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Ohio Podiatric Medical Association
OPMA Journal

OHIO PODIATRIC MEDICAL ASSOCIATION

INSIDE THIS ISSUE

President's Message

Heading Into The Future

by Alan J. Block, DPM, MS

2011 OPMA President

Diabetes is the number one reason for adult blindness, kidney failure, and limb amputation, as well as a large contributor to heart disease in the form of heart attacks and strokes. It is a noncommunicable disease.

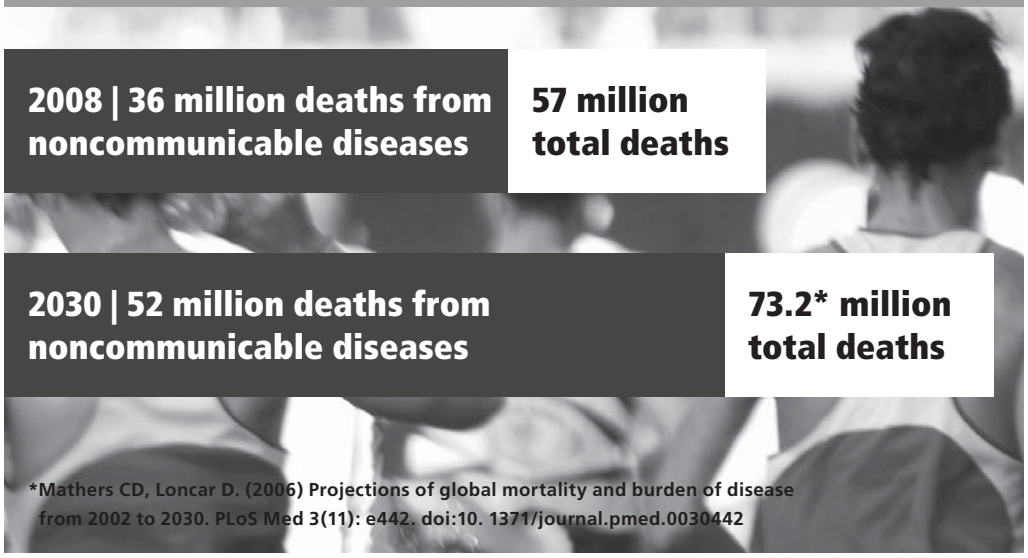
Two-thirds of deaths in the world are caused by noncommunicable diseases such as cancer, diabetes, heart and lung disease. The cost to the global economy is trillions of dollars. These four main noncommunicable diseases were responsible for 36 million deaths in 2008. That represents 63 percent of the 57 million global deaths a year. This is rapidly becoming a global epidemic. By 2030, the **diseases** are projected to claim 52 million lives.

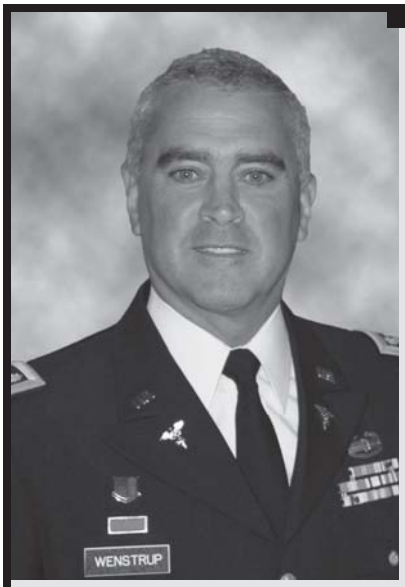
John Sefferin, CEO of the American Cancer Society stated, "No health problem in the history of the world has ever gone so hidden, misunderstood and under-recorded." He estimates that by 2030 noncommunicable diseases are expected to cause five times as many deaths as communicable diseases worldwide.

It is estimated that the global cost of newly diagnosed cancer cases in 2010 was over $300 billion. Chronic obstructive pulmonary disease cost $400 billion, and diabetes cost $174 billion.

Professor David Bloom of the Harvard School of Public Health estimates a loss of economic output of $35 trillion from 2005 to 2030 due to noncommunicable diseases. Thirty-five trillion dollars represents seven times the current level of global health spending.

Mortality from Noncommunicable Diseases vs. Total Mortality





OPMA MEMBER HEROS

Dr. Wenstrup Announces Bid for Seat in Congress

Dr. Brad Wenstrup, 53, of Cincinnati and an OPMA member from the Southern Academy has announced his bid to represent Ohio's 2nd Congressional District. He plans to challenge Rep. Jean Schmidt in the Republican primary. He has practiced podiatric medicine for more than 24 years in southwestern Ohio. He practices at Wellington Orthopedic in Anderson Township. As a devoted member to his professional association, Dr. Wenstrup has actively supported APMA PAC, OPPAC and the OPMA Legal Fund.

Dr. Wenstrup served his tour of duty in Iraq as a Major in the Army Reserves and as a Combat Surgeon with the 344th Combat Support Hospital. For his service and actions in Iraq, Dr. Wenstrup was awarded the Bronze Star and Combat Action Badge. He described his tour at the 2011 APMA Region IV meeting, where he gave a presentation entitled *Operation Iraqi Freedom: A Year at Abu Ghraib*. The lecture presented the physical and psychological factors facing a medical team in a combat environment. Dr. Wenstrup was in charge of the Abu Ghraib prison hospital in Iraq from 2005-2006. He received a rousing standing ovation at the conclusion of his inspiring presentation.

