## THE OHFAMA

# JOURNAL



THE OHIO FOOT AND ANKLE MEDICAL ASSOCIATION + WWW.OHFAMA.ORG

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# COVID-19 **The Path Forward**

## IN THIS ISSUE

President's Message	
In-Person Patient Foot Care During	
the COVID-19 Pandemic2	
2020 OHFAMA Service Award Winners 3	
Executive Director's Message 4	
Membership Anniversaries 4	

BWC News from Careworks Comp /
OHFAMA Classifieds
Ohio Board of Pharmacy
MediCare10
The 104th Annual Ohio Foot & Ankle Scientific Virtual Seminar

Physician Registration Form15
Assistant Registration Form16
First in Ohio To Use Wound Care
Imaging Device17

#### A WORD FROM THE PRESIDENT

Richard Kunig, DPM

## **Connections**



Richard Kunig, DPM

Have you ever been on a cellphone that had a bad connection? Maybe you hear about every third word. You move closer to a window or door with the hopes of improving your reception. You cup a hand over the mouthpiece to force your voice into the microphone. You raise your voice in hopes that will somehow it will help, but it doesn't. You fear dropping the call or becoming disconnected. No one likes to be disconnected.

A bad electrical connection can cause lights to flicker and loose wires can spark. Sparks are only good for starting a fire. The fire

I would like to start is in making better connections. Connections with old friends, classmates and colleagues. This year, the Annual will be held for virtually. The dates are May 14th-16th.

Join me at the Annual as we provide Ohio's premier CME event. We have a tremendous line up of speakers, a resident paper and a poster competition.

This year we will be saying goodbye to Dr. Jimelle Rumberg, OHFAMA's executive director for the past 13+ years. Early in January, Dr. Rumberg announced her intentions to retire following the 2020 Annual. Please join me, the board of trustees past & present, as we say our goodbyes and wish her well in retirement.

Richard Kunig, DPM, President

# Guidance for Podiatric Physicians Regarding In-Person Patient Foot Care During the COVID-19 Pandemic

# Core Principles: Screening, Physical Distancing, Infection Control Practices, Protective Measures

As outlined in Ohio's Stay at Home orders, the provision of foot care services is essential for the state's residents and has been delivered safely for patients with emergency and essential needs by Doctors of Podiatric Medicine since the beginning of the pandemic. The State of Ohio is beginning The Path Forward to Restart which balances Public Health Measures and Compliance, Businesses Operating Safely with Safeguards, and Protecting the Most Vulnerable. As patients begin seeking deferred care and additional in-person foot care services as part of the path forward, it is recommended that podiatric physicians formalize protocols which have been utilized in their offices/facilities for essential and emergency care and also address the four core principles outlined in this guidance to maintain a safe environment for patients and employees in their facilities.

In addition to following state-issued directives, and reviewing and implementing CDC and APMA guidelines when appropriate, <u>it is strongly encouraged that each podiatric practice develop an internal, documented plan to address the core principles as outlined, and other issues related to the office's return to providing deferred and other in-person foot care. This plan should be based on the availability of information and materials at the time and should be reviewed and amended appropriately as circumstances change.</u>

## **Core Principle 1: Patient and Visitor Screening**

Podiatric practices should screen patients, visitors and staff members for symptoms of COVID-19 upon their arrival at the office/facility, including utilizing non-contact temperature readers when available. If taken, patient temperatures are to be documented as part of the patient record. Any staff member showing signs of COVID-19 should *not* be permitted to work and should be referred to an appropriate healthcare provider. Patients and visitors exhibiting signs of COVID-19 should be rescheduled, unless an emergency dictates otherwise, and referred to an appropriate healthcare provider.

First and foremost, when scheduling appointments, offices should discuss with patients the need to reschedule their appointment if they develop fever or symptoms of COVID-19 leading up to the time of their appointment.

Patients and visitors to the office should be informed in advance of the expectation that they wear their own mask or cloth face covering upon arrival to the office/facility. If not, they should be offered a mask or cloth face covering as supplies allow, which should be worn while they are in the office/facility if the patient is physically able to do so. They should also be instructed that if they must touch or adjust their cloth face covering, they should perform hand hygiene immediately before and after and that the nose and mouth must be covered at all times. Masks and cloth face coverings should not be placed on young

Continued on Page 5



## 2020 OHFAMA Service Award Winners Announced



## **Dr. Jerauld D. Ferritto, Sr.** OHFAMA Central Academy

The late Dr. Jerauld D. Ferritto, Sr., a native of Niagara Falls, NY, has been selected as one of two recipients for the 2020 OHFAMA Service Awards. He enlisted in the U.S. Army during World War II and was stationed in Japan following the war. Dr. Ferritto was a graduate of OCPM and maintained his practice on the Westside of Columbus for 50 years before retiring. He served as president of OPMA, the National Board of Podiatric Medical Examiners and

was a recipient of the APMA Distinguished Service Citation Award. He was the first podiatrist to serve on the State Medical Board of Ohio, where he was instrumental in crafting scope privileges of the foot, hand and ankle. He also served as the Central Academy President, on the OPMA Budget Committee and State of Ohio Member Appeals Joint Underwriting Association. He served on several state government committees and advisory boards as well as Chairman of the Board of Education for the Diocese of Columbus. He passed away on Monday, July 16, 2007 and survived by his wife of 58 years, Rose and children, Dr. Jerauld Ferritto, Jr., Dr. Jeffrey Ferritto, Janet Ferritto, and Roslyn Ferritto Mollica. Congratulations to the Ferritto family on this well-deserved honor of service to the podiatric profession in Ohio.



