

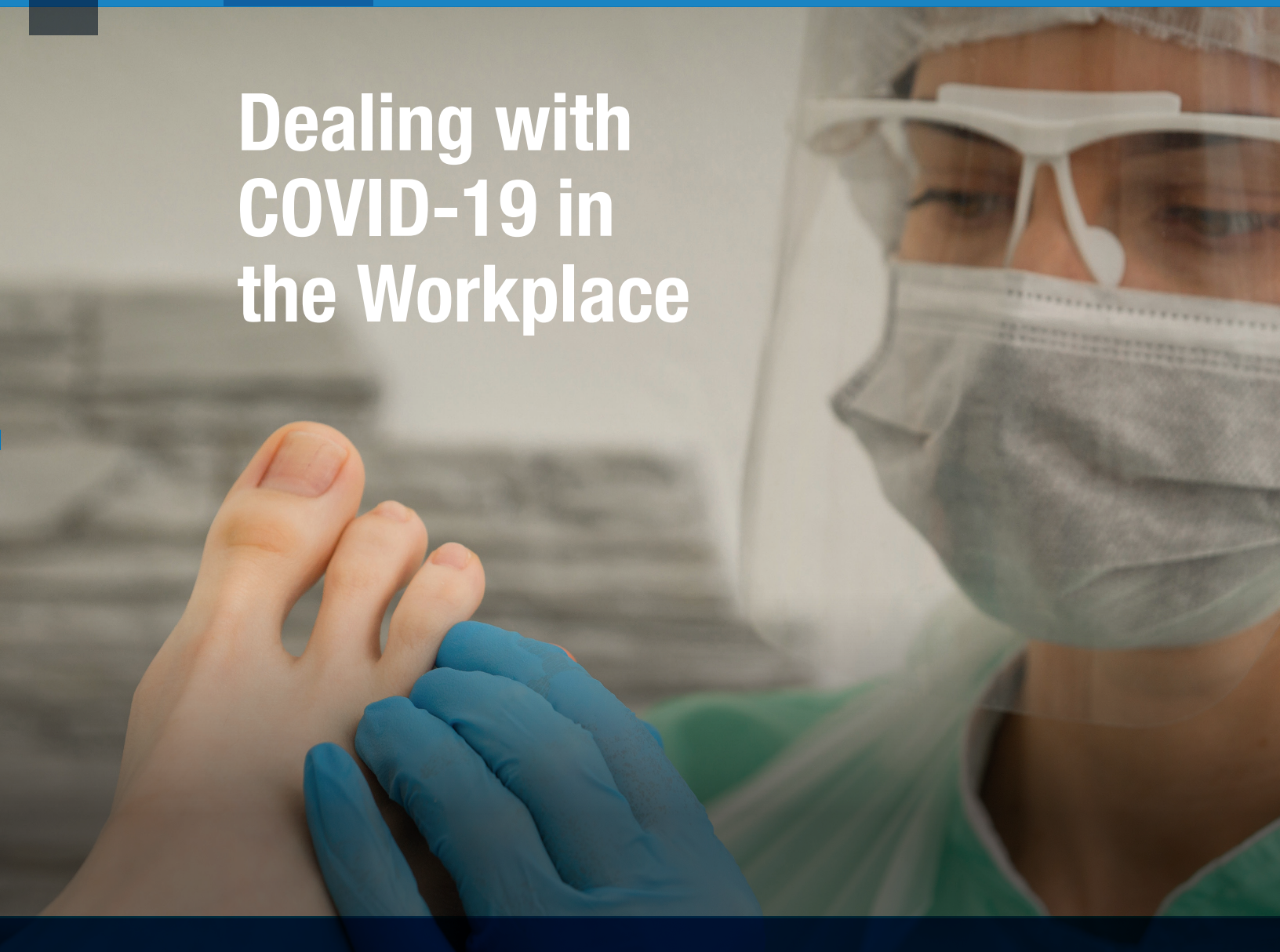
THE OHFAMA JOURNAL



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

VOLUME 62 | NUMBER 3 | SUMMER 2020

Dealing with COVID-19 in the Workplace



IN THIS ISSUE

President's Message 2
Mathy Named Executive Director 2
Get to Know Mike Mathy 3
Dealing with COVID-19 in the Workplace .4
Will a waiver protect me? 6

OHFAMA Seeks Feedback on
Proposed Bylaws Changes 8
Legal and Legislative Updates 10
COVID-19 News Briefs 12
OHFAMA News Briefs 13

Calendar of Events 13
OPPAC Contributors for 2020 13
APMA News Briefs 14
Other News 15
Virtual Seminar a Success 19

A WORD FROM THE PRESIDENT

Richard Kunig, DPM

The New Normal



Richard Kunig, DPM

What a fantastic seminar! OHFAMA's 104th Annual Scientific Seminar and the first virtual seminar. If you were not able to attend, you missed a great virtual platform with the same excellent speakers we have come to expect. We had attendees from twenty-four states and one from the Virgin Islands. Isn't technology grand?

We featured a virtual exhibit hall and were able to visit with the vendors that support OHFAMA. There was even our annual PICA presentation.

I hope that by next May we will be back at the Hilton at Easton and be able to present the seminar virtually as well.

My greatest thanks to Luci Ridolfo for being able to convert this year's seminar to a virtual platform in roughly a six-week timeframe.

Memorial Day was the unofficial start to summer. Moreover, yes, this summer is going to be weird. As we begin to transition from our "shelter at home" order and virtual patient encounters through tele-health, we realize that it will be a long time before things are normal again. Most of us are not patient. As Queen sang, "I want it all and I want it now." We miss our patients; we miss socializing with friends & family. We miss normal.

Dr. Rumberg quietly retired May 31st. Due to social distancing there was no fanfare, no hoopla, just a slow transition from Ohio to Virginia. We wish her well upon retiring and hope to schedule the "hoopla" later. On a date that will allow each of us to celebrate with Jimelle in person.

Michael Mathy, CAE began as OHFAMA's new executive director June 1st. Please welcome him as he jumps in with both feet.

As social distancing guidelines are eased, I hope we will be able to have academy meetings once again and may even be able to schedule a visit with Mike and myself at one of those meetings.

OPPAC has been far too quiet for too long. Elections will be here soon and OPPAC needs to be able to support the candidates that support podiatry. Please consider either a one-time donation or set up a quarterly plan on your personal credit card. (Not a business credit card)

Please check the OHFAMA website for information on the by-laws changes that are scheduled for a vote at this year's HOD in November.

As summer continues, I hope you will be as happy as a seagull with a french fry.

Richard Kunig, DPM, President

Mathy Named OHFAMA Executive Director

The Ohio Foot and Ankle Medical Association named Mike Mathy, CAE, executive director on May 2. Mathy started in his new role on June 1 following the retirement of Jimelle Rumberg, PhD, on May 29 after over 13 years of service as OHFAMA executive director.

Mathy comes to OHFAMA after a six-year tenure at Association Acumen, a Milwaukee-based association management company, where he has served as executive director of the Federation of Clinical Immunology Societies, an international organization of translational immunologists aimed at fostering interdisciplinary approaches to both understand and treat immune-based diseases. Mathy simultaneously served as executive director of the National Vehicle Leasing Association, the leading trade association for the independent vehicle leasing community.