Upon return from deployment to Iraq, Dr. Wenstrup saw a need for decisive conservative leadership in Cincinnati. In 2009, Dr. Wenstrup built a strong grassroots coalition. He ran for Mayor of Cincinnati, with a surprisingly strong 46 percentage showing against incumbent Mark Mallory. Since 2009, Dr. Wenstrup has continued to actively support the war against terror. He advocates reducing the size of government, and he opposes legislation such as National Health Care. Community involvement has always been important to Dr. Wenstrup. He volunteered for 14 years as part of the Big Brothers/Big Sisters organization. He is a board member of Boys Hope/Girls Hope, a member of the Cincinnati Rotary, and founder and president of Thank America First Foundation. OPMA congratulates Dr. Brad Wenstrup and sincerely hopes that Ohio will elect a podiatric physician and a brave leader as the next Representative for the 2nd Congressional District.

Academy News

Central Academy News

The Central Academy elected **Dr. Animesh Bhatia** as the Trustee to the OPMA Board of Trustees at their May meeting.

Dr. Bhatia is in private practice as the CEO of Columbus Podiatry and Surgery in Columbus, Ohio. He serves as a wound consultant to over 25 acute, rehab and long-term care facilities in Central Ohio. He also serves as the Assistant Medical Director and lower extremity wound specialist at the Wound Clinic at Fairfield Medical Center.

Dr. Bhatia has a keen interest in research and participates in clinical trials in the wound care arena. He is a board certified wound specialist, a Fellow of the American Professional Wound Care Association, and a diplomate of the American Academy of Wound Management and a Trustee for the American Academy of Podiatric Practice Management.

Updating the Calendar

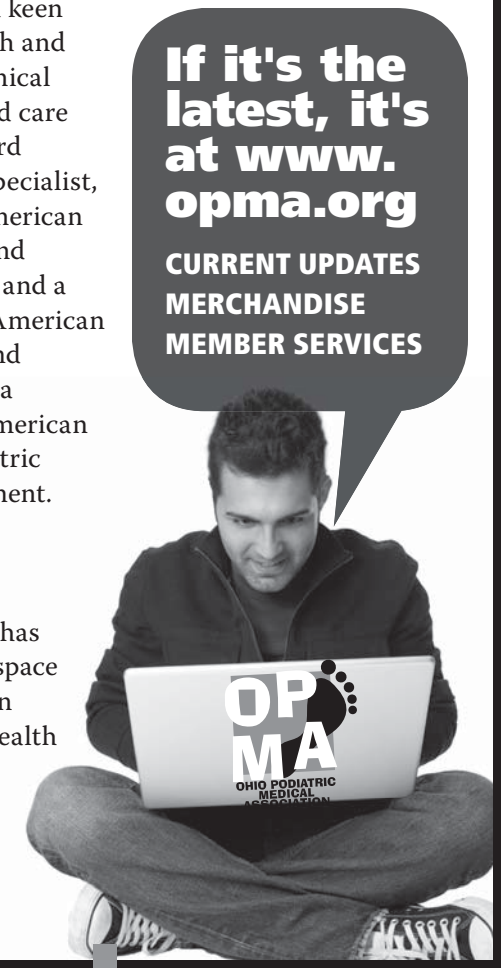
Central Academy has purchased booth space to participate in an upcoming local Health Expo.

Northeast Academy News

The Northeast Academy bought a table and attended the OCPM Glass Slipper Fete on May 21. Additionally, the Northeast Academy had the pleasure of the company of OPMA President Dr. Block, who attended as their guest.

Upcoming Events

- **July 26:** Academy Meeting – Sponsored by Uloric
- **July 29:** Indians Game & Social Event
- **October 20–23:** Annual Super Saver Seminar | Cleveland Airport Marriott
- **October 20:** Academy Meeting – Sponsored by Dermagraft | SPEAKER *Dr. Block, OPMA President*



FOR MEMBERS ONLY

OPMA Members Saved $26,903 in Workers' Comp Premiums

If you were one of the savvy OPMA members who joined the Ohio Podiatric Medical Association workers' compensation group rating program administered by CareWorks Consultants, Inc. (CCI), you saved significantly on your workers' compensation premium. Congratulations!

OPMA partners with CareWorks Consultants to deliver the most significant cost savings to our members. CareWorks Consultants champion a results-oriented approach that fully integrates safety prevention and risk control with aggressive claims management to deliver a significant return on investment. The OPMA and CareWorks Consultants can analyze your company to determine the best workers' compensation premium-saving program for you. CCI will beat or match your existing program. So why don't you consider joining with the OPMA to receive:

- **Group Rating**—CCI's group rating program is the only plan endorsed by the OPMA. In one year alone, OPMA members saved $26,903 on their workers' compensation premiums.
- **Group Retrospective Rating**—This program offers premium savings projected as high as 48% and can be a great alternative for companies unable to qualify for traditional group experience rating.
- **Deductible Program**—This program offers discounts (up to 77%) on premium rates in exchange for accepting a specified deductible amount.
- **100% EM Cap**—Companies becoming penalty rated for the upcoming policy year can have increases to their Experience Modifier (EM) limited, or capped, at 100%, thereby limiting rate and premium increases.
- **Other Alternative Rating & Discount Programs**—Drug-Free Safety Program, One Claim Program, Safety Council, Salary Continuation, $15K Medical Only Deductible and others.
- **Self Insurance**—Companies pay compensation and medical costs directly for work-related injuries avoiding escalating reserves and premiums charged by the Ohio Bureau of Workers' Compensation. CareWorks Consultants serves more Ohio self-insured employers than any other third party administrator.