## **Dr. David J. Hintz OHFAMA North Central Academy**

David J. Hintz, DPM, MPH CPH, a native of Elyria is the second recipient of the 2020 OHFAMA Service Award. He is a graduate of the Ohio State University, OCPM, and received a Master of Public Health degree from North Eastern Ohio College of Medicine. Dr. Hintz is also Board Certified in Public Health, and one of the first to receive that designation. He is presently on staff at Elyria Memorial Hospital, where he was responsible for writing the bylaws

related to hospital admissions by podiatrists upon the changes in the Ohio Revised Code. Dr. Hintz is also the Scientific Chair of the No Nonsense Seminar in Cleveland. He has served as president of OHFAMA as well as the North Central Academy. He has been an APMA delegate and has served on the APMA Public Health Committee. Dr. Hintz is a professor of anatomy and physiology for nursing and allied health professionals at Lorain County Community College. His community service encompasses the Council of Smaller Enterprises (COSE); Lorain County Community Alliance; Charter Review Commission — City of Elyria; Solid Waste Policy Committee; Ohio Public Health Association and the American Public Health Association. Dr. Hintz and his wife, Cynthia, are the parents of two children, Lisa and Matthew. Dr. Hintz, we salute you on this merited recognition by your peers and the state association. Congratulations on this most deserved honor!



## 2020

#### May 14 - 16

The Annual Ohio Foot and Ankle Scientific Seminar Virtual

## August 6

Budget/Finance BOT OHFAMA Headquarters I Columbus

#### August 27 - 29

GXMO Training
OHFAMA Headquarters I Columbus

#### September 25

Holy Toledo Seminar and Golf Outing Toledo, OH

#### October 1

Budget/Finance BOT OHFAMA Headquarters I Columbus

#### October 22-25

NEOAPM Fall Classic Seminar Cleveland, OH

#### November 5 - 7

GXMO Training
OHFAMA Headquarters | Columbus

#### November 13 - 14

OHFAMA House of Delegates Embassy Suites Airport | Columbus

#### December 15

OHFAMA Service Awards Deadline Mail to OHFAMA Headquarters

For more calendar information please visit the Events webpage at www.ohfama.org

## FROM THE DESK OF THE EXECUTIVE DIRECTOR

## The Swan Song

By Jimelle Rumberg, Ph.D. CAE



Jimelle Rumberg, Ph.D. CAE

Yes, it's time. I have been thinking back upon those road bumps in my time at OPMA/OHFAMA. Certainly, one of the largest was watching, in slow-motion disbelief, as the court case of OHFAMA vs. the Ohio Department of Insurance unfolded. The ODI went back to 1980 in their fact-finding. I went through old BOT Minutes back to 1967-68 and found a gold mine of information to prove

our court case. Our Minutes validated that when the Insurance statute was codified in the State Senate, complete with documentation of the committee hearing synopsis and floor vote, the law was specific. The Senate passed the Insurance law which noted "full recompense" for payment for podiatry and others (dentists, optometrists, etc.). In 1980, statutes were combined to clean up the insurance codes and some language was changed with the updating of the ORC. Unfortunately, the word recompense was removed as an *outdated financial term* to the new word, reimbursement. The term reimbursement was not defined in the code as "full recompense" or defined at all, so therein, the court had to rule. I must confess that as the executive director, I was absolutely dismayed, as I felt we proved the "intent" of the law. After months and months of work, our court case came down to a definition. Although the Judges were sympathetic to our clear argument and were notably impressed by our uncovering the historical citations, OPMA lost our case in the Appellate Court in Franklin County. Only the lyrics of a song could possibly note how I felt, i.e., Gloom, Despair and Agony on Me. (Buck Owens and Roy Clark)

Highlights in my entire executive career have been: 1) the passage of Good Faith Legislation of Court Appointed Psychologists and Psychiatrists in Divorce Custody Cases in WV - notable judiciary legislation that passed in a 60-day legislative session (I was the WVPA executive director for psychologists); 2) The 2005 Award for Outstanding Executive - Achievement in a State, Provincial or Territorial Psychological Association by the American Psychological Association; 3) defining podiatrists as physicians in WV by the WV Board of Medicine – thanks to Curtis Arnold, DPM who was on the WV Board of Medicine; 3) HBOT supervision by DPMs in Ohio added legislatively to our scope; 4) various State Medical Board Rules in OH which regulatorily clarified Podiatric Scope including Shave and Punch biopsies (with ensuing reimbursement by Medicare), external fixators -- which opened the door to bone marrow aspiration in the tibia, venous leg ulcerations, split thickness of the thigh and buttocks and more and 5) the CGS Nail code screw-up and fix on the policy of January, 2020 (at this time partially fixed—thanks to Andy Bhatia. DPM). And finally, as of this writing, awaiting the Flu Bill legislation to be assigned to committee in the House. The song should be Celebration. (Kool & The Gang)

Advancements and parity will evolve with time, patience and persistence. Protectionist nonsense from the House of Medicine will erode and the archaic strangle-hold as being "the only medical authority" will diminish. As the generations change, so will podiatry's skirmishes and victories. Tenancy and visibility are the keys. The song will forever be 2001: A Space Odyssey. (Richard Strauss, György Ligeti, Johann Strauss II, and Aram Khachaturian)

Please know, it has been an honor to serve you as executive director. I wish you good health and happiness always!