"I look forward to working with the Board of Trustees and membership to build on OHFAMA's success in advancing the field of podiatric medicine in Ohio," said Mathy. "Together, we will

continue to advance OHFAMA's mission to ensure the highest quality of medical and surgical foot and ankle care through advocacy, education and public awareness."

Mathy, who started his career as a legislative aide in the Wisconsin Legislature, has over 13 years in advocacy and executive leadership roles at regional, national and international trade associations and medical societies. Mathy received Bachelor of Science degree in Political Science from the University of Wisconsin Oshkosh in 2001 and earned the Certified Association Executive (CAE) designation in 2017.

"Mr. Mathy brings a unique mix of legislative advocacy and several years of association executive director leadership," said OHFAMA President Rich Kunig, DPM. "Mike's a very energetic individual that projects a positive attitude. These fine qualities led us to believe he will continue the mission, goals and vision of OHFAMA."

Get to Know New OHFAMA Executive Director Mike Mathy



Mike Mathy, CAE

What excites you about taking on the role of OHFAMA Executive Director?

One of the best parts about being an association management professional is the opportunity to work with passionate professionals who are dedicated to advancing their profession and the lives of their patients.

Throughout the interview process, I was continuously impressed by the enthusiasm OHFAMA leaders have for their association. The obvious passion of OHFAMA leaders coupled with the tenure of its employees told me that OHFAMA is a special organization in the association landscape.

I'm pleased to report that my first impressions of OHFAMA have proven correct during my first 1.5 months as your executive director!

As someone who is always on the move, I know firsthand that good foot health is vital to good overall health. OHFAMA members

are champions for quality foot and ankle medical care and are dedicated to keep Ohioans on their feet.

It's truly an honor and privilege to have been selected by the Board of Trustees to guide a medical society with such a long and distinguished history. My promise to you is to tirelessly work with you and on your behalf to protect, promote, and advance podiatric medicine in Ohio.

How have you spent the first six weeks on the job?

I've joked with friends that, given our short summers, no Midwesterner wants to start a new job on June 1! However, with the COVID-19 pandemic, it has been a blessing to be able to devote so much time and energy to getting up to speed during this unusual summer.

My first order of business was to reach out to current and former OHFAMA leaders to learn more about them and gain their perspective on the challenges and opportunities facing podiatry and the organization.

I've also participated in a few virtual Academy meetings to introduce myself and learn more about what is happening at the Academy level throughout the state. While COVID-19 is preventing me from attending in-person meetings for the time being, I will continue to meet with Academy leaders to discuss ways we can work together to advance podiatric medicine in all corners of Ohio.

Lastly, I've had the opportunity to attend Medical Board of Ohio meetings, gain insight on legislative and regulatory issues and challenges facing OHFAMA members, and work with Dr. Richard Schilling and our talented lobbying team, Dan Leite and Courtney Sanders, to continue our efforts to advance the flu shot bill through the Ohio General Assembly.

Of course, I've also spent a considerable amount of time getting to know the talented staff who work on your behalf every day. I look forward to working with the team to continue to enhance member benefits, leverage technology to improve operational efficiency, and better serve the needs of OHFAMA members.

What do you like to do outside of work?

Above all, I love spending time with my daughters, Addison (7) and Aubrey (5). Together, we enjoy swimming, exploring Metroparks, ice skating, and visiting the many kid-friendly places in Columbus, including the Zoo, Zoombezi Bay, and COSI.

I also love traveling, politics, riding my bicycles, hiking, golfing, and running. As a native Wisconsinite, I am a huge fan of the Wisconsin Badgers (sorry, Buckeyes fans!), Green Bay Packers, and Milwaukee Brewers. I have, however, adopted the Columbus Blue Jackets as my NHL team!

Dealing with COVID-19 in the Workplace

Over the past four months, podiatric physicians throughout the country have reported COVID-19 scares in the office. As COVID-19 continues to spread, it is not a matter of “if”, but “when” your scare will happen, so be prepared.

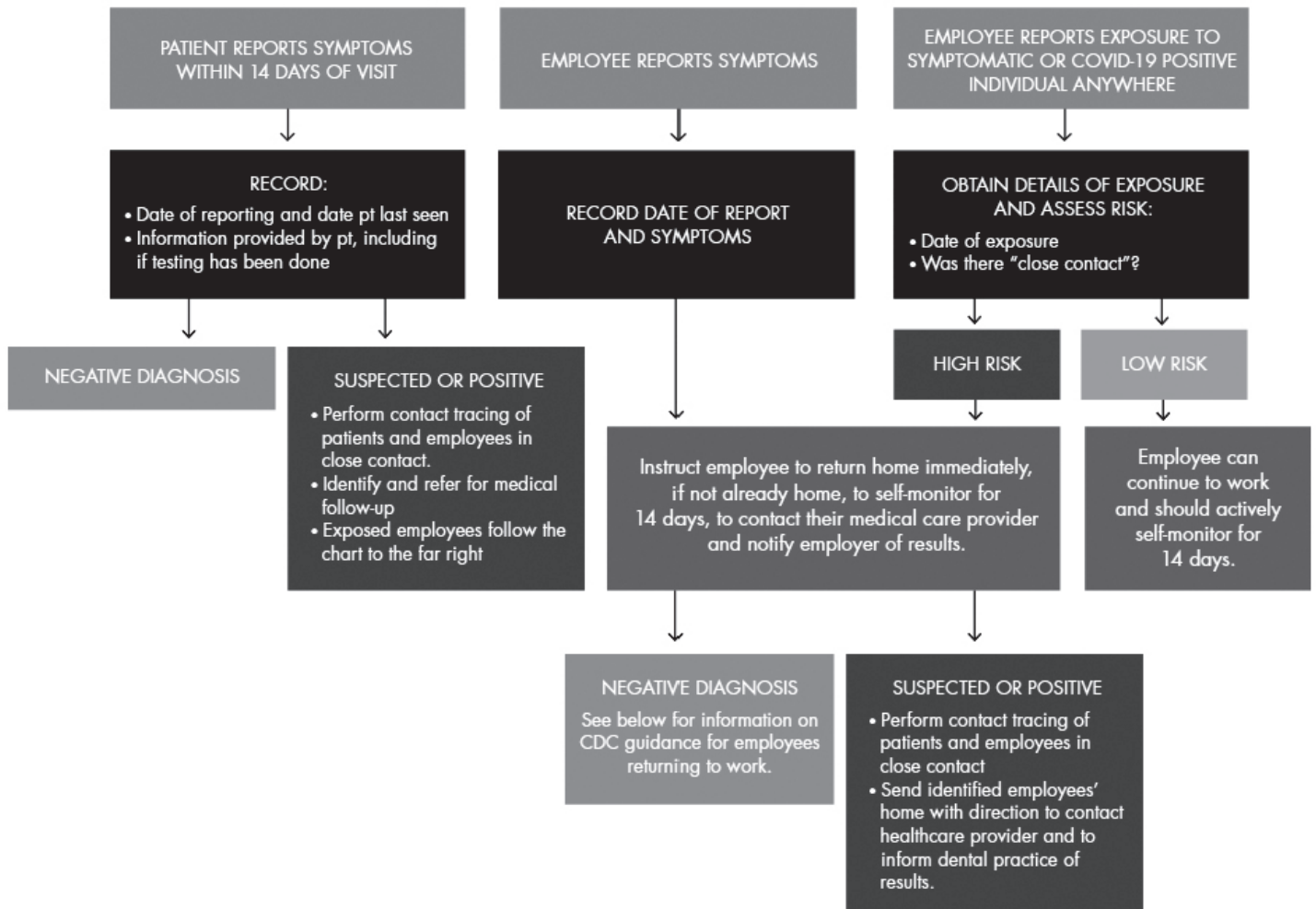
What can you do to protect your practice from COVID-19? What should you do if one of your employees is exposed or potentially exposed to COVID-19?

