

## Strickland Executive Order Boosts Medicaid Reimbursement Rates



*Pictured at a recent event for Governor Ted Strickland at the Scioto Country Club in Columbus was Governor Strickland; Dr. Jimelle Rumberg, OPMA Executive Director; Dr. Mark Gould, OPMA President; and Dan Jones, OPMA Lobbyist.*

Several types of medical service providers, and those who offer Ohioans home- and community-based medical services, got a pay raise of sorts July 1, when Gov. Ted Strickland signed executive orders boosting reimbursement rates. The increases that impact physicians, dentists, chiropractors, podiatrists and several other providers who see Medicaid patients will not exceed 3%.

The governor's executive orders on the reimbursement rate increases (2008-14S & 2008-15S) create emergency rules - lasting 90 days - that bypass the typical rulemaking process. The adjustments are in line with terms of the budget act (HB 119) and recent legislative deliberations.

The increases for community providers were included in a package of administrative rules that drew legislative concerns—and an eventual refiling—at the Joint Committee on Agency Rule Review last month. The Strickland Administration estimates that the community provider increase will boost state costs by \$35.2 million and federal matching funds by \$52.9

million, creating a total increase of \$88.1 million.

Also seeing increases through the community provider order are advance practice nurses, ambulatory health care clinics, ambulatory surgery centers, occupational therapists, optometrists, physical therapists, psychologists and transportation providers. A matching 3% increase has been allocated for providers of PASSPORT and Choices services for Ohioans who need care in home or community settings. That increase is expected to cost \$4 million in state resources and \$6 million in federal funds, generating a \$10 million boost. Gov. Strickland said the increase is needed to help assure availability of services for Ohioans in need.

The Strickland administration had sought to cancel the PASSPORT hike, the second of two 3% increases provided in the budget bill, as part of an overall cost-savings plan triggered by revised tax and spending estimates. The legislature declined to endorse that move in the capital appropriations and corrections measure (HB 562). Both orders are set to expire on Sept. 29.

### In This Issue

<b>President's Message .....</b>	<b>2</b>
<b>From the Executive Director .....</b>	<b>4</b>
<b>OPMA Legislative Update.....</b>	<b>5</b>
<b>GXMO Classes Coming This August.....</b>	<b>5</b>
<b>2008 Region IV Highlights.....</b>	<b>6</b>
<b>Baby Steps / News in Brief .....</b>	<b>8</b>
<b>OPMA &amp; APMA Membership Campaign. 10</b>	
<b>OH e-Advocacy Launches Web Sites.....</b>	<b>10</b>
<b>Young Physicians: Surviving the First Year of Practice.....</b>	<b>11</b>
<b>\$ Dollar Drainers \$ .....</b>	<b>12</b>



# President's Message

By Mark Gould, DPM

A sigh of relief and joy was heard at OPMA headquarters as the Region IV Scientific Seminar came to a close June 7<sup>th</sup>. First I would like to personally thank Jimelle, Jim and Lauren for their hard work in developing the entire meeting from the start and seeing it through to the finish. The sold out Exhibit hall, the meals and entertainment as well as the lineup of speakers made this meeting the most successful to date. Next, I would like to thank Dr. Karen Kellogg for developing the assistants program and finally to all of the board members who acted as moderators and time keepers who kept the meeting on time and running smoothly. There were over 400 attendees registered for the doctors and assistants programs. The attendance in the lecture hall was outstanding, which validates the quality and strength of the speakers program. The Exhibit hall was moved into one ballroom with a more professional look. Believe it or not there were over 175 present to take advantage of PICA's risk management section at the end of the last day of the meeting. We have never seen that many attend a lecture at the end of any of our meetings. This was also the first year the students from OCPM participated in the paper presentation. Hopefully this will encourage them to pursue research and other presentations as they continue their careers in Podiatric medicine. Being at the meeting amongst their future peers will also support the importance of becoming an APMA Member by allowing them to interact with the membership at this level.

For a number of reasons, becoming a member of the association and increasing our numbers could not be more important than it is today. With increased numbers and voices, it will be easier to win some of the issues we come up against, it seems on a daily basis. For example, when the issue not to cut Medicare reimbursement by 10.5% was looming for July 1. The fact that many of our members called representatives reinforced the impact that the decrease would have had on our practices as well as the Medicare population, which will be increasing with the surge of baby boomers entering retirement. This is only one example of the importance of having our voices heard. In my last message to the membership I stated that applications were coming into our office reflecting an increase in our membership. That announcement was made before ACFAS made the policy change that members in their organization were not required to be APMA members. By making that change ACFAS was not in compliance with APMA's bylaws as an affiliate organization. That split has caused a number of problems, at a time in the profession when UNITY is so important; this has definitely not helped unify anything. We always seem to be fighting battles, fighting amongst ourselves will just be detrimental to the profession. Members are dropping their membership in ACFAS as well as APMA. Our state may see a 10% decrease in membership this year because of this change. Personally my allegiance stays with the APMA as they are the association which most directly impacts my profession legislatively. I had always stated that I did not want to get involved in the politics of the profession,