# OHFAMA proudly recognizes the following anniversaries of membership. **CONGRATULATIONS!!**

#### **Celebrating 25 Years of Membership**

Anthony D. Cozzolino, DPM Kenneth J. Emch, DPM Michael R. Gerber, DPM Derek C. Hindman, DPM Kimberly S. Kemper, DPM Eugene R. Kubitz, DPM 12/1/1995 3/1/1995 3/1/1995 6/1/1995 10/1/1995 6/1/1995 Mark J. Mendeszoon, DPM Elizabeth G. Nicely, DPM Corey Brian Russell, DPM W. Joseph Schoeppner, DPM Kathy Jo Siesel, DPM Scott Alan Spencer, DPM 12/1/1995 11/1/1995 6/1/1995 12/1/1995 5/1/1995

#### Celebrating 50 Years of Membership

Elliott W. Biggs, DPM 04/01/1970
Norman J. Carter, DPM 06/01/1970
Lawrence Michael Cohen, DPM 10/01/1970
Larry T. Cremeans, DPM 06/01/1970
Cameron A. Elliott, DPM 01/01/1970
Marvin N. Grossman, DPM 11/01/1970
Laurence W. Spivack, DPM 03/01/1970

children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Offices should consider registering patients and any visitors entering the office/facility, including contact information, to track who is in the building and during what time. This can be done electronically or recorded by a staff member to minimize contact between patients. This information can also be used for contact tracing in the event of a COVID-19 flare-up.

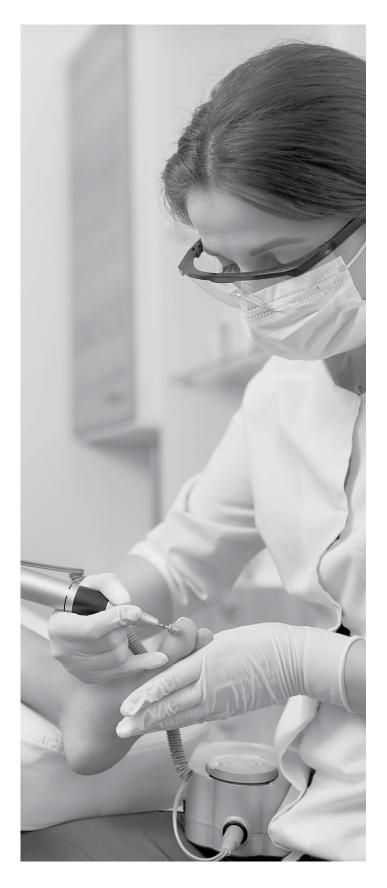
## **Core Principle 2**: Physical Distancing Measures

Offices should implement physical distancing measures to limit close contact between individuals inside the office/facility. These measures could take different forms depending on the size and configuration of the office/facility, patient population, and other factors.

It is recommended that individuals maintain six feet of distance between each other when practical. This could be accomplished through the use of signage, tape, or roping lines to direct patients to appropriate locations. Additionally, the reconfiguration or removal of some waiting room and exam room seating may be appropriate.

Podiatric practices should engage strategies to manage patient flow and maintain physical distancing. Examples of strategies which could be employed include, but are not limited to:

- Requesting patients call or text the office upon arrival so entrance to and movement through the office/facility can be coordinated by staff,
- Instructing patients that companions should remain outside of the facility and not accompany the patient unless they are a parent/guardian of the patient or if they are a true care giver and need to assist the patient,
- Considering separate operating hours for vulnerable populations,
- Triaging and categorizing patient visits to address urgent patient needs first, and to facilitate patient flow to prevent too many patients in the office at a given time,
- Establishing an appropriate timeframe in between patient appointments,
- Implementing curbside dispensing of shoes when possible.
- Limiting the number of patients and staff members within the office
- Allowing as many staff members as possible to work from home, and
- Continuing to offer telehealth services when appropriate.



Clerical staff and patients should be prepared to conduct administrative work via remote methods to limit the amount of time the patient is in the office/facility. This could be accomplished through an online payment portal, using traditional mail, over the phone or through an app on a mobile device. Additionally, it is recommended that all paperwork, including patient history forms, be made accessible to patients prior to appointments for completion. Offices may consider mailing the forms to patients, providing a link on their website with a fillable or printable PDF, or obtaining information over the phone. Offices may utilize mobile apps that can scan documents provided the information shared via smartphones and other devices are transferred securely in compliance with state and federal regulations.

## **Core Principle 3: Infection Control and Disinfection Practices**

Podiatric practices must take steps to help prevent the spread of the virus through infection control measures and disinfection practices. Hand sanitizer and other sanitary products should be readily available for employees and patients throughout the office/facility.