According to OSHA’s Guidance on Preparing Workplaces for COVID-19, prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, customers, visitors, and others at a medical practice.

Employers should inform and encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure. Employers should further develop policies and procedures for employees to report when they are sick or experiencing symptoms of COVID-19.

Decisions about when to allow employees with confirmed or suspected COVID-19 to return to work should be made in the context of local circumstances. Stay abreast of guidance from federal, state, and local health agencies, and consider how to incorporate those recommendations and resources into your workplace-specific plans.

Symptoms/Positive Test for COVID-19



The following is the CDC's guidance on when an employee suspected or having COVID 19 may return to work:

Symptomatic Employees with Suspected or Confirmed COVID 19

- Symptom-based strategy. Exclude from work until:
 - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
 - At least 10 days have passed since symptoms first appeared
- Test-based strategy. Exclude from work until:
 - Resolution of fever without the use of fever-reducing medications and
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
 - Negative COVID 19 test results from at least two consecutive respiratory specimens collected at least 24 hours apart

Asymptomatic Employees with Confirmed COVID 19

- Time-based strategy. Exclude from work until:
 - 10 days have passed since the date of their first positive COVID 19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used.
 - Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
- Test-based strategy. Exclude from work until:
 - Negative COVID 19 test results from at least two consecutive respiratory specimens collected at least 24 hours apart

NEW!

Skin Infection DNA Testing



The most accurate diagnostic method, combined with ease of use and rapid results.

- ✓ Rapid test results to drive faster patient care
- ✓ Highest sensitivity and specificity test available
- ✓ Definitive diagnosis for effective therapy decisions
- ✓ Simple skin scraping collection technique

Comparison of Tests

	Culture	Histopathology	KOH (fungal)	Web Space DNA Test
Turnaround Time	2-28 days	2-3 days	Same day	1-2 days
Sensitivity	50-75%	85-90% ¹	73-91% ²	92-100% ³
Specificity	100%	72% ¹	42-91% ²	97-100% ³

Ask Us How to Get Started. Visit: bakodx.com/webpace

¹ J Am Acad Dermatol. 2003 Aug;49(2):193-7.

² Jacob Oren Levitt, Barrie H. Levitt, Arash Akhavan, and Howard Yanofsky, "The Sensitivity and Specificity of Potassium Hydroxide Smear and Fungal Culture Relative to Clinical Assessment in the Evaluation of Tinea Pedis: A Pooled Analysis," *Dermatology Research and Practice*, vol. 2010, Article ID 764843, 8 pages, 2010; *Journal of Basic & Clinical Medicine* 2016; 5(2):4-6

³ Internal validation study compared to NYS Dermatophyte, NYS Candida, and Sanger DNA sequencing.

Will a Waiver Protect Me from COVID-19 Infection Claims?

By Ike Devji, JD

As physicians across the country get their practices reopened and back to the new normal, we examine COVID-19 infection liability waivers and their effectiveness in managing patient infection lawsuits.

Coronavirus infection liability creates significant professional and personal legal risk for doctors. From family practices to cosmetic surgery, practices are struggling to survive a recession with a combination of reduced patient volume due to fear of infections and lockdowns; labor shortages; and now, a massive number of unemployed, hence uninsured, patients. We've followed a variety of risks since the crisis emerged, including a look at the ways a global pandemic threatens the solvency of medical practices and additional COVID-19 malpractice risks including shifting standards of care as more states are now operating at or near their crisis contingency plans.

Shockingly, practices across the country are taking very different approaches to protect their patients and staff. One medical professional told me about her own recent medical visit to her physician; no pre-screening, no temp check, no signage about not entering if sick, no social distancing, and no masks. She asked her doctor why they weren't taking those basic precautions and he responded, "Well, we haven't had any cases in here yet". My response was that a doctor's office should be at least as hard to get into as an Apple store.

Will A Covid-19 Infection Liability Waiver Protect Me?

A well drafted waiver can be one part of a risk management plan but like most asset protection strategies, should not be relied upon as complete protection on its own. Waivers cannot provide a shield against reckless or intentional conduct and are typically only effective against mere "negligence". Waivers may be frowned upon by courts, are construed in favor of the plaintiff and may also specifically be void for public policy in certain settings. As such, waivers should narrowly comply with state law and should be professionally drafted. Other layers of protection should always include insurance and fact specific legal tools.

Enforceability of Waivers — Four Important Factors the Courts Will Examine

1. Was it clear and obvious that they were signing a "Covid19 Infection Liability Waiver" and that it "may affect important rights and future legal remedies"? (make it dummy-proof, don't minimize its importance at check in or pre-screening, etc.)
2. Was the too broad or inclusive or was it narrowly drafted with language specific to the risk of COVID-19 infection in a public setting? Avoid 'kitchen-sink' waivers that throw in too many items.
3. Did the patient have meaningful opportunity to review, question and reject the waiver before treatment was rendered? Did the patient have a choice (i.e. emergency services were required)

and did they provide informed consent? Consider providing the waiver in advance as part of your pre-screening process.

4. Evidence of sterilization and safety standard compliance is another vital line of defense. Is your organization able to provide affirmative defenses like the following about the proactive steps you took and the expenses you incurred specifically to prevent infection?
 - Are you compliant with standards and safety protocols established by local, state and federal law?
 - Are you compliant with industry standards including any guidelines provided by your specialty medical associations?
 - Do you have a uniformly enforced infection compliance and office safety program in place for sterilization and staff and patient screening that all staff and patients are aware of? Yes, this means denying service to those who won't comply.

Are You Obtaining Specific Informed Consent on Infection and All Other Associated Risks?

Obtaining informed consent about COVID-19 infection risks and all its other potential effects on patient treatment is another vital affirmative defense and waivers are always more effective when backed by it. Effective informed consent forms and procedures DO NOT merely add a line about infection risk, seek professional guidance and document this additional communication carefully.

Will a Waiver Protect Me from COVID-19 Infection Claims? (Continued)

Think broadly and advise patients of possible treatment delays that may occur due to their illness, staff illness, local law (lockdowns, elective treatment restrictions), hospital bed availability, PPE availability and other issues beyond your control.

- Discuss options for and risks of delayed treatment
- Disclose your COVID-19 screening and testing requirements to be cleared for treatment including the risks of false negative tests
- Discuss post treatment follow up protocols

Ike Devji, JD, has practiced law exclusively in the areas of asset protection, risk management and wealth preservation for the last 16 years. He helps protect a national client base with more than \$5 billion in personal assets, including several thousand physicians. He is a contributing author to multiple books for physicians and a frequent medical conference speaker and CME presenter. Learn more at www.ProAssetProtection.com.