As a result of their best-in-class service, CareWorks Consultants has consistently maintained a 97% retention rate—one of the highest in the industry. When you join CCI for your WC program needs it benefits OPMA. Put their team to work for you. For a no-cost, no-obligation program analysis, go to www.careworksconsultants.com/groupratingapplication/PodiatricMedical. You may also contact CareWorks Consultants' Kirsten Gibson toll-free at 1-800-837-3200, ext. 7110.

From left to right: ***OPMA Secretary/Treasurer Dr. Angelo Petrolla, Rep. David Burke (R–83rd district), Rep. Barbara Sears (R–46th district), OPMA President Dr. Alan Block and OPMA Executive Director Dr. Jimelle Rumberg.***

OPMA Meets with Key Health Legislators

On March 30, 2011, Capitol Consulting, the lobbying firm for OPMA, hosted a private legislative dinner meeting with two members of the Health and Human Service Subcommittee of Finance.

In attendance were Representative David Burke, a pharmacist and Chairman of the Subcommittee, and Representative Barbara Sears. Both Representatives serve on the House Finance Committee.

The topic of the meeting was Optional Services and the Biennial Budget. Both legislators are esteemed supporters of podiatric care who have been very understanding of present and future concerns regarding optional service needs in Ohio.

Medicaid Information Technology System: MITS

Web Portal Account Setup is Available now through July 25, 2011.

Providers have until Monday, July 25, 2011 at 5:00 pm, to create a new MITS web portal account and secure access to MITS prior to Go Live activation of the system. Don't wait until August 2, 2011! Create your account today and be prepared when MITS goes live on August 2, 2011. You will need to set up your MITS web portal account to access all your provider information starting August 2, 2011.

Go to http://jfs.ohio.gov/mits/Communications%20Release%2011.pdf to view the step-by-step instructions on how to create your MITS web portal account. If you need further assistance, call the ODJFS Provider Call Center: 1-800-686-1516

Visit http://jfs.ohio.gov/mits/ for the latest information related to MITS!

From The Desk of the Executive Director

Our Commitment to Members Continues

by Jimelle Rumberg, PhD, CAE

One of the most rewarding aspects of any job is task completion. It is even more rewarding when planning for an event like the Region IV seminar or the House of Delegates meeting. It's all about the details, and I can assure you that OPMA left no stone unturned in details for the 2011 Region IV Seminar.

The 2011 Region IV Seminar Success

Under the tutelage of Chair Emeritus Dr. Jeffrey Robbins and Scientific Co-chairs Dr. Larry DiDomenico and Dr. Mark Mendeszoon, the sessions had outstanding panels. The Exhibit Hall was a busy, busy place, and we received outstanding comments on evaluations from both exhibitors and attendees.

If you missed this year's Region IV, you missed one of the best events in the most recent history of OPMA. Even our registration topped all recent records for attendance. With that in mind, *"Thank You"* to each and everyone who volunteered, attended, or participated in the 2011 APMA Region IV.

Special Thanks to The OPMA Staff

Thank you, Luci and Jim, for all your efforts. Their many hours of work, data management, phone calls, compiling, and emails made Region IV a reality. Amazingly, more than 320 CME certificates and 28 speaker honorariums were mailed the following week, thanks to Luci's hard work. That takes multi-tasking to a new level!

OPMA members will agree that we continue the commitment when we say that Region IV is Podiatry's pre-eminent event of the year in Ohio!

Counting on You

What can you do on the home front to continue your commitment to Podiatry? How about making a firm commitment to attend your local academy meeting?

We receive a number of phone calls and emails on items that you would know if you only attended your local academy meetings. Excuses are many and varied, but if you won't take time for yourself professionally, we simply don't know what more your academy, OPMA, or APMA can do to assist you.

Walking The Talk

We realize that daily practice is isolating. You need the stimulation of professional collegiality to keep the juices flowing and stay informed. Please make an effort to attend and participate, meet the residents that are podiatry's future and be a good member. Your academy leaders can't do it alone and need *you* – not just to have you as a dinner guest, but to actually hear your input.

The Importance of You!

If we've made clear the importance of your participation, we hope that you make your commitment to attend and be an active academy member. On December 2 and 3, 2011 at the Columbus *Airport* Embassy Suites Hotel, we want to see every chair filled for the House of Delegates. So volunteer to attend the 2011 OPMA HOD and continue the commitment!

New Hotel Is Chosen for the December 2011 OPMA House of Delegates

The Embassy Suites Airport has been selected as the site for the 2011 OPMA House of Delegates, December 2 and 3. The property, which is less than two-years old, is a prototype of an innovative style of Embassy Suites. The open atrium is absent and the common area contains a large water feature, a real-time airport screen, travel kiosk and Sundry. Several comfortable contemporary gathering spaces are nestled around the bar area and the *Flying Spoons* coffee bar offers a great Starbucks coffee or quick nosh.

With a room rate of $115 plus tax, you will receive the manager's reception as well as full hot-breakfast offerings. The hotel is located at 2886 Airport Drive, Columbus, 43219, (614) 536-0500. Full details will be sent to the academies in the fall. Now is the time to plan ahead and mark your calendar!

The Embassy Suites Columbus Airport is the newest all suite hotel, is an upscale facility positioned adjacent to Port Columbus International Airport, six miles from downtown Columbus and four miles to Easton Town Center, a busy lifestyle center with numerous restaurants, shopping center, spa and other amenities, which makes the Embassy Suites Columbus Airport appealing to business and leisure travelers alike. The property also boasts seven function rooms with more than 12,000 square feet of meeting and pre-function space. It's all about location! For business, leisure, sports, or conventions, the all new Embassy Suites Columbus Airport is central to all of Columbus' districts.