Offices should continue to use germicidal wipes to clean exam chairs and all equipment after every patient encounter. Additionally, facilities should regularly perform enhanced environmental cleaning of commonly touched surfaces, such as workstations, x-ray plates, counters, railings, door handles, clipboards, pens, chairs and other public area surfaces.

Care should also be taken in the handling of shoes and other products to limit opportunities for the transfer of the virus.

Offices should consider posting signage from the CDC and/or the Ohio Department of Health on office doors and in exam rooms with information for patients about best practices, such as: <a href="https://www.cdc.gov/flu/pdf/protect/cdc\_cough.pdf">https://www.cdc.gov/flu/pdf/protect/cdc\_cough.pdf</a>

## **Core Principle 4**: Protective Measures

It is strongly recommended that all practices develop a short and longterm plan for obtaining and utilizing protective equipment for the office.

All doctors and staff members are strongly encouraged to wear masks and should consider wearing gloves and protective footwear when interacting with patients. Some equipment may be unavailable due to shortages and offices are encouraged to review CDC guidelines and utilize the best methods available to provide protection for patients and staff members. Updated CDC guidelines on this topic can be found here: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>

As noted above, patients should also be asked to wear cloth face coverings or masks at all times while inside the office/facility. In accordance with CDC guidelines, staff members who do not interact with patients may be able use other methods of protection, such as cloth face coverings, if masks are not available in an adequate supply.

Doctors and staff members should wash hands before and after each patient encounter. Any gloves which are utilized during patient care should be properly removed and disposed of after each patient encounter.

A barrier shield may also be used around testing equipment and administrative areas due to the potential for close contact, such as the registration desk window.

Staff members should also have access to disinfectants, hand sanitizer, and soap and water. Staff members should receive job-specific training on utilizing these resources, including instruction on how to safely touch or adjust their mask or cloth face covering and performing hand hygiene immediately before and after.

Offices should regularly reinforce key messages — stay at home when ill, use cough and sneeze etiquette, and practicing regular hand hygiene — to all staff members and consider placing posters reiterating these issues in areas where they are most likely to be seen.

#### Resources for Podiatric Physicians:

Ohio Department of Health's Stay at Home Order: <a href="https://content.govdelivery.com/attachments/OHOOD/2020/04/02/file\_attachments/1418062/Signed%20Amended%20Director%27s%20">https://content.govdelivery.com/attachments/OHOOD/2020/04/02/file\_attachments/1418062/Signed%20Amended%20Director%27s%20</a> Stay%20At%20Home%20Order.pdf

State of Ohio COVID-19 Resources:

https://coronavirus.ohio.gov/wps/portal/gov/covid-19/home

CDC Guidelines for Infection Control COVID-19:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.

CDC Guidelines for Disinfection Methods:

https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

CDC Guidelines for Cloth Face Coverings for the General Public: <a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html</a>

#### FDA masks quidelines

https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks

Ohio Foot and Ankle Medical Association:

https://www.ohfama.org

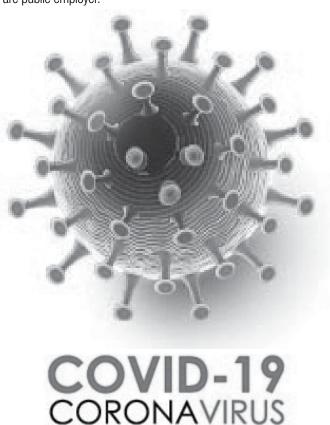
American Podiatric Medical Association COVID-19 Resource Page: <a href="https://www.APMA.org">https://www.APMA.org</a>

## **April 2020 BWC News from CareWorks Comp**

The real winners in life are the people who look at every situation with an expectation that they can make it work or make it better. 
~Barbara Pletcher

CareWorks Comp is acutely aware that the spread of coronavirus (COVID-19) is an escalating global health concern. In light of this, our clients will need our support more than ever in meeting the needs of their employees. We also recognize that a widespread outbreak could place increased demands on our capacity to meet those needs. We are fully committed to maintaining all services critical to the welfare of our clients and their employees. We will achieve this in a manner consistent with maintaining total focus on the health and safety of our own colleagues and their families.

In light of the COVID-19 pandemic and in order to provide the most timely and thorough information to all of our clients, we are including both public and private employer updates in this one newsletter. Please note that some of this information will not apply to you if you are public employer.



## **COVID-19 and Unemployment**

Due to the Covid-19 crisis many employers are facing difficult decisions regarding whether to retain their employees or lay them off. The Small Business Administration (SBA) is offering assistance through the Paycheck Protection Program (PPP) that was designed to keep your workforce employed during the Covid-19 crisis. This program is for small businesses with fewer than 500 employees, including sole proprietorships, independent contractors and self-employed persons. The loan may be forgiven if the funds are used for payroll costs and other criteria as defined by the SBA. You can obtain more information at <a href="https://www.sba.gov/page/coronavirus-covid-19-small-business-guidance-loan-resources">https://www.sba.gov/page/coronavirus-covid-19-small-business-guidance-loan-resources</a>.