This article was originally published at www.PhysiciansPractice.com, 'The nation's leading practice management resource'.



Horizon is proud to support the Ohio Foot & Ankle Medical Association's Annual Meeting.

Horizon is focused on researching, developing and commercializing medicines that address critical needs for people impacted by rare and rheumatic diseases. Our pipeline is purposeful: we apply scientific expertise and courage to bring clinically meaningful therapies to patients. At Horizon, we believe science and compassion must work together to transform lives.

horizontherapeutics.com

OHFAMA Board of Trustees, Bylaws Committee Seeks Feedback on Proposed Bylaws Changes

The OHFAMA Board of Trustees (BOT) is seeking your input on proposed changes to the OHFAMA bylaws, including the proposed shift from a House of Delegates to an Annual Business Meeting, to be considered at the 2020 House of Delegates on November 13-14 in Columbus.

OHFAMA Members are encouraged to visit the House of Delegates webpage on the OHFAMA website (www.ohfama.org) to view the culmination of three years of work from the Bylaws Committee on proposed changes to OHFAMA's governing documents.

The web page includes a video overview from Bylaws Committee chair Dr. Marc Greenberg, research from the OHFAMA House of Delegates Assessment Committee, a sample Annual Business Meeting agenda, competing versions of the proposed bylaws changes, and a brief survey.

Members' comments, questions, and concerns will be presented to the Board of Trustees and Bylaws Committee and factored into the final proposals to be presented for review and consideration at the 2020 House of Delegates.

The Bylaws Committee is composed of Midwest Academy Trustee Dr. Marc Greenberg (chair), 2nd Vice President Dr. Sarah Abshier, Northeast Academy Trustee Dr. Mark Gould, and OHFAMA President Dr. Rich Kunig.

Q&A with Bylaws Committee Chair Marc Greenberg, DPM



Marc Greenberg, DPM

Dr. Marc Greenberg answers questions from members related to the proposed changes to the OHFAMA bylaws, most notably a shift from a House of Delegates to an Annual Business Meeting.

1. *What is the motivation to change from a House of Delegates to an Annual Business Meeting?*

The OHFAMA HOD Assessment Committee (OHAC) was formed in 2019 to evaluate if there is a better model for an annual meeting that OHFAMA should follow. OHAC members developed a list of questions and conducted a comprehensive survey of leaders from 39 state podiatric medical associations.

The survey results found only four state podiatric medical associations have a House of Delegates and switching to an Annual Business Meeting would result in shorter, more efficient meetings. In addition, the shift to an Annual Business Meeting could save the association \$6,000–\$7,000 annually while maintaining membership voting power on issues like the budget and elections.

Please view Resolution 19–01 and the OHAC report on the House of Delegates webpage on the OHFAMA website for the reasoning and statistics behind the recommended shift to an Annual Business Meeting.

2. *What are the main differences between a House of Delegates and Annual Business Meeting?*

Generally, you will see these two meeting formats have a lot in common.

The main difference is that the Annual Business Meeting model has a bit less formality and is more streamlined like a typical company business meeting, with many reports submitted for member review rather than being presented.

The most important components of the House of Delegates are still intact in the Annual Business Meeting format, including presentations from key leadership and select guests, discussion of policy amendments, budget presentation, and officer elections.

3. *Does the change to an Annual Business Meeting eliminate individual Academy representation?*

No. Academies are still represented in several ways. Academies would still have a Trustee on the BOT and be able to forward any policy idea to the BOT at any point in the year. The BOT can then act on the policy in whatever capacity is appropriate and within our bylaws.

If an issue would take a significant budgetary commitment or would result in a bylaws change then that must be moved to the agenda for the next Annual Business Meeting for the membership present to vote upon. Academies are also represented by members attending the Annual Business Meeting.

4. *Does this mean any member can attend the Annual Business Meeting?*

Yes. Any member in good standing can participate and vote in the Annual Business Meeting. Membership and dues

payment procedures are defined by the APMA Bylaws and OHFAMA Bylaws. "In Good Standing" is defined in the current and proposed OHFAMA bylaws without changes in Article III, Section C.

5. *Would the change to an Annual Business Meeting give too much power to the Board of Trustees?*

The Bylaws Committee feels strongly that there would be no shift in power with the change to the Annual Business Model.

OHFAMA has checks and balances between the Executive Committee, the BOT, and membership and these would remain in place under the proposed Annual Business Meeting model. In fact, elections and budget approval would continue to stay exclusively within the hands of the membership, as it is now.

The shift to an Annual Business Meeting would provide a quicker process for the Academies or BOT to forward ideas to action on important business matters, rather than submitting and waiting for the next HOD to roll around, but there would be no more proposed power in the BOT's hands than there is right now.

On the contrary, one could argue that permitting more members to be present at an Annual Business Meeting than our current HOD Delegates, and because *all* members have one, equal vote, the new model could potentially have the effect of decreasing the voting power of the BOT on bylaws and major policy issues.

Also remember that the trustees are not just elected from anywhere in Ohio. They are each elected from their own specific region of the state, and while we are on one Board and often work as a whole to make decisions that benefit us all, we represent our constituents back in our Academies.

6. *When would the Annual Business Meeting take place?*

The OHAC research and membership survey suggests pairing a two-hour Annual Business Meeting with a CME event each fall. Many states report that a two-hour business meeting over lunch during a CME event is an effective means to draw maximum participation for the Annual Business Meeting.

Coupling these activities would provide cost savings on facility-related costs and open up new sponsorship and CME revenue opportunities.

7. *What other changes to the bylaws are being proposed?*

The 2020 House of Delegates will consider several other proposed bylaws changes, including updates to membership provisions stemming from recent changes to APMA bylaws. A summary of proposed changes is included in this issue of *The OHFAMA Journal*.

Summary of Changes to the OHFAMA Bylaws

1. APMA bylaws changes that required OHFAMA bylaws matching changes.
2. 2019 OHFAMA HOD Propositions and Resolutions resulting in changes.
3. Other miscellaneous changes.

.....

1. APMA bylaws changes that required matching OHFAMA bylaws changes.

- a. Membership category definition changes.
- b. Membership and dues payment procedures.

2. 2019 OHFAMA HOD Propositions and Resolutions resulting in changes.

- a. Proposition A-19: Defined a term length for the Young Member Trustee to match the three-year terms of all other Trustees.
- b. Resolution 19-01: Proposal for an OHFAMA Annual Business Meeting (ABM) to replace the OHFAMA HOD.
- c. Resolution 19-02: Changed the chair of the Finance & Budget Committee from a Trustee on the Committee to the Secretary/Treasurer of OHFAMA.

3. Other miscellaneous changes.

- a. Federal Services Member category created for OHFAMA.
- b. Name changes such as the name of some of the member categories and Budget & Finance Committee.
- c. Removal of dues and fees references from the bylaws and creating a separate document for this called the "OHFAMA Dues and Fees Schedule".
- d. Correction of a typo/misplaced section from Active Member to Postgraduate Member definition.
- e. Adding a five-year term limit of the OHFAMA Secretary/Treasurer.
- f. Defining procedures for replacing a possible vacancy of the Young Member Trustee and APMA 2nd Alternate Delegate positions.
- g. Adding the ability of the BOT to have electronic voting on business matters.
- h. Adding and defining an Emergency Bylaws Amendment policy for the OHFAMA Annual Meeting (HOD or ABM), mimicking the APMA definition.