HIPAA Compliance

For your protection and office security.

1. Have you formally designated a person or position as your organization's privacy and security officer?
2. Do you have documented privacy and information security policies and procedures?
3. Have they been reviewed and updated, where appropriate, in the last six months?
4. Have the privacy and information security policies and procedures been communicated to all personnel, and made available for them to review at any time?
5. Do you provide regular training and ongoing awareness communications for information security and privacy for all your workers?
6. Have you done a formal information security risk assessment in the last 12 months?
7. Do you regularly make backups of business information, and have documented disaster recovery and business continuity plans?
8. Do you require all types of sensitive information, including personal information and health information, to be encrypted when it is sent through public networks and when it is stored on mobile computers and mobile storage devices?
9. Do you require information, in all forms, to be disposed of using secure methods?
10. Do you have a documented breach response and notification plan, and a team to support the plan?

* If you answered no to any of these, you have gaps in your security fence.
* If you answered no to more than 3, you don't have a security fence.

HIPAA COMPLIANCE CHECKLIST

AWARENESS & EDUCATION

	Not Started	In Process	Completed
Has your office any Awareness Education on HIPPA Regulations and Compliance?	◯	◯	◯
Do you monitor or receive automated information regarding changes in HIPPA regulations?	◯	◯	◯

PROJECT PLANNING

	Not Started	In Process	Completed
Have you created a project plan and selected a project manager and project team for your HIPAA project?	◯	◯	◯

ELECTRONIC TRANSACTIONS

	Not Started	In Process	Completed
Have you applied for the ACSA Electronic Transaction extension for your organization?	◯	◯	◯
Have you completed an information systems and workflow inventory for electronic transactions?	◯	◯	◯
Have you compiled a list of vendors, health plans, business associates and trading partners?	◯	◯	◯
Have you gathered, reviewed and compared current billing forms, policies, and procedures to the HIPAA Electronic Claims Transaction & Code Set regulations?	◯	◯	◯

PRIVACY

	Not Started	In Process	Completed
Has your organization designated an Information privacy and Security Officer as required by HIPAA?	◯	◯	◯
Do you have a documented breach response and notification plan, and a team to support the plan?	◯	◯	◯
Have you reviewed and compared your current forms, policies, and procedures to the HIPAA Privacy Regulations and State Privacy Regulations?	◯	◯	◯
Have you developed policies/procedures to meet the needs of office staff with regard to Privacy requirements for the protection of their health information?	◯	◯	◯
Do you have processes for documenting, retaining, distributing and discarding Protected Health Information (PHI) as required by HIPAA?	◯	◯	◯
Have you developed processes for receiving, investigating and documenting individual complaints?	◯	◯	◯
Have you developed or revised current consent forms for patients in line with HIPAA regulations?	◯	◯	◯
Do you have all forms that must be read and signed by patients in languages appropriate to their culture?	◯	◯	◯

SECURITY

	Not Started	In Process	Completed
Has our office completed a Security Evaluation on the information systems used in conjunction with maintaining your current and future Protected Health Information?	◯	◯	◯
Does you organization have virus checking software, firewalls and operating systems that provide encryption and other security?	◯	◯	◯
Does your office perform back-ups of your data daily?	◯	◯	◯
Does your organization have a Disaster Recovery and Contingency Plan to meet the HIPAA Security Standards?	◯	◯	◯
Has your office developed security policies and procedures with regard to confidentiality statements, individually identifying information system users, passwords, automatic logoff, acceptable use, email, internet usage, authentication of workstations, monitoring and documenting unauthorized access, audit trails or users, sanctions for misuse or disclosure and termination checklists?	◯	◯	◯
Has your organization provided for the overall physical security of your information systems, facility, staff and medical records?	◯	◯	◯
Has you office developed job descriptions for HIPAA required positions and all other positions in your office?	◯	◯	◯

NATIONAL IDENTIFIERS

	Not Started	In Process	Completed
Have you located, printed and read the Proposed Regulations for National Identifiers to include National Provider Identifier and National Payer Identifier, National Employer Identifier?	◯	◯	◯

GENERAL INFORMATION

	Not Started	In Process	Completed
Have you developed a comprehensive training program for your office staff (present and future) covering all HIPAA standards to include responsibilities and penalties for non-compliance?	◯	◯	◯
Does your office have a Compliance Officer and General Compliance Plan to cover such things as fraud and abuse, codes of conduct, whistle-blower suites, auditing and monitoring, disciplinary standards and personnel issues, responding to problems, investigations and corrective actions?	◯	◯	◯

ACCOUNTABLE CARE ORGANIZATIONS

What's an ACO?

The 2010 healthcare law created the authority to establish **Accountable Care Organizations** — ACOs — networks of providers within the Medicare system that include physicians, hospitals and health systems. The aim of the integrated networks is not only to improve the quality of care but also to save money, with any savings to be shared by the government and the ACOs. The Centers for Medicare and Medicaid Services (CMS) released a proposed rule at the end of March that spells out the details of how the program will work, how much financial risk medical providers will face, and what type of data the organizations need to collect.

Officials at tightly organized institutions like the Mayo Clinic and Cleveland Clinic have concerns with the proposed rule to create ACOs. They doubt they will participate, according to an article in May by Rebecca Adams of the Congressional Quarterly Roll Call at Thompson Reuters. The fact that the institutions that were the inspiration for the program are reluctant to participate shows that CMS officials that they face a tough task unless big changes are made. Officials, who are weighing changes to the proposal before they finalize it later this year, will have to consider how far they want to go to attract interest.