Unemployment insurance consultation services are included in the services we provide to all members who are participants in CareWorks Comp workers' comp group rating programs. If you have specific questions about your unemployment issues you are welcome to email your questions to our Unemployment Services Department at unemployment@careworkscomp.com or call us at 614-526-7165. For further details and information here is the link to the Ohio Department of Jobs & Family Services website: <a href="http://jfs.ohio.gov/ouio/CoronavirusAndUI.stm">http://jfs.ohio.gov/ouio/CoronavirusAndUI.stm</a>

## Is COVID-19 a Compensable Workers' Compensation Claim?

Ohio BWC (as of 3/21/2020)

It depends on how you contract it and the nature of your occupation. Generally, communicable diseases like COVID-19 are not workers' compensation claims because people are exposed in a variety of ways, and few jobs have a hazard or risk of getting the diseases in a greater degree or a different manner than the general public. However, if you work in a job that poses a special hazard or risk and contract COVID-19 from the work exposure, BWC could allow your claim. For more information: <a href="https://info.bwc.ohio.gov/wps/portal/bwc/site/employer/resources/covid19questions/">https://info.bwc.ohio.gov/wps/portal/bwc/site/employer/resources/covid19questions/</a>

Continued on Page 8

SPRING 2020 | OHFAMA SPRING 2020 | OHFAMA

## Important BWC Policy Changes Regarding COVID-19

In response to COVID-19, the Ohio Bureau of Workers' Compensation (BWC) has announced several important policy changes which are currently scheduled to be in effect through April 30, 2020.

- BWC is extending all temporary total disability compensation benefits for claimant's who are receiving these benefits through April 30, 2020. The BWC is extending temporary total disability compensation benefits even without updated medical disability certification and support from the claimant's Physician of Record.
- BWC is extending all working wage loss and non-working wage loss benefits for a claimant who is currently receiving these benefits through April 30, 2020. The BWC is extending both working and non-working wage loss benefits and is not requiring a claimant to conduct an ongoing job search to be eligible for continued benefits.
- BWC is extending all forms of living maintenance benefits through April 30, 2020. A claimant is not required to be actively participating in a rehabilitation program to continue to receive these benefits.
- BWC is not suspending the payment of medical benefits or compensation for a claimant's failure to attend any scheduled Independent Medical Examinations (IME) during this period. Traditionally, if a claimant refuses to attend an IME, their claim is suspended until they attend the examination. However, due to COVID-19 the BWC is extending the payment of benefits through April 30, 2020 even if a claimant refuses to attend an IME.
- BWC has canceled all IMEs including 90-day, extent of disability, and permanent partial disability examinations. BWC is exploring alternative means of obtaining medical evidence including "virtual" examinations. However, as of now, there is no set policy in place as to when or how these alternative "virtual" examinations may be implemented.

## May 2020 On-Site CareWorks Comp Seminars Cancelled

In response to statewide implementation of Coronavirus (COVID-19) prevention measures, CareWorks Comp is canceling all upcoming onsite statewide seminars that were scheduled in 3 locations this May. We have chosen to cancel the seminars for the health and safety of our clients and our colleagues.

If you have already registered for one of the seminars, a CareWorks Comp colleague will be in touch with you in the very near future to discuss your options, including upcoming alternative training and education opportunities. We are committed to maintaining all services critical to the welfare and success of our clients. If you have any questions or concerns, please call our main office at 1.800.837.3200 and ask to speak with one of our customer service representatives.

## April BWC Safety Council Meetings Cancelled Statewide

In light of the state of emergency declared by Governor DeWine, the Ohio BWC advises its Ohio Safety Councils to suspend monthly meetings in March, April and May to minimize groups of people gathering as a measure to slow the spread of potential exposure. According to BWC attendance credits will still be given to members for March, April and May even though the actual meetings will not occur. Please note that on-line Safety Congress sessions DO NOT COUNT towards monthly Safety Council meetings. The BWC suggests for Safety Councils to present 2019 safety recognition awards to members at a future meeting, prior to June 30 if possible.

## Ohio BWC Deferral of Premiums: March, April, and May

Ohio's Bureau of Workers' Compensation (BWC) system is the exclusive provider of workers' compensation insurance in Ohio and serves 249,000 public and private employers. To help businesses facing difficulties due to the COVID-19 pandemic, the Ohio BWC is announcing that insurance premium installment payments due for March, April, and May for the current policy year may be deferred until June 1, 2020. At that time the matter will be reconsidered. "BWC will not cancel coverage or assess penalties for amounts not paid because of the coronavirus pandemic," said Lt. Governor Husted. "Installment payments due for the threemonth period are totaled at approximately \$200 million, and that money will now stay in the economy." For more information, visit bwc.ohio.gov.

## Ohio Industrial Commission Suspending In-Person Hearings

The Ohio Industrial Commission announced that beginning Wednesday, March 18, the Commission will begin conducting hearings by telephone for the following issues: permanent total disability, temporary total disability or the termination of temporary total disability, wage loss, allowance and additional allowance. All other hearing issues will be continued. CareWorks Comp will keep you updated on the status of hearings as the Ohio Industrial Commission makes them available.

Continued on Page 9

## Update on employer program reporting/ requirement deadlines

Some good news: The Ohio BWC will waiving all safety education and training requirements for this current 7/1/19 - 6/30/20 policy year for private employers for participants in the following programs:

- Drug-Free Safety Program.
- EM Cap Program.
- Grow Ohio.
- Industry-Specific Safety Program.
- One Claim Program.
- Policy Activity Rebate Program.