Flu Shot Bill Advances in Ohio General Assembly

A bill that would enable podiatrists in Ohio to administer flu shots to individuals seven-years-old or older unanimously passed the Ohio Senate on February 12.

Senate Bill 178, authored by Senator Kirk Schuring (R-Canton), was introduced in July 2019 in response to requests from patients to be able to receive a flu vaccination during visits to see their podiatric physician. An unintended omission from Ohio law currently prevents podiatric physicians from providing flu shots to their patients.

In his testimony before the Ohio Senate Health, Human Services and Medicaid Committee, OHFAMA past president Richard Schilling, DPM, FACFAS, said the legislation will improve public health by permitting podiatric physicians to serve as another point of contact for Ohioans seeking flu vaccinations each year.

"This common sense legislation will provide the people of Ohio with greater access to flu shots, which will help reduce hospitalizations, loss of productivity due to lost time at work, and unfortunate deaths that are attributed annually to the flu," said Schilling, President and Owner of ABC Podiatry in Columbus.

An estimated 8% of the U.S. population contracts the flu each year resulting in 200,000 hospitalizations and over 20,000 deaths. The flu vaccine has been shown to significantly reduce the incidence and severity of flu-related illness and is one of our most powerful defenses against the flu.

SB 178 received a second hearing before the House Health Committee on June 9. Committee Chairman Scott Lipps, who has a strong relationship with podiatry and is an advocate for our profession, is in strong support of SB 178. The bill is expected to advance out of the committee to the full House of Representatives when the General Assembly reconvenes following summer recess. It is OHFAMA's goal to have this bill signed into law by the end of the year.

The legislation is co-sponsored by Senators Eklund, Maharath, Hackett, Antonio, Blessing, Brenner, Burke, Coley, Craig, Fedor, Gavarone, Hoagland, Hottinger, Huffman, M., Huffman, S., Johnson, Kunze, Lehner, Manning, Obhof, Peterson, Roegner, Sykes, Thomas, Wilson, and Yuko.



Dr. Richard Schilling (right) and OHFAMA Executive Director Mike Mathy prior to Dr. Schilling's testimony before the House Health Committee on June 9

LEGAL AND LEGISLATIVE UPDATES

Ohio House and Senate Pass Bill to Protect Health Care Providers from Civil Liability, Professional Disciplinary Actions

By Daniel S. Zinsmaster and Courtney M. White, Dinsmore & Shohl LLP

In late May and early June 2020, the Ohio House of Representatives and Senate voted overwhelmingly in favor of House Bill 606, known as the “Good Samaritan Expansion Bill.” The bill grants temporary immunity from civil liability and professional disciplinary actions to a wide range of health care providers, including podiatrists, for injury, death, or damages arising from health care services rendered in response to the COVID-19 pandemic. The immunity will also protect health care facilities, such as hospitals, podiatry and physician practices, and other settings where health care services are provided.

The immunity is limited insofar as it does not apply to actions that constitute reckless disregard, willful misconduct, or gross negligence, nor will it immunize health care providers practicing outside the scope of their skills, education, and training unless such actions are undertaken in good faith and in response to a lack of resources caused by the COVID-19 emergency. The bill defines “reckless disregard” as “conduct by which, with heedless indifference to the consequences, the health care provider disregards a substantial and unjustifiable risk that the health care provider’s conduct is likely to cause, at the time health care or emergency services were rendered, an unreasonable risk of injury, death, or loss to person or property.” Despite these limitations, the bill affords expansive protection to providers and facilities acting in good faith to treat patients in response to this pandemic.

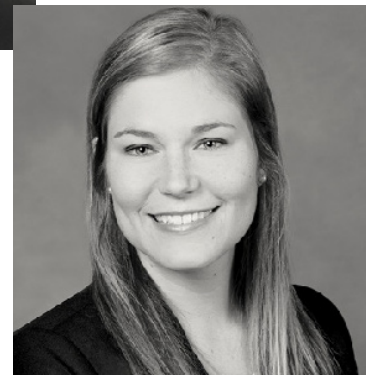
Throughout the COVID-19 crisis, health care providers and facilities have suffered from a lack of scientific data and a constantly changing landscape of guidance from organizations such as the Centers for Disease Control and Prevention. In passing this bill, the Ohio House of Representatives and Senate have acknowledged the precarious nature of providing health care services in the midst of a pandemic and the risks inherent in making health care decisions based on sparse information. Granting immunity to health care providers and facilities will provide much-needed

stability by better enabling such providers and facilities to take action to treat patients and address the pandemic.

The Good Samaritan Expansion Bill is awaiting action in the House to accept or reject the proposed amendments from the Senate. The House is tentatively scheduled to convene on September 15, 2020. If enacted into law, the immunity provisions will retroactively be made effective as of March 9, 2020, the date of Governor Mike DeWine’s order declaring a state of emergency in Ohio due to the threat of COVID-19, and will extend to December 31, 2020.



Dan Zinsmaster, JD



Courtney White, JD

Ohio Department of Medicaid (ODM) Adopts New Emergency Telehealth Rule

The Ohio Department of Medicaid (ODM) adopted new emergency rule 5160-1-18, "Telehealth" on July 17 in a continued response to the coronavirus pandemic. This rule combines all the flexibilities of the previous emergency telehealth policies and continues to provide the same flexibilities for providers and Medicaid covered individuals in need of care.

- The definition of telehealth now includes additional forms of communication during a state of emergency. This includes telephone calls, fax, email, and other communication methods that do not have audio and video elements.
- Medicaid covered individuals can access telehealth services wherever they are located. This includes homes, schools, temporary housing, hospitals, nursing facilities, group homes, and any other location, except for a prison or correctional facility.
- Eligible providers can deliver telehealth services from any location, including their own home offices and other non-institutional settings.

- Individuals with Medicaid can access telehealth services without having to be established with a provider. This means providers can see new and existing patients for all telehealth services.
- Medicaid is covering new types of rendering practitioners and billing providers for the services they deliver through telehealth.
- Medicaid is covering many more services when they are delivered through telehealth, including a number of previously uncovered services that are covered by Medicare.
- The emergency rule also adopts guidelines found in the Office of Civil Rights' "Notification of HIPAA Enforcement Discretion for Telehealth Remote Communication During the COVID-19 Nationwide Public Emergency."

Additional COVID-19 information and resources can be found at coronavirus.ohio.gov or by calling 1-833-4-ASK-ODH (1-833-427-5634).

Ohio BWC Defers Premium Installments

The Ohio Bureau of Workers' Compensation (BWC) is deferring Ohio employers' premium installments for the months of July and August until September 1st. Businesses will have the option to defer the monthly premium payments with no financial penalties.

"By extending the premium due date, businesses can continue to focus on the safety and well-being of their employees and customers during this health pandemic," said Governor Mike DeWine.

This is the second payment deferral BWC has given to employers amid the ongoing COVID-19 pandemic. The deferral is designed to help employers focus financial resources on re-opening their businesses under the Responsible RestartOhio Plan.

Ohio Department of Health Releases Guidance on Business Events

Recent guidance from the Ohio Department of Health (ODH) paves the way for OHFAMA and Academy to hold in-person events this fall provided social distancing guidelines are maintained.