but as I progressed through the chairs of my academy offices and then at the state level I realized that if it were not for our leaders working so hard, the profession wouldn't have progressed to where it is. The battles that we choose should not be among ourselves but should be against those persons and ideas that would be detrimental to our profession. The potential decrease in numbers will diminish our ability to communicate our opinions and support our policies in the future. That is why it is important for our members to convince those persons considering not renewing their membership to stay with us and also attempt to recruit nonmembers to join. Another impact of this loss in membership will be a decrease in dues to our state organization. Requiring an increase in non dues income or an increase in dues to make up the deficit and keep us in the black. It will also impact the new OPMA Legal fund. If we end up in litigation and are required to assess our membership, the assessment will be spread among a smaller group, which may lead to a larger assessment. These reasons should motivate the members to start recruiting new and previous members to join.

Enough preaching!!! I hope everyone has a safe and enjoyable summer.



**Dr. Marchelle Suppan** has been named the second recipient of the University of Akron Wayne College's 2008 Distinguished Alumni Award. The award will be presented at Wayne College's academic and graduate recognition ceremony on May 9.

Suppan, a doctor of podiatric medicine and surgery, is the senior vice president of medical affairs and chief medical officer at Dunlap Community Hospital. She is also an adjunct faculty member at Wayne College, teaching basic pharmacy. She previously was employed with Spine Matrix as vice president of market development, and Theken Spine as vice president of business development. From 1981-2004, Suppan was president and owner of Suppan Foot and Ankle Clinic in Orrville, where she provided patient care in addition to her administrative duties.

Suppan completed her bachelor's degree at Kent State University, earned a doctor of podiatric medicine degree from the Ohio College of Podiatric Medicine in Cleveland, and completed her residency at Riverside Hospital in Toledo. In 2000, Suppan worked with Wayne College to develop its alumni association, and served as the organization's first chair. Suppan has twice been recognized by the Ohio Podiatric Medical Association (OPMA) for her outstanding work in podiatry. In 1984, she was chosen OPMA Young Podiatrist of the Year and in 1995 she was selected as OPMA Champion of Podiatry.

*Daily Record (Wooster, OH)*



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# From the Desk of the Executive Director

By Jimelle Rumberg, Ph.D., CAE

The Ohio Podiatric Medical Association is pleased to announce that the OPMA State e-Advocacy Center is now fully functional. This Center is a web-based advocacy tool that enables us to communicate with state legislative and administrative entities and the media in a timely and streamlined fashion. Isn't technology wonderful?

Our state e-advocacy site has tons of information on the State Legislature, Governor, and state administrative agencies. It also contains basic information on how to engage policymakers. The APMA State Advocacy Committee and the Public Relations Department are working together to develop an advocacy guide with information on how to build relationship with state legislators and basic guidelines on writing a news release and letters to the editor.

Please take a few minutes to visit the site. [www.opma.org](http://www.opma.org). Create your profile by providing information requested by the Web site. Creating this profile will ensure that you are directed to the correct state representative. You can make a big difference in just 5 minutes. That's all it will take to learn the issues and communicate with your elected officials. The actions of our state governments have an enormous impact on the practice of podiatric medicine. So get ready to take action!

The Region IV CME Seminar was extremely successful due to you, our members. Your attendance and seeing your staff is always the highlight of our administrative year at OPMA. Board members

stepped up and volunteered their services which really made the conference such a huge success. THANK YOU!! Our Exhibit Hall with Exhibitor Marketplace lunch was a conference highlight as well as our Chuck Wagon BBQ event. It was a GREAT time!! As we re-develop the Region IV meeting, I have no doubt that it will continue to grow and improve yearly. We were pleased to welcome members of the West Virginia Podiatric Medical Association this year and hope that they'll return to Region IV next year. The educational programming was very well attended, as the classroom was almost always filled. The scanners were a big hit to assist the staff (didn't we all hate those sign-in sheets) and the camaraderie was simply Buckeye perfect! Thanks so much for your support and attendance at Region IV.

Finally, let me mention that your Board of Trustees is currently working on developing and updating our 5 year strategic plan. Like any good business plan, an association strategic plan maps out tactical areas to benefit the membership and the association's mission. Although it is not perceived as the most stimulating of tasks to perform on a routine basis, it is necessary none-the-less. The Board's fiduciary responsibility to you as your leadership mandates that OPMA undertakes this as a best practice measure to ensure OPMA's longevity and mission. Wish us luck as we plan and map out the future of your association, or better yet, plan to join us at OPMA headquarters on August 9 and participate from 8:30 – 3:00 PM.