The complaints against the proposed rule are multifaceted. One basic issue is that all institutions that sign up will face a financial risk if they do not generate savings required by the rule. The proposal suggests a two-track system. Providers could choose to get a bigger financial reward if they subject themselves to penalties starting in the first year. Or they could have the potential of a less generous reward if they choose to wait until the third year of the program to face penalties. Many providers had expected the program to offer a way for institutions to get bonuses without having to face penalties and were disappointed that the rule proposes a potential financial hit for any group that doesn't find required savings.

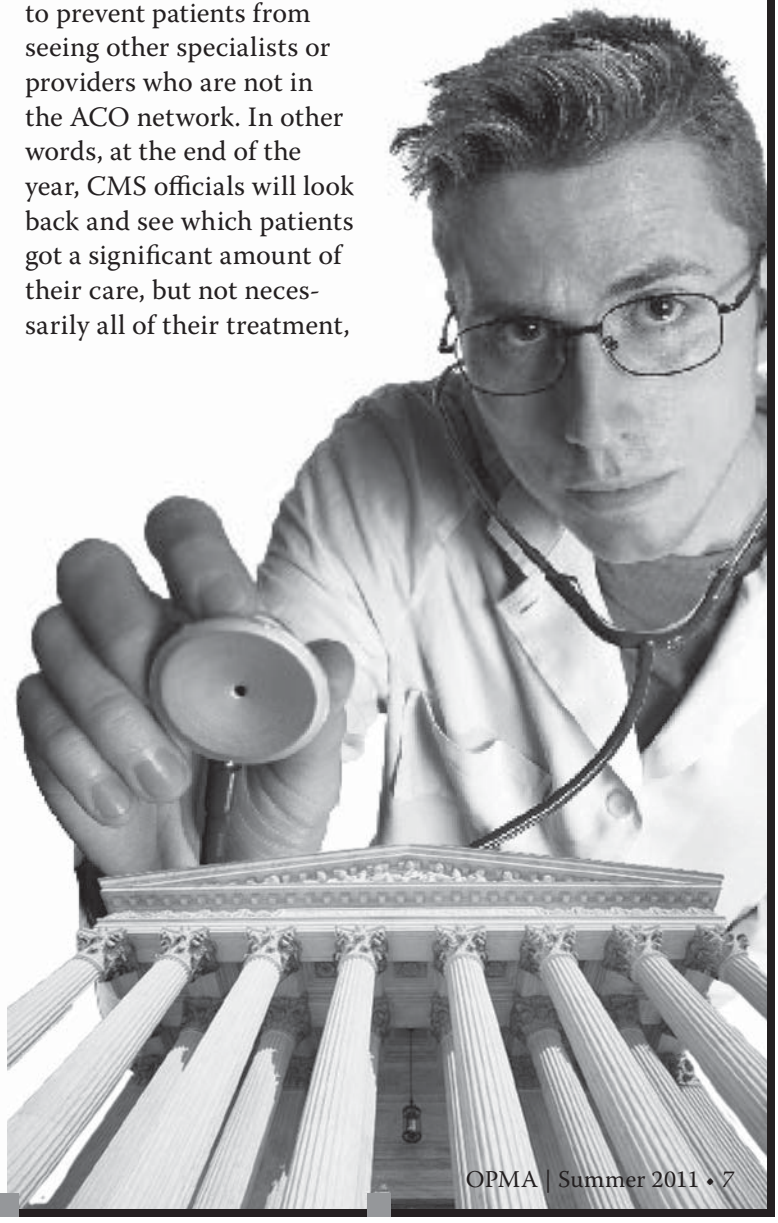
Another deterrent is that providers will have to collect 65 measures of quality. The quality metrics are a way to safeguard against the risk that doctors will stint on care in order to save money. But very few institutions collect that kind of data now, so adding technology and training staff to track that information can be an expensive investment.

Before a group of medical providers could join the program, they would have to meet financial solvency requirements that could be especially hard for smaller physician practices to meet.

Officials at Mayo and the Cleveland Clinic also expressed concern that the financial starting point that providers must improve is based on the current expenses of providers. They say that low-cost, high-quality providers will have a more difficult time further reducing costs than would high-cost providers who haven't already made improvements.

A separate challenge is that providers won't know for certain which patients are in the ACO until the year is completed. The assignment of patients is retrospective, and patients will continue to be able to see other providers if they want. Physicians and other providers will not be able to prevent patients from seeing other specialists or providers who are not in the ACO network. In other words, at the end of the year, CMS officials will look back and see which patients got a significant amount of their care, but not necessarily all of their treatment, from providers in the ACO. The experiences of those patients will count toward the evaluation of how well the ACO providers did, said clinic officials.

Because of all of the concerns, many of the nation's top integrated care institutions are concluding that the start date of January 1, 2012 needs to be delayed. Health center officials say it will be hard to review the requirements in a final rule, which isn't expected to be released before late summer at the earliest, meet financial requirements, set up quality metrics and enroll by January 1.