Discounts offered through these programs will be applied automatically. The 2020 public employer program participant requirements will be reviewed by the BWC in June. CareWorks Comp will communicate the BWC's plans with you at that time. Additionally, the annual report deadline submission for Drug-Free Safety Program participants has been extended to June 1, 2020.

## COVID-19: Is it Recordable on my OSHA 300 Log?

Federal OSHA (as of 3/23/2020)

COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties. However, employers are only responsible for recording cases of COVID-19 if all of the following are met:

- The case is a confirmed case of COVID-19 (see CDC information on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19);
- The case is work-related, as defined by 29 CFR 1904.5; and
- The case involves one or more of the general recording criteria set forth in 29 CFR 1904.7 (e.g. medical treatment beyond first-aid, days away from work).

For more information: <a href="https://www.osha.gov/SLTC/covid-19/standards.html">https://www.osha.gov/SLTC/covid-19/standards.html</a>

#### New Website For Businesses

Businesses and workers can now access all of these resources related to COVID-19 in one place at ohio.gov/BusinessHelp. The portal includes information on unemployment benefits, the Small Business Administration's Economic Injury Disaster Loan Program, the Liquor Buyback Program, modified rules for trucking to help ship critical supplies into the state, the delay of BWC Premiums, etc.

## **OHFAMA CLASSIFIEDS**

#### **Medical Equipment**

For Sale: MinXray P200 with 3 cartridges and orthoposer; can easily be upgraded to Digital X-ray. \$500 or Best Offer!! Call 216-267-0304 or email buckeyefootcare@sbcglobal.net

## Associate position available — Columbus Ohio

6 DPM practice with a partner retiring. Terrific opportunity to step into an established practice with tremendous growth potential. All aspects of foot and ankle care with unlimited diversity of pathology. Competitive compensation and benefit package. Email appropriate CV to mtran@steplively.org

## Associate position available — Cincinnati Ohio

Cincinnati Foot & Ankle Care (CFAC) is offering a partnership track opportunity for a capable podiatrist to meet our expansion needs. The ideal candidate must have excellent medical, surgical, communication, and organization skills with the ability to work well in a team environment amongst our constituency. Must be ABFAS certified as well or qualified.

CFAC is a fully merged, podiatrist-owned medical group operating across the Greater Cincinnati, Ohio region. Our regional scope and quality have generated dedicated referral relationships with some the region's highest quality primary care physicians and groups. Having the depth and resources of a large podiatry group, we have developed a business model that accelerates practice growth and success.

Our group offers an attractive employment package including guaranteed salary, health, retirement and other benefits and performance incentives. Partnership is typically considered after four years of employed status. Send your CV to

David.Gibson@MediSync.com



#### **OHIO BOARD OF PHARMACY**

## 4729:5-3-16 Returned drugs (Final 2/28/2020)

- (A) No drug that has been dispensed pursuant to a prescription or personally furnished by a prescriber and has left the physical premises of the terminal distributor of dangerous drugs shall be returned to the terminal distributor or dispensed or personally furnished again, except as follows:
  - (1) Drugs dispensed for inpatients, as defined in agency 4729 of the Administrative Code, or personally furnished to inpatients provided that:
    - (a) The drugs are packaged in unopened, single-dose or tamper-evident containers; and
    - (b) The drugs have not been in the possession of the ultimate user.
  - (2) Drugs dispensed for inpatients, as defined in agency 4729 of the Administrative Code, in accordance with rule 4729:5-9-02.11 of the Administrative Code.
  - (3) Drugs dispensed for outpatients in accordance with rule 4729:5-5-22 and 4729:5-5-18 of the Administrative Code.
  - (4) Drugs dispensed for patients, which have not been dispensed or personally furnished directly to the ultimate user, that require further manipulation prior to administration.

- (5) Drugs donated to a drug repository program in accordance with chapter 4729:5-10of the Administrative Code.
- (6) Drugs returned for destruction or disposal in accordance with division 4729:10 of the Administrative Code and rule 4729:5-5-14 of the Administrative Code.
- (7) Hazardous drugs for destruction or disposal in accordance with all applicable federal, state, and local laws, rules, and regulations.
- (B) As used in this rule, "hazardous drug" means any drug listed on the national institute for occupational safety and health's list of antineoplastic and other hazardous drugs in healthcare settings as referenced in rule 4729:7-1-01 of the Administrative Code.
- (C) Except as provided in section 4729.43 of the Revised Code, nothing in this rule prohibits a terminal distributor of dangerous drugs from administering a dangerous drug that was dispensed or personally furnished directly to a patient or patient's caregiver.

#### **MEDICARE**

## **Standard Written Order Requirements**

Effective January 1, 2020, the DME MACs have changed the requirement for a "Detailed Written Order" to a requirement for a "Standard Written Order." The Standard Written Order must include:

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order Date
- General description of the item
  - The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number
  - For equipment—In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (list each separately)
  - For supplies—In addition to the description of the base item, the DMEPOS order/prescription may include all

concurrently ordered supplies that are separately billed (list each separately)

- Quantity to be dispensed, if applicable
- Treating Practitioner Name or National Provider Identifier (NPI)
- Treating practitioner's signature

Unchanged from the direction that existed when a Detailed Written Order was required, is the instruction that if the prescribing practitioner is also the supplier, a Standard Written Order is not required as long as all of its required elements are documented in the medical record.