According to a recent ODH update, in-person business meetings can take place if they are part of normal operations and feature fewer than 300 attendees at the event. Protocols also include six feet between tables, no congregating of attendees, and face coverings in all counties designated as a Red Alert Level 3 Public Health Emergency or a Purple Alert Level 4 Public Health Emergency.

Additionally, organizations must follow the general office social distancing guidelines, especially maintaining social distancing, when hosting any event. If a meal is provided, ODH restaurant guidelines must also be followed.

Additional information related to responsible business guidelines can be found at <https://coronavirus.ohio.gov>. Academy officers planning meetings are encouraged to consult with OHFAMA staff if planning to hold an in-person event this fall.

OHFAMA NEWS BRIEFS

OHFAMA Offers Webinar Tool to Facilitate Academy Meetings, Events

Following the success of the Annual Seminar, OHFAMA is pleased to offer each Academy the opportunity to hold virtual events and meetings via OHFAMA's GoToMeeting subscription.

Please contact Luci Ridolfo at OHFAMA headquarters if interested in setting up a virtual meeting or event.

GXMO to be Held Virtually in August

The General X-Ray Machine Operator (GXMO) courses scheduled for August 27-29 will be held virtually as a result of the COVID-19 pandemic.

The Didactic Initial Course and Re-certification Course, which provides 16 hours of initial credit and 12 hours of CE credit, will take place August 27-28.

The Clinical Positioning Course, to be held August 29, is a podiatric specific positioning course required to be taken by all new GXMO applicants as well as any GXMO's that need to update their license to use digital equipment.

Both courses are taught by Amy Bidlack, BRST (R) (M), a Clinical Instructor at Riverside Hospital for Columbus State Community College and an adjunct professor at Columbus State Community College.

Registration information can be found in the events tab of the OHFAMA website.



2020

August 27 – 29

GXMO Training
Virtual Course I Columbus

September 12

CANCELLED -
Midwest Podiatry Academy
Quickie Seminar

September 25

CANCELLED -
Holy Toledo Seminar
and Golf Outing

October 1

Budget/Finance BOT
OHFAMA Headquarters I Columbus

October 22 – 25

NEOAPM Fall Classic Seminar
Virtual Seminar

November 5 – 7

GXMO Training
Virtual Course I Columbus

November 13 – 14

OHFAMA House of Delegates
Embassy Suites Airport I Columbus

December 15

OHFAMA Service Awards Deadline
Mail to OHFAMA Headquarters

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



Thank you to our 2020 OPPAC Contributors:

as of 07/29/2020

Central Academy

Animesh Bhatia, DPM
Macaira Dymant, DPM
Roderick Fuller, DPM
Jane Graebner, DPM
William Munsey, DPM
Carl Sharp, DPM
Jennifer Trinidad, DPM

Eastern Academy

Bruce Blank, DPM
Mitch Dalvin, DPM
Edward Fiffick, DPM
James LaPolla, DPM

Midwest Academy

Edward Benedict, DPM
Karen Kellogg, DPM
Richard Kunig, DPM
Jeffrey Spector, DPM

Midwest Academy

Marc Greenberg, DPM
Elizabeth Nicely, DPM
Charles Trimble, DPM

North Central Academy

Martin Lesnak, DPM
John Liebenthal, DPM

Northeast Academy

Kelly Whaley, DPM

Northwest Academy

Thomas McCabe, DPM
Kathryn Schramm, DPM

Southern Academy

Ruth Ann Cooper, DPM
Todd Loftus, DPM
Amy Masowick, DPM
Nicholas Woebkenberg, DPM

Sadie Wylie, DPM
Timothy Wylie, DPM
David Zink, DPM

Additional Contributors

Michael Mathy, CAE
Luci Ridolfo, CAE
Jimelle Rumberg, PhD, CAE
Leah Yost

***Include your name today!**

Your colleagues are giving
back to podiatry;

Are YOU?

**Won't you consider assisting OPPAC by
making your personal donation today?**

OPPAC contributions are not deductible for income tax purposes.
Check with your tax advisor

OHFAMA CLASSIFIEDS

Associate Position - Ohio-Greater Dayton Area

Established practice (four locations) looking for a full-time podiatrist with the opportunity for partnership. Individual should be highly motivated, personable and have a strong work ethic. Must have completed a three-year surgical residency and must be board certified by the American Board of Foot and Ankle Surgery or Board Qualified pursuing certification in forefoot and rear-foot surgery. Practice has excellent reputation, EHR, digital x-ray, DME supplies, hospital and surgical center affiliation. Competitive salary, bonus incentive, opportunity for ownership in practice and surgical hospital. Email cover letter, CV, transcripts and letters of reference to Podiatry2020@gmail.com

APMA Seeks Member Participation in COVID Toes Registry

Lesions and other dermatological manifestations have been observed as a potential symptom of COVID-19. These lesions can appear in several places, including the feet.

APMA encourages members to report cases of the COVID Toes phenomenon to the American Academy of Dermatology's (AAD) COVID-19 Registry.

"The emergence of so-called 'COVID Toes' is an opportunity for our profession to both contribute meaningful data as well as assist with research, publish papers, and collaborate with another medical specialty in education and research opportunities," said APMA President Seth Rubenstein, DPM. "Developing peer-to-peer relationships with the house of medicine can also open other doors for advocacy and education."

The AAD COVID Registry is HIPAA-compliant and Institutional Review Board (IRB)-approved.

View all of APMA's COVID-19 resources at www.apma.org/covid19, where you can find more information on COVID Toes.

COVID Toes Coding

The following are suggested diagnoses codes which one or more can be used when seeing patients that exhibit findings suggestive of COVID Toes:

- R23.0 Cyanosis
- R23.1 Pallor
- R23.2 Flushing
- R23.3 Spontaneous ecchymoses
- R23.4 Changes in skin texture
- R23.8 Other skin changes

If the patient is diagnosed with COVID-19, the appropriate code is U07.1

CMS Approves New Advance Beneficiary Notice of Noncoverage

CMS has approved and issued a new Advance Beneficiary Notice of Noncoverage (ABN) Form CMS-R-131. The form is used by providers providing care to original Medicare (Fee-for-Service) beneficiaries in situations in which Medicare payment is expected to be denied.

The renewed form will be mandatory on **August 31, 2020** and expires on June 30, 2023. View the ABN form and instructions on [CMS.gov](https://www.cms.gov).

DPMs Designated Essential Critical Infrastructure Workers in COVID-19 Response

After months of APMA's advocacy, the US Department of Homeland Security Cybersecurity & Infrastructure Security Agency (CISA) has explicitly included podiatric physicians in its definition of physicians classified as essential critical infrastructure workers during the COVID-19 public health emergency.

This oversight was first brought to APMA's attention in March 2020. The original guidance from CISA stated:

"Health-care providers and caregivers including physicians, dentists, psychologists, mid-level practitioners, nurses and assistants, infection control and quality assurance personnel, pharmacists, physical and occupational therapists and assistants, social workers, optometrists, speech pathologists, chiropractors, and diagnostic and therapeutic technicians and technologists."

While podiatric physicians are considered physicians under Medicare, APMA heard there was some confusion based on CISA's guidance document and submitted formal comments to Acting Secretary Wolf, requesting that the term "physician" be clarified to mean "MD, DO, or DPM."