The 2011 Region IV Seminar

Under the leadership of Co-Chairs Dr. Larry DiDomenico and Dr. Mark Mendeszoon, the Region IV meeting broke all records in recent history for attendance and for sponsorships. Dr. Jeffrey Robbins served as Chair Emeritus, Dr. Marc Greenberg and Dr. John Stevenson served as the Dr. Gerard V. Yu Scientific Paper Competition Co-Chairs, and Dr. Paul Lieberman served as Exhibit Hall Chair. Platinum sponsors were BAKO Podiatric Pathology Services and BioMedix Vascular Solutions. Gold Sponsor was Dermagraft, and Silver Sponsors were MERZ and PICA. Our Lunch & Learn Sponsors were Artimplant, BAKO, BioMedix, Cutera, Dermagraft and St. Jude Medical. Sponsors for Breaks were Small Bone Innovations, Inc.; EIP; MERZ; Sigvaris; Metasurg; FootsourceMD.com; Center for Podiatric Pathology; and Dermagraft. PICA hosted the Welcome Reception and BAKO hosted the Faculty Dinner. Scientific Paper Competition prize donors were American College of Foot and Ankle Surgeons, Present e-Learning Systems, OPMA, Gill, Data Trace Publishing Company, AAPPM, Allied OSI Labs and Formula 3 Antifungal. Door prize donors were Earthwalk Orthotics, Inc.; BAKO; Biofreeze; EIP; FootsourceMD.com; SAS Shoes; Allied OSI Labs; Formula 3 Antifungal; Web Power Video; OPMA; and the Hilton Columbus at Easton. We would like to express our sincere thanks to each company that supports both podiatric medicine *and* the Ohio Podiatric Medical Association in our efforts to present a superior program and scientific event. *Thank you!*

Below: ***PICA Welcome Reception Harpist, Tiffany Zehel***

EIP—2011 OPMA Industry Affiliate

BioMedix—2011 Region IV Platinum Sponsor

BAKO Podiatric Pathology Services—2011 Region IV Platinum Sponsor and Faculty Dinner

Dermagraft—2011 Region IV Gold Sponsor

MERZ—2011 Region IV Silver Sponsor

PICA—2011 Region IV Silver Sponsor

PICA Reception

2011 OPMA Silver Gavel Club Luncheon

Drs. Todd Loftis, Karen Kellogg and Brad Mehl

Dr. John Stevenson and Dr. Marc Greenberg with Dr. Kayse Lake, winner of the 2011 Dr. Gerard V. Yu Residency Paper Competition

2011 Dr. Gerard V. Yu Residency Paper Competition Finalists **(from left to right)** ***Dr. Lee Hlad, Dr. Amy Masowick, Dr. Kayse Lake, Dr. Mia Melillo, and Dr. Alexis Prebihilo***

Dr. John Roseman, Door Prize winner, during the Exhibitor Marketplace

OHIO PODIATRIC MEDICAL ASSOCIATION

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Dr. Bhatia Elected Trustee to OPMA BOT

Animesh Bhatia, DPM, CWS

OPMA welcomes Dr. Animesh Bhatia to the Board of Trustees. Dr. Bhatia, a graduate of OCPM, is in private practice as the CEO of Columbus Podiatry and Surgery in Columbus, Ohio. As a board certified wound specialist, Fellow of the American Professional Wound Care Association and Diplomate of the American Academy of Wound Management, Dr. Bhatia has special interests in the areas of sports medicine and the management of chronic wounds and limb salvage.

Dr. Bhatia participates in clinical trials in wound care, and regularly lectures at national wound care seminars. *Congratulations, Dr. Bhatia.*

Visit us online at opma.org

Looking for a new marketing tool? Sign up for Facebook at www.facebook.com for a free membership. Search APMA for APMA's Facebook group. Welcome to social networking!

SECRETS OF SUCCESS:

Do I Really Need an Employee Manual?

by Lynn Homisak
SOS Healthcare
Management Solutions, LLC
www.soshms.com

Yes! You need one. And not just when it's time to think about hiring new staff. You need one in the practice at all times.

An employee manual helps you manage everyday HR situations such as determining phone and internet usage during work hours, how to handle staff who arrive late, staff who want to step outside for a "smoke," sick and vacation days, what bonuses employees are and are not entitled to, performance reviews, disciplinary procedures, paid (and unpaid) leaves of absence, emergency action plans, etc. It also defines employee classification and job responsibilities. Making policies "on-the-spot" and leaving too many questions left unanswered causes inconsistency that leads to turmoil. Isn't that reason enough to have one?

If you haven't yet developed a manual for your practice…or if you have but haven't actually wiped the dust off it (or the shelf it sits on)…*now* is your time to do something about it. Chances are this manual will become probably one of the most essential tools (next to the telephone) in your practice. If we have planted the seed and have encouraged you to begin, here are a few tips to help you in the planning stages:

Try to cover everything. For example, even if you feel it's not applicable at the time to include pregnancy policies, drug and alcohol policies, theft, pension plans, termination policies, or sexual harassment, include it! If it's in there, the employee knows you are prepared to address any of these issues. Start with basic policies. You can always re-visit them later to make necessary and more appropriate changes.

Don't rush to put it together. Build it as you would a sturdy house, for endurance and security. Consider this your practice framework; you will want it to stand up through the best and worst of times. If policies change, make sure you update the manual to coincide with them.