All mentions of "Detailed Written Order" have been removed from the DME MAC Local Coverage Article, "Standard Documentation Requirements for All Claims Submitted to DME MACs" and replaced with "Standard Written Order."



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## The 104th Annual Ohio Foot & Ankle Scientific Seminar

Virtual Seminar - 23 CECH | May 14 - 16, 2020

## **Virtual Meeting Details**

Registrants will attend the seminar virtually, which will give the registrant the ability to watch the seminar from their home or office. Registrants will sign into the session that they prefer at the start time and complete an evaluation at the end. Each session will be streamed so physicians may earn up to 23 CECH for the seminar depending on what is attended.

The seminar <u>will not</u> be recorded, and registrants will need to participate during the live presentations in order to receive continuing education credit. Complete virtual seminar details will be sent in early May with instructions on how to login, and other seminar information. There will be a virtual exhibit hall and those details will be sent to registrants the week of the seminar.

## **Physician Sessions**

## Thursday, May 14, 2020

**7:30 – 10:00 am** Opioid Prescribing, Pain management and Alternatives to Narcotics

8:00 – 9:30 am Breakout Session – Improving Patient Care While Avoiding Physician Burnout; Necessary Changes to Succeed in Private Practice

**10:00 – 11:30 am** Breakout Session – *APMA Coding and Documentation* - including telemedicine

10:30 – 11:30 am Wounds that Kill 11:30 am – 1:00 pm LUNCH AND LEARN

1:00 – 3:00 pm Scientific Paper & Poster Competitions: Presentations from Podiatric Physician Residents in Ohio

1:00 – 3:00 pm Breakout Session – *APMA Coding and Documentation* Continued

3:30 – 5:30 pm *PICA Risk Management Lecture* - My Life is OVER! - The Anatomy of a Malpractice Case

#### Friday, May 15, 2020

**7:30 – 9:30 am** The First Ray

7:30 – 9:30 am Breakout Session – Education Inside and Outside the Practice Walls Increases Positive Clinical Outcome

**10:00 – 11:30 am** Non-Operative Algorithms and Post-Operative Therapy

10:00 - 11:30 am Breakout Session: Emailing, Texting and Personal Devices; OSHA - The Blood Borne Pathogen Rule; Changes with

HIPAA Rules Due to Covid-19; and Telemedicine and Risk Management

11:30 am - 1:00 pm LUNCH - Visit Virtual Exhibit Hall

1:00 – 3:00 pm Achilles Tendon and Posterior Heel

1:00 – 3:00 pm Breakout Session – Creating and Implementing Proven Treatment Protocols to Improve Efficient Patient Care and Diagnosis

3:30 – 5:30 pm A Comprehensive Review of Diabetes

3:30 – 5:30 pm Breakout Session – Audit and Documentation Tips to Meet Guidelines for Podiatry

#### Saturday, May 16, 2020

**7:30 – 10:00 am** Flatfoot 2020 **9:45 – 11:30 am** The Ankle

9:45 – 11:30 am Breakout Session - Evaluation of the Vascular Status of the Podiatric Patient; and Venous Evaluation of the

Venous System of the Lower Limb and Foot

11:30 am - 1:00 pm LUNCH AND LEARN - Choose from one of the below:

1: Financially Surviving the Current COVID-19 Lockdown -OR- 2: Learning to Work ON Your Practice, Not Just IN It

1:00 – 3:00 pm Interesting Cases and/or Unusual Case Presentation

SPRING 2020 | OHFAMA SPRING 2020 | OHFAMA

Continued from Page 13

## **Assistants Sessions**

Registration available for Thursday, Friday or both days - select during registration.

#### Thursday, May 14, 2020

8:00 – 9:30 am OSHA and HIPAA – How to Integrate OSHA and HIPAA Compliance Into Your Daily Routine

10:00 – 11:30 am APMA Coding and Documentation - including telemedicine

1:00 – 3:00 pm APMA Coding and Documentation - including telemedicine continued

3:30 – 5:30 pm Front and Back Office Staff Working Together toward a Common Goal: The Patient Experience and Treatment

#### Friday, May 15, 2020

7:30 – 9:30 am Education Inside and Outside the Practice Walls Increases Positive Clinical Outcome

10:00 – 11:30 am Emailing, Texting and Personal Devices; OSHA – The Blood Borne Pathogen Rule; Changes with HIPAA Rules Due to Covid-19;

and Telemedicine and Risk Management

1:00 – 3:00 pm Creating and Implementing Proven Treatment Protocols to Improve Efficient Patient Care and Diagnosis

3:30 – 5:30 pm Audit and Documentation Tips to Meet Guidelines for Podiatry

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- Pan gram-negative bacteria
- Staphylococcus aureus\*
- \*If positive, reflex to mecA (methicillin resistance)



## **Physician Registration Form**

Please note that this is a Virtual Seminar ONLY.