CISA finally announced a technical fix, retroactive to March 16, which explicitly included DPMs. The relevant section now states:

"Health-care providers including, but not limited to, physicians (MD/DO/DPM); dentists; psychologists; midlevel practitioners; nurses; assistants and aids; infection control and quality assurance personnel; phlebotomists; pharmacists; physical, respiratory, speech and occupational therapists and assistants; social workers; optometrists; speech pathologists; chiropractors; diagnostic and therapeutic technicians; and radiology technologists."

See all of APMA's COVID-19 resources at www.apma.org/COVID19.

APMA Successfully Advocates for MIPS Flexibility

CMS announced on June 24 that any clinician "significantly impacted" by the COVID-19 public health emergency may submit an Extreme and Uncontrollable Circumstances Application to reweight any or all Merit-based Incentive Payment System (MIPS) performance categories for the 2020 PY if they choose. This decision was a welcome announcement after APMA had requested 2020 MIPS flexibilities in communications with CMS.

The application is open now and can be completed online at <https://qpp.cms.gov/>. Read APMA's step-by-step instructions, or visit APMA's MIPS COVID-19 tab for more information and to watch an instructional video.

OTHER NEWS

AACPM Releases Final 2020 Residency Placement Report

The American Association of Colleges of Podiatric Medicine (AACPM) announced its final residency placement report for the 2020 residency cycle.

When taking overall placements into consideration, 543 (98.7%) of 550 residency applicants found residency positions thus far this year. There are seven (1.3%) applicants who are still seeking a residency position for the 2020-2021 training year.

2020 RESIDENCY APPLICANTS	NUMBER	PERCENTAGE
Placed in Residency	528	99.4%
To Be Placed	3	.6%
Total	531	100%

PRIOR YEAR APPLICANTS	CLASS OF 2019	CLASS OF 2018	PRIOR YEARS
Placed in Residency	7	5	3
To Be Placed	0	1	3
Total	7	6	6

RESIDENCY POSITIONS	NUMBER
CPME Approved Positions	621
Positions Not Filling for this Training Year	25
Total Active Positions Available	596

There are seven (1.3%) applicants still seeking a residency position for the 2020-2021 training year and fifty-three (53) remaining unfilled approved entry-level positions listed on the AACPM website.

Established in 1967, AACPM represents the nine accredited schools and colleges of podiatric medicine and more than 200 hospitals and institutions that offer postdoctoral training in podiatric medicine.

AACPM's mission is to serve as the leader in facilitating and promoting excellence in podiatric medical education leading to the delivery of the highest quality lower extremity healthcare to the public. The Association serves as a nation forum for the exchange of ideas, and information relating to both undergraduate and graduate podiatric medical education.

Saferin Elected FPMB President

The Federation of Podiatric Medical Boards (FPMB), a national nonprofit that promotes high standards for podiatric physician licensure, regulation, and practice, has announced the election of Bruce R. Saferin, DPM as president. Dr. Saferin has served on the FPMB executive board since 2014.

Dr. Saferin is a Toledo-based podiatrist who currently serves as Supervising Member of the State Medical Board of Ohio, is a past president of OHFAMA, and served on the APMA board of trustees.

Other News- Continued on next page

OTHER NEWS *(Continued)*

Board of Pharmacy Warns of Increasing Extortion Scam Calls During COVID-19

The Board continues to receive reports of calls threatening legal action if an exorbitant fine is not paid immediately over the phone. The callers identify themselves as either Board of Pharmacy or DEA personnel and instruct their victims to pay the "fine" via wire transfer to avoid arrest, prosecution, imprisonment, and license revocation.

The reported scam tactics are continually changing, but share many of the following characteristics:

- Callers use fake names and badge numbers or names of well-known senior officials.
- The tone of calls is urgent and aggressive; callers refuse to speak or leave a message with anyone other than the person for whom they are calling.
- Callers threaten arrest, prosecution, imprisonment, and license revocation.

- Callers demand thousands of dollars via wire transfer or in the form of untraceable gift cards.
- Callers falsify the number on caller ID to appear as a legitimate phone number.
- Callers often ask for personal information, such as social security number or date of birth.
- When calling a medical practitioner, callers often reference National Provider Identifier numbers and/or state license numbers and threaten revocation of their license.

Board of Pharmacy and DEA employees do not contact healthcare providers or members of the public by telephone to demand money or any other form of payment.

Anyone receiving a telephone call from a person purporting to be a DEA or Board of Pharmacy employee seeking money should refuse the demand and report the threat using the Board's online complaint form and the DEA's online form. Reporting scam calls will greatly assist the Board of Pharmacy and DEA in investigating and stopping this criminal activity.

NEOAPM

Fall Classic
SEMINAR
 Excellence in Education,
 Medicine, Trauma and Surgery
 of the Foot and Ankle

**We're going virtual!
 More information to
 follow!**

The Ohio Foot and Ankle Medical Foundation is approved by the Council of Podiatric Medical Education as a sponsor of continuing education in podiatric medicine.

All presentations will be live.
 They will not be recorded.

Save the Date

OCTOBER 22-24, 2020

www.neoapm.org

Presented By:



The Northeast Ohio
 Academy of Podiatric
 Medicine



Ohio Foot and
 Ankle Medical
 Foundation
 Approved Sponsor

Maximum 24.0 Contact CME Hours



Choosing the cheaper oceanside dream vacation could send you home with a queasy tummy.

The same might be said of a medical professional liability insurance policy.

You get what you pay for.

Remember, not all policies are the same.

What might look like a great deal at first glance, may not be all that great of a savings when you look closer. Before you make a decision based on price alone, be sure you know exactly what you will be getting.

What you get from PICA for an all-inclusive price:

- **Only** medical professional liability insurance provider with \$100,000 of administrative defense coverage for any part of your ADC
- Up to 5 levels of Medicare appeal
- **Only** medical professional liability insurance provider with in-house podiatry-specific risk management
- Individual, group and entity coverages
- Consent to settle, per policy terms
- **Only** podiatry-specific medical professional liability insurance provider to have handled 25K+ podiatry malpractice claims
- **Only** medical professional liability insurance provider with FREE online CPME approved programs for podiatrists
- **Only** medical professional liability insurance provider focused on podiatry

All this from the only podiatry-specific medical professional liability insurance provider rated A.M. Best A+ (Superior) and exclusively endorsed by 41 state and national podiatry associations –including OHFAMA.

Podiatry focused. Responsible pricing. Greater value.

Contact us to learn why PICA is the smart choice for podiatrists and get a no-obligation quote on your medical professional liability insurance.

(800) 251-5727, ext. 2750

www.picagroup.com



PICA
Treated Fairly

Underwritten by a ProAssurance Company

We're with you. Every step of the way.



DRS. CENTRAL BILLING, LLC

www.drsbillinginc.com



6200 Pleasant Avenue • Suite 3 • Fairfield, Ohio 45014

A Podiatry Billing Service Exclusively for Ohio Podiatrists since 1995...

Why partner with us?

- Scheduling, Billing, and EMR all in one system
- Over 100 Podiatrists in Ohio as reference
- On-line system that links you live with us
- Full Credentialing Services free to all clients
- Coding reviews to assure maximum insurance reimbursement
- Accounts Receivable Management
- Full Practice Reporting and Real Time Eligibility

Contact Owner: Paul Fehring • PaulF@drsbillinginc.com

1-888-452-0124

Call Today to Boost Your Bottom Line



The OHFAMA Journal is published 4 times per year. The advertising deadline is mid-month preceding publication. Portions may be used with permission of the publisher.