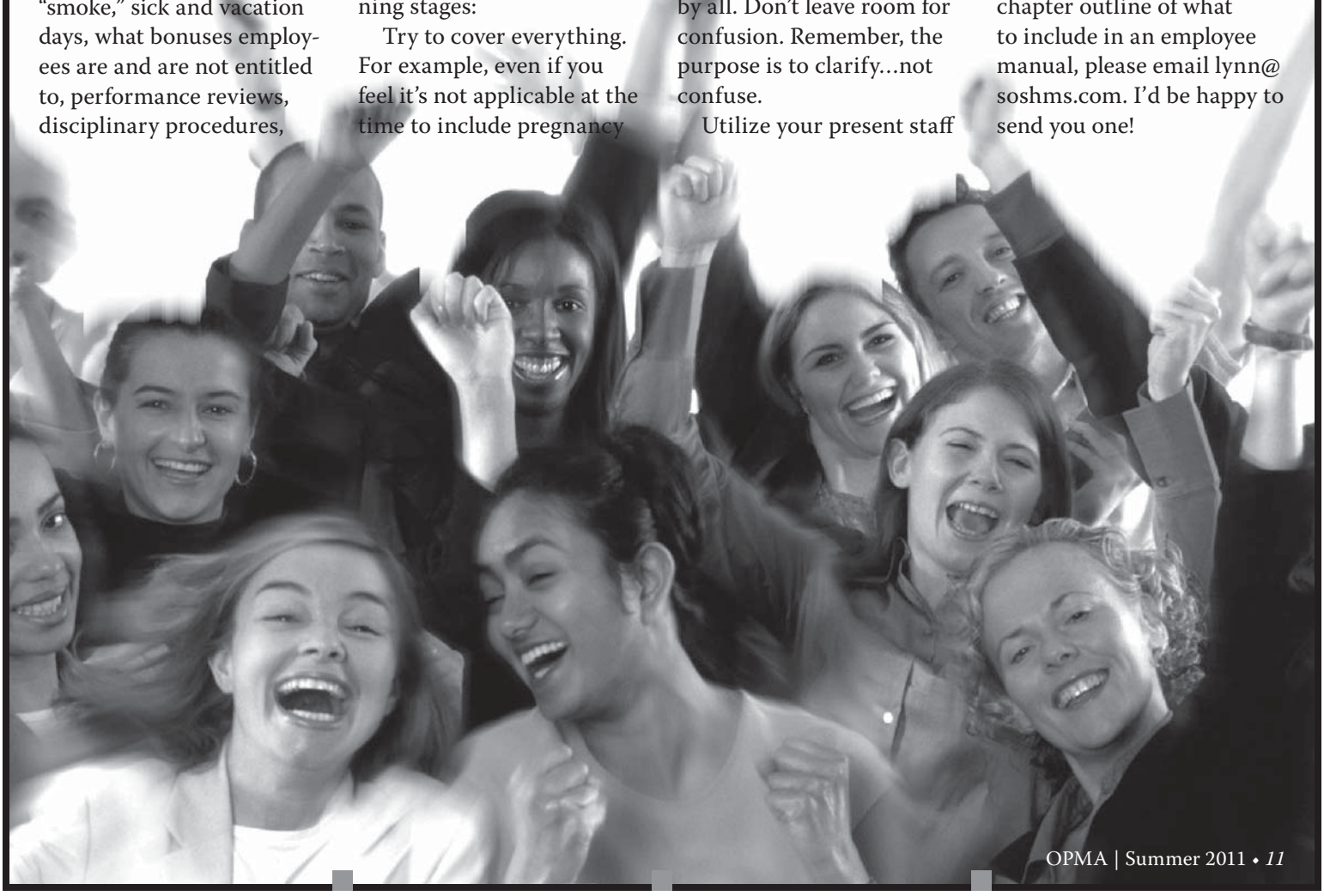
Make each section easy to understand. Spell things out in terms understandable by all. Don't leave room for confusion. Remember, the purpose is to clarify…not confuse.

Utilize your present staff to help develop certain sections. Have a staff meeting specifically for the purpose of outlining and discussing the content. Their input will be invaluable.

Make sure all staff members receive a completed copy and provide them with updates and remember: ***use*** it or ***lose*** it. If you want your staff to look at it with respect, make sure you give it value.

Last word…an employee manual is different from a procedure manual. An employee manual contains *Human Resource* information…a procedure manual is a "how to" instruction book for duties performed in the office. They have different purposes in your practice… keep them separate.

If anyone would like a chapter outline of what to include in an employee manual, please email lynn@soshms.com. I'd be happy to send you one!



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"Thank You," Contributors. You really count when it matters!

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OPMA
OHIO PODIATRIC MEDICAL ASSOCIATION

Calendar of Events

Mark your calendar!

August 4
OPMA Board of Trustees | OPMA Headquarters

August 26–27
GXMO Didactic Course | University Plaza Hotel | Columbus

August 28
GXMO Clinical Course | OPMA Headquarters

September 8
OPMA Executive Committee Conference Call

September 23–24
MidWest Quickie Seminar | Belterra, IN

October 7–8
GXMO Didactic Course | University Plaza Hotel | Columbus

October 9
GXMO Clinical Course | OPMA Headquarters

October 13
OPMA Board of Trustees | OPMA Headquarters

October 20–23
NEOAPM Super Saver Seminar | Cleveland Airport Marriott

November 10
OPMA Executive Committee Conference Call

December 2–3
OPMA House of Delegates | Embassy Suites Columbus–Airport

Termination of Physician-Patient Relationship

Folding up your shingle or terminating patient relationships are delicate matters. Although there's not an "app" for that, there is ORC Chapter 4731-27.

A physician-patient relationship is established when the physician provides service to a person to address medical needs, whether the service was provided by mutual consent or implied consent, or was provided without consent pursuant to a court order. Once a physician-patient relationship is established, a person remains a patient until the relationship is terminated.