Each session will be streamed so physicians may earn up to 23 CECH for the seminar

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THURSDAY (Check ALL that apply)  May 14, 2020	Thursday Morning — 7:30 AM - 11:30 AM  ☐ 7:30 - 10:00 AM — Opioid Prescribing, Pain Management and Alternatives to Narcotics ☐ 8:00 - 9:30 AM — Improving Patient Care While Avoiding Physician Burnout; Necessary Changes to Succeed in Private Practice ☐ 10:00 - 11:30 AM — APMA Breakout Session: Coding and Documentation ☐ 10:30 - 11:30 AM — Wounds that Kill ☐ Thursday Early Afternoon — 1:00 PM - 3:00 PM Please select ☐ Resident Paper Competition ☐ APMA Breakout Session: Coding and Documentation (Continued) ☐ Thursday Late Afternoon PICA LECTURE — 3:30 PM - 5:30 PM								
FRIDAY (Check ALL that apply) May 15, 2020	Friday Late Afternoon 3:30 PM – 5:	The Educe Non- Compared Educe Educe PM In and Pose Educe Educe PM In and Pose Educe Educe PM In and Pose Educe PM In and Pose Educe PM In and PM	-Operativ iling, Tex Commer terior He ing Prove	el n Treatment Protocols to Improve E	nerapy and Fraud, Wa Efficient Patier	ste and Abuse at Care and Diagnosis			
SATURDAY (Check ALL that apply) May 16, 2020	Saturday Morning — (Check ALL that Please select — 7:30 – 9:30 AM Please select — 9:45 – 11:30 AM Saturday Afternoon 1:00 – 3:45 PM	nt apply.)  Flatf  The	oot 2020 Ankle	Audit and Documentatio  Vascular Presentations  Case Presentation	п прѕ то мее	t Guidelines for Podiatry			
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## **Assistant Registration Form**

Please note that this is a Virtual Seminar ONLY.

Each session will be streamed so assistants may earn up to 14.5 CE Hours for the seminar depending on what is attended. Complete virtual seminar details will be sent in early May with instructions on how to login.

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Thursday May 14, 2020	ASSISTANTS F	Program   May	14, 2020   8:	00 AM - 5:30 PM				
Friday May 15, 2020	ASSISTANTS F	Program   May	15, 2020   7:	30 AM - 5:30 PM				
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Fax to 614.457.3375 for credit card only. Or register online at www.ohfama.org

## **UH Physician First in Ohio To Use Wound Care Imaging Device**



Windy Cole, DPM

Beachwood - University Hospitals Ahuja Medical Center (UH) is the first clinical setting in Ohio using special technology to identify harmful bacteria, leading to healing for patients suffering from chronic wounds.

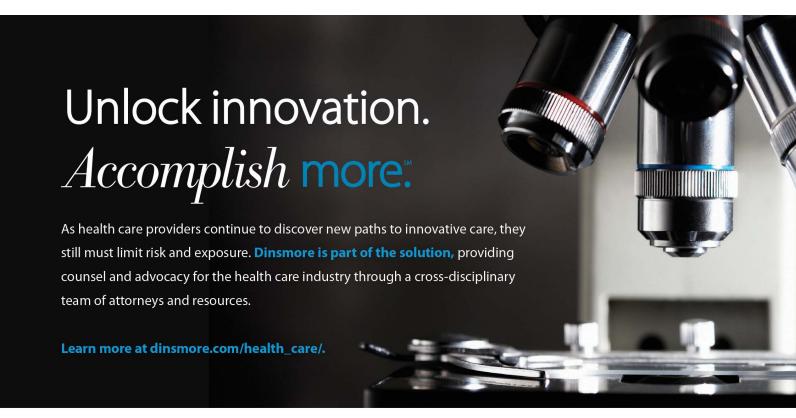
OHFAMA member, Windy Cole, DPM, Medical Director of the UH Ahuja Wound Care Center, conducted research studies utilizing the MolecuLight i:X<sup>0</sup> and is leading the use of the innovative device in Ohio. The MolecuLight i:X received FDA de novo clearance in

August 2018 and then 510(k) clearance in December 2019.

According to Dr. Cole, "A violet light is shone onto the area of the wound, and it excites bacteria on the surface. "In real-time, different types of bacteria fluoresce different colors, so we can tell if and where tissues have certain bacteria levels. The i:X device can detect bacteria at loads that delay wound healing and go undetected with standard

of care wound assessment. This means we're now able to see what's happening on and below the surface of these wounds, beyond the naked eye and before problems arise. Most often, patients we're seeing in the wound care center are those with chronic wounds," said Dr. Cole. "We consider chronic wounds to be those that have been open for longer than four weeks. Many of our patients have been through trauma or have systemic diseases such as diabetes, peripheral arterial disease or peripheral vascular disease that make the healing process very slow."

The fluorescence imaging provided by the MolecuLight i:X is considered a crucial addition to existing wound care techniques, as it makes real-time detection of concerning bacterial levels possible, which physicians can't otherwise see. The MolecuLight i:X imaging procedure is non-invasive, painless and does not involve any radiation or contrast agents. A wound may look normal to the human eye during an exam, but when a portion of the wound glows red or cyan in an image from the i:X, it reveals that dangerous amounts of bacteria are present. The physician can then treat the affected tissue and/or prescribe medication. Follow-up images with the MolecuLight i:X can also monitor progress, measure wound size, and help guide the patient's treatment plan.





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