:**
   - PPMAA Members $160
   - Non-PPMAA Members $185

4. **DPM REGISTRATION**

   **CLINICAL CONFERENCE – FRIDAY TO SUNDAY**
   - PPMA Member ACTIVE – 50% of dues PAID $99 $40
   - PPMA Member – 50% of dues NOT PAID $400 $400
   - NJ/DE Active APMA Members $299 $349
   - APMA Member (other than NJ/DE) – ACTIVE $400 $400
   - Non-PPMA/PPMA Member (Suspended or Inactive) $550 $550
   - Residents/Students (with Residency Director letter) $45 $45
   - PPMA Life Members FREE
   - Non-PPMA Members $185

   **Early Bird Fee Oct. 3 & Before Regular Fee Oct. 4 & After**
   - $99 $40
   - $400 $400
   - $299 $349
   - $400 $400
   - $550 $550
   - $45 $45
   - FREE
   - FREE

   **NOTES:**
   - DPM’s who are members of PPMA must have paid at least 50% of their dues by the time they register for the Conference 2014. PPMA members who have not paid 50% of their dues, been suspended, or those who are not members will need to register at the appropriate rates listed above.

5. **PAYMENT METHOD**

   - **CHECK ENCLOSED:** $ __________
     Make payable to Goldfarb Foundation

   - **CREDIT CARD:** MC MC MC MC VISA ______________ AMEX __________ DISCOVER

   **CC No. ____________________________ Exp. ____________

   **NOTE:** PPMA Active Members are those members of PPMA who have paid at least 50% of their dues by the time they register for the Clinical Conference 2014. PPMA members who have not paid 50% of their dues, been suspended, or those who are not members will need to register at the appropriate rates listed above.

   **TOTAL FEES $**

   **CANCELLATION/REFUND POLICY/CONFIRMATION LETTERS/DIETARY NEEDS FOR DPMS & PODIATRIC ASSISTANTS:**

   Cancellations must be in writing. A nonrefundable $50 administrative fee will be charged for all cancellations. No refunds will be made for cancellations received after October 17, 2014. Registrations are processed within two weeks of receipt. Notifications will be emailed to all attendees. If you do not receive a notification email within two weeks of registering, contact the Foundation to verify registration was received. Please email Lara Beer-Caulfield (lara@ppma.org) any special dietary requests by October 10, 2014.

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PODIATRIC COVERAGE FOR ILLNESS, PREGNANCY LEAVE, AND VACATIONS: Self-insured, Diplomate of ABPS, for Bucks, Chester, Delaware, Lehigh, Montgomery, Philadelphia counties; will consider other counties or locations. Call 267-221-6491 or socksandshoes11@hotmail.com. (JULY 14 – AUGUST 15)

OTHER

FOR SALE—QUALITY NEW & USED PODIATRY EQUIPMENT & NEW INSTRUMENTS: Most of our equipment is refurbished and comes with a one-year, 100% parts & labor or replacement warranty. Our instruments come with a life-time warranty so long as they are used for their intended purpose. Our chairs are almost all reupholstered in a choice of color; we have been told that it is as good as or better than the best new upholstery currently being sold by the leading chair manufacturers in the field in terms of fabric and workmanship. We also carry Mini C-Arms with Windows 7 computers that enable you to download images into your patient software. Let us equip your office for a fraction of the cost of new equipment. Phone (440) 333-0007; Fax (440) 333-4982; parkhaven@hotmail.com; www.globalintermed.com. We also purchase name brand used equipment that is in good condition. (AUGUST 14)

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Please Fax Ad to 717-761-4091 or Mail Ad to 757 Poplar Church Road, Camp Hill, PA. 17011; or Preferred Method - Email ad to susan@ppma.org

Name ________________________________
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PPMA MEMBERS MAY ADVERTISE IN THE PPMA NEWS AT NO CHARGE. Please limit your ad to 30-40 words. Ads expire after 30 days and will be deleted.

NON-MEMBERS: Marketplace rates are $25 per issue. Payment for all classified ads must be made prior to ad being placed in the newsletter. PAYMENT MUST ACCOMPANY FORM.

__Member Ad - Complimentary
__Non-Member Ad - $25 per issue

METHOD OF PAYMENT

CHECKS payable to PA Podiatric Medical Association

CREDIT ACCEPTED: __MC __VISA __AMEX __DISCOVER

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Exp. Date: __________ Amount: __________
Billing Zip Code: ________________________________
Signature ________________________________

PPMA Update  AUGUST  2014  18

YOUNG MEMBERS CORNER

YM Profile: Dara J. Friter, DPM

“People do not care how much you know, as much as they want to know how much you care.”

1. In what ways do you see that you are making a difference in the lives of patients? I know I have made a difference in the lives of my patients when I relieve them of their pain and solve their podiatric problems. The important thing, I believe, is to be sympathetic and compassionate towards my patients, and be helpful and giving of myself. I know I have made a difference when I see them next, say for a re-check or follow-up, and they express their gratitude. That’s when I know I have earned their trust.

2. Name a few things about the profession you feel the public has overlooked? Podiatric medicine and surgery have come along over the years with regards to the kinds of services we have to offer. You need only surf the Internet on podiatric websites to find an extensive list of services podiatrists offer. What is important for patients to know is that dedicated podiatric physicians can be trusted to offer the best solution for any given problem—from simple in-office procedures to specialist referrals.

3. Do you feel it’s important for podiatrists to do community outreach? What kind? People do not care how much you know, as much as they want to know how much you care. Community outreach programs give podiatrists the opportunity outside the formal office setting to demonstrate the profession’s genuine concern for the public’s health, as well as educate the public about foot care and related health concerns, such as diabetes, hypertension, and sports medicine. I particularly enjoy participating in health fairs and lecturing before groups, such as senior citizens and community centers.

4. What is one of the most important thing to you right now as you head toward practicing? Now that I have been practicing podiatric medicine and surgery in one capacity or another for close to four years, from residency to formal practice, I have come to believe that the most important thing I need to do is to SMILE. When I step into an examination room and consult with a patient, yes, I want to smile and I want my patient to know that I am definitely going to help. I am striving for that confidence in myself so that my patients will have confidence in me.

5. Anything else you want to add—your accomplishments, why you chose podiatry, your future plans? I love podiatry because I believe it is intrinsically a gentle and compassionate profession. I have always tried to make it a habit to learn, listen, and to be as confident as I can. My smile always gives me away!

Dr. Friter is a 2010 graduate from Temple University School of Podiatric Medicine and completed a three-year residency at Cooper University Hospital, Camden, NJ, in 2013. She is currently an Associate with Podiatric Medical & Surgical Associates, PC, in Philadelphia, and holds a license with the Drug Enforcement Administration.
PPMA Young Member Eagles & Steelers Fans
Join Peers for Football Season TV Camaraderie with Complimentary Food & Drinks on Us!!

September 7, 2014  12:00 PM  Philadelphia Eagles
@ Chickie’s and Pete’s Crab House and Sports Bar, South Philly, 1526 Facker Ave.

November 2, 2014 – TBD  Pittsburgh Steelers
@ TBD—Pittsburgh, PA

RSVP: Sabrina Minhas, DPM, sabrina_minhas@hotmail.com by Friday, August 29
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