(A) Except as provided in paragraph (B) of this rule, in order to terminate a physician-patient relationship, a physician shall comply with the following requirements:

(1) Mail to the patient via regular mail and certified mail, return receipt requested, a letter containing the following information: (a) A statement that the physician-patient relationship is terminated;
(b) A statement that the physician will continue to provide emergency treatment and access to services for up to thirty days from the date the letter was mailed, to allow the patient to secure care from another licensee; and (c) An offer to transfer records to the new physician upon the patient's signed authorization to do so.

(2) For each letter sent in accordance with paragraph (A)(1) of this rule, the physician maintains in the patient record a copy of the letter, the original certified mail receipt, and the original certified mail return receipt.

(B) The requirements of paragraph (A) of this rule do not apply in the following circumstances:

(1) The physician rendered medical service to the person on an episodic basis or in an emergency setting and the physician should not reasonably expect that related medical service will be rendered to the patient in the future;

(2) The physician has formally transferred the patient's care to another health care provider who is not in the same practice group; or

(3) The physician who is leaving a practice, selling a practice, or retiring from practice, with retirement evidenced by the relinquishment of all clinical privileges and either termination of or conversion of medical liability insurance to extended reporting period coverage only, has provided notice of retirement, leaving the practice, or the sale of the practice no later than thirty days prior to the last date the physician will see patients, via the following methods: (a) Mailing a notice, sent by regular mail addressed to the last known address, to all patients seen by the physician within the immediately preceding three years;
(b) Publishing a notice in the newspaper of greatest circulation in each county in which the physician has practiced and in a local newspaper that serves the immediate practice area; and (c) Posting a sign in a conspicuous location in or on the facade of the physician's office. The required notices and sign shall advise the patients of their opportunity to transfer or receive their records and, for patient records remaining in the physician's possession once the physician is no longer seeing patients, the contact information for obtaining the records.

(C) A physician-patient relationship shall be considered terminated by the patient if both of the following requirements are met:

(1) The patient terminated the relationship, either verbally or in writing, or has transferred care to another physician for the same or a related condition.

(2) The physician maintains documentation in the patient record of the patient's action terminating the relationship.

(D) A physician assistant or anesthesiologist assistant may not independently terminate the physician-patient relationship.

(E) A physician's termination of a physician-patient relationship other than in accordance with the provisions of this rule, as determined by the state medical board of Ohio, shall constitute "a departure from, or failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.

(F) For purposes of this rule, "emergency setting" means an emergency department or urgent care center.

(G) Nothing in this rule shall limit the board's authority to investigate and take action under section 4731.22 of the Revised Code.

Effective: 09/30/2006; R.C.119.032 review dates: 09/30/2011; Promulgated Under: 119.03. Statutory Authority: 4730.07, 4731.05, 4760.19; Rule Amplifies: 4731.22

Needle Aspiration Biopsy in Podiatric Practice

By Bradley Bakotic, DPM, DO, Bako Pathology Services

Needle aspiration biopsy is among the most underutilized diagnostic procedures of those available to the podiatric clinician. This technique may be effectively used to rule out high-grade malignancies when faced with nonspecific subcutaneous masses, in particular, those masses that resemble ganglion cysts. I once had three different medico-legal cases under consultative review at one time, all of which were centered on patients who had non-specific ganglion-like masses. In each instance, the patient actually harbored a high-grade sarcoma; and, in each case, they were followed into their grave by their podiatric clinician with the errant diagnosis of "ganglion."

It is not overtly surprising that neoplasms masquerading as ganglion cysts may fool podiatric clinicians. Roughly 70 percentage of all the soft tissue masses in the foot are ganglia. This may lull clinicians into complacency, believing that all hoof sounds are derived from horses and that zebras don't exist.

In 1999, Scully et al. of Duke University summarized their experience with synovial sarcoma primary to the foot. In their series of 14 cases, eight patients were followed for extended periods of time with the incorrect diagnosis of ganglion cyst. In our series of 401 pedal soft tissue tumors assembled at Memorial Sloan-Kettering Cancer Center we had eight synovial sarcomas. Among these eight cases, two patients saw their diagnosis dramatically delayed because of the errant diagnosis of "ganglion."

Needle aspiration differs somewhat from most other biopsy techniques in that it provides the pathologist with cells and tiny tissue fragments to review, rather than large pieces of tissue. In other words, pathologists are not able to review a lesion's overall architecture and pattern of growth. Instead, they must extrapolate the necessary diagnostic data from the appearance of individual cells. Because the material at the pathologist's disposal may be somewhat limited, cytopathology can be somewhat less specific than histopathology. In this light, pathology reports derived from aspiration specimens typically provide basic, though highly significant, information such as "malignant cells not identified," "atypical cells identified," or "malignant cells identified." Though vague in comparison to the diagnoses rendered after histopathologic analysis, these techniques may provide valuable information in the management of patients with non-specific subcutaneous masses by ruling out the presence of high-grade malignancies.

The purpose of needle aspiration biopsy is to harvest cells and small pieces of tissue from lesions in question. To accomplish this, clinicians should use large (18 gauge) needles, and syringes that will produce high vacuum pressure (10cc or larger). An anesthetic wheal may be raised at the needle entry site. The needle is placed in the mass percutaneously and the plunger is drawn back to create a vacuum, which is maintained through the procedure. The needle is *partially* withdrawn, and then redirected into each quadrant while maintaining the vacuum. Once each quadrant has been sampled, the vacuum is released, and the needle removed. If fluid is obtained, it may be put directly into fixative. If no aspirate is apparent, fixative should be drawn up into the syringe, and then the collective contents is returned to the specimen jar. In this context, the ICD-9 is 238.1 and the CPT code is 10021 (10022 when performed with imaging guidance).

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