PRESIDENT:
Rich Kunig, DPM

PUBLISHED BY:
Mike Mathy, CAE, Executive Director

ADVERTISING:
Luci Ridolfo, CAE, Assistant Executive Director

CONTACT INFORMATION:
1960 Bethel Rd., Ste. 140 | Columbus, Ohio 43220

Phone: 614.457.6269 | Fax: 614.457.3375

Web page: <http://www.ohfama.org>

mmathy@ohfama.org;
lridolfo@ohfama.org

EDITORIAL DISCLAIMER

The OHFAMA Journal is provided to Association members and Industry Affiliates of the profession as a part of our communications to inform/ update our members on podiatric issues and events. The contents of OHFAMA Journal are intended for general information purposes only and should not be read as specific legal, financial, or business advice regarding specific issues or factual events. We urge you to consult your legal, financial, and professional advisors with any specific questions you may have.

DISCLAIMER STATEMENT

The information published herein has been prepared for educational and informational purposes only. This information is not intended as legal, podiatry or practice management advice or an opinion on same. Circumstances change from day-to-day and one situation may differ from the next; the authors and publisher cannot assume responsibility for any actions taken based on the information contained herein. This information is not a substitute for expert advice specific to your situation. More specifically, legal or regulatory advice must be tailored to the specific circumstances of each case, and laws are constantly changing. Nothing provided herein should be used as a substitute for the advice of competent counsel. Federal law requires that the authors and publisher let you know that nothing published herein is intended or written to be used, and cannot be used for the purpose of avoiding any penalties under the law. The publication of the information herein is not intended to create, and receipt does not constitute a professional or contractual relationship between the author and the publisher and you. While the publisher tries to provide accurate and helpful information, they do not make any claims, promises or guarantees about the accuracy, completeness, helpfulness or adequacy of the information contained herein. No warranties are made for the information published to be accurate and no other warranties express or implied are made. The information here is presented "as is."



Virtual Seminar a Success

The 104th Annual Ohio Foot and Ankle Scientific Seminar was held virtually May 14-16, 2020. The seminar offered 24 hours of continuing education to over 340

physicians and 14.5 hours of continuing education for podiatric medical assistants. The seminar offered a dynamic and diverse dual track of continuing education topics from 28 speakers.

The seminar schedule included the annual resident paper and poster competitions. The Gerard V. Yu, DPM Resident Paper Competition received 12 submissions from six different resident programs. The 5th Annual Ohio Foot and Ankle Scientific Seminar Poster Competition received 25 submissions from eight different resident programs. Every year resident members are invited to participate, and full competition details are mailed to each resident member and posted to the OHFAMA website. Submissions are requested to be received in February for judging prior to the seminar. A special congratulations to this year's finalists:

Gerard V. Yu, DPM Resident Paper Competition

1st Place - Opioid Prescribing Habits by Podiatric Surgeons Following Elective Foot and Ankle Surgery, presented by Jonathan Lee DPM from Grant Medical Center

2nd Place - Comparison of Cost and Success of K-wire vs Implants, A Retrospective Study, presented by Sharon Jay, DPM from The Jewish Hospital-Mercy Health

3rd Place Tie - Association Between Osteoporosis and Ankle Fracture Severity, presented by Nicholas DiMassa, DPM from The Ohio State University Medical Center

3rd Place Tie - Adult Hypophosphatasia Presenting as Metatarsal Stress Fractures presented by James Pipes, DPM from The Ohio State University Medical Center

Honorable Mention - The Safety Profile Associated with Calcaneal Autograft Harvesting Using a Reaming Graft Harvester, presented by Rona Law, DPM from Grant Medical Center

The 5th Annual Ohio Foot and Ankle Scientific Seminar Poster Competition

1st Place - Cadaveric Analysis of Exposure of the Talar Articular Surface Through the Posteromedial Approach, submitted by James Steriovski, DPM from Grant Medical Center

2nd Place - Primary Cutaneous Diffuse Large B-Cell Lymphoma, Leg Type: A Case Report and Literature Review, submitted by Sara Yancovitz, DPM from Grant Medical Center

3rd Place - Temporary Transarticular Rush Rod Fixation of an AO Type 44-B3 Ankle Fracture in a Super Obese Patient: A Case Report, submitted by Craig Verdin, DPM from the Cleveland Clinic

Honorable Mention - Percutaneous Harvest of Calcaneal Bone Autograft: Quantification of Volume & Definition of Anatomical Safe Zones, submitted by Paris Peyton, DPM from St. Vincent Charity Medical Center

- Atypical Case of Calcaneal Osteomyelitis with Pathologic Fracture Secondary to Corticosteroid Injection, submitted by David Tran, DPM from Mercy-St. Vincent Medical Center

The seminar was supported by 31 companies, and we would like to give a special thank you to those companies that were able to support the Foundation during this pandemic:

- ACFAS – Great Lakes Region – Session Sponsor
- Aetna Better Health of Ohio
- APMA – Session Sponsor
- Bako Diagnostics – Platinum Sponsor
- CareWorks Comp
- CME Online
- DePuy Synthes
- DT Insurance Agency- A Data Trace Co
- DT MedTech, LLC
- DermaClip
- Genius Solutions
- Global Biomedical Technologies, LLC
- Horizon Pharma – Gold Sponsor
- Imbed Biosciences
- Kerecis
- Landmark Supply
- Metric Medical Devices, Inc
- Ohio Physicians Health Program
- OPED Medical – EVENup
- Organogenesis
- OSMA Insurance Agency
- PICA – Platinum Sponsor
- Pinnacle Practice Achievement – Session Sponsor
- The Podiatry Foundation – Platinum Sponsor
- Rebound Bracing & Pain Solutions, LLC
- REM Medical Solutions
- Saorsa Inc
- SteriWeb Medical
- TLD Systems – Session Sponsor
- Trilliant Surgical
- Trinity Orthopedics, LLC – Gold Sponsor

SAVE THE DATE - The 105th Annual Ohio Foot and Ankle Scientific Seminar is scheduled for May 20-22, 2021



Ohio Foot and Ankle Medical Association
1960 Bethel Road, Suite 140
Columbus, OH 43220-1815

PRSRT STD
U.S. Postage
PAID
Columbus OH
Permit #7941

CHANGE SERVICE REQUESTED

CareWorks
a sedgwick company

➤ We're more than a TPA.

We're a risk solutions provider specialized in workers' compensation for monopolistic states.

Ohio Foot and Ankle Medical Association has partnered with CareWorks Comp to help you lower your Ohio workers' compensation premium. Our discount and refund programs, risk control, and claims administration solutions help employers reduce their risk and control their workers' compensation costs. We've saved employers more than \$3.1B in premium discounts, and we've returned nearly \$400M in premium refunds.

For additional questions, contact Meridith Whitsel, program manager at
800.837.3200 ext. 57172 or email meridith.whitsel@careworkscorp.com

Ready to learn how much you can save? Complete our online evaluation form at: www.careworks.com/groupratingapplication/ohiofootandankle