## Wenstrup Receives Scholl Alumnus of the Year Award



Dr. Brad R. Wenstrup, an OPMA member in the Southern Academy (SOPA), has received the Dr. William M. Scholl College Alumnus of the Year Award of Rosalind Franklin University of Medicine and Science at the recent 2008 Midwest Podiatry Conference in Chicago.

The Alumnus of the Year Award, the highest recognition award given by the Scholl College, is bestowed by the Scholl College Alumni Board upon an individual who has demonstrated outstanding professional leadership as a role model to students,

service to the community and dedication to the College. Wenstrup is a 1985 graduate of the Scholl College.

Wenstrup has served on the Alumni Association Board of William M. Scholl College of Podiatric Medicine from 1989-2003, beginning as a member-at-large and rising to treasurer, president-elect, president and immediate past president. He also served on the Board of Directors at Dr. William M. Scholl College of Podiatric Medicine as a member-at large for 2001-2004. In February 1998, Wenstrup accepted a commission with the U.S. Army Reserve. In 2005, he was deployed in Iraq with Task Force 344th Combat Support Hospital as the chief of surgery as well as the Director of the Wound Care Clinic. Wenstrup was the first podiatrist to serve as Chief of Surgery in the U.S. Army and the first to receive the Bronze Star as a podiatrist.

Source: *Community Press & Recorder, KY* – [5/23/08]

# OPMA Legislative Update

By Dan Jones, Lobbyist

After tackling a variety of policy priorities ranging from regulatory restructuring for electricity to payday lending restrictions, the Ohio Legislature wrapped up its work in early June and began a summer recess to allow legislators more time to campaign in their districts. With a few session dates tentatively scheduled in September, the Legislature will not return in force until after the November election. The fall months will likely prove to be interesting as outgoing legislators look to leave their marks on state government and legislative leaders take advantage of lame-duck votes on controversial issues.

What follows is an update on recent issues of interest to the OPMA:

## **Terminal Distributor's License – Recent Change Helps Sole Proprietor Podiatrists**

The Ohio State Board of Pharmacy recently began to enforce an unusually strict interpretation of state law that says that a wholesale distributor can only sell dangerous drugs (prescription drugs) to a licensed health professional authorized to prescribe drugs.

The Board's interpretation of this law is that if a physician has incorporated his or her practice, he or she is no longer a health professional but rather a business and must obtain a terminal distributor's license in order to purchase the drug from a wholesale distributor. Not all physicians are required to obtain this license, only those who are incorporated.

The OPMA worked with other health care providers and Senator Bill Seitz (R-Cincinnati) to advocate for a change in the law to **exempt licensed sole proprietor providers, regardless of how their business is incorporated, from the terminal distributor's license requirement**. This change was added to House Bill 283, a bill that **passed** the Ohio General Assembly in May 2008.

The OPMA also believes that *all* licensed providers should be exempt from the Ohio Board of Pharmacy terminal distributor's license based on the fact that the Ohio Medical Board and the federal Drug Enforcement Agency provides regulations for the safe use of prescription drugs. We will be working on a broader exemption in the future but are pleased that legislators moved a resolution forward quickly for sole proprietor prescribers.

## **HB 456 (Health Care Access)**

Rep. Jim Raussen (R-Springdale) recently released a scaled-down version of his bill that attempts to address problems in Ohio of accessing quality health care.

The bill reworks the idea of a "reinsurance pool" for uninsured individuals in Ohio with a more familiar proposal of a "high risk pool" for those who are unable to obtain insurance. The most controversial issue related to high risk pool proposals is funding it. In the past, "provider taxes" have been mentioned as a potential revenue stream for the pool. This substitute version of the bill funds the program with the first \$5 million from the *annual franchise tax on the privilege of being an insurance company*. However, many speculate that the high risk pool proposed in the budget is substantially under-funded and we anticipate that the discussion on a "provider tax" is not over!

The bill also maintains a provision that was in the original bill that requires chronic care management of certain health conditions, including mental health care, for public employee benefits programs.

Finally, HB 456 creates a health insurance credit program that allows Medicaid consumers to purchase insurance from the private market.

Although Representative Raussen would like to see the main provisions of the bill enacted this General Assembly, Ohio House Speaker Jon Husted (R-Kettering) has stated that, although worthwhile, the Legislature may not be able to address the variety of issues in the bill this session. OPMA will continue to monitor this bill.

## **Medicaid Community Provider Rate Increase Prepared for July 1**

Faced with opposition regarding reimbursement rates for respiratory care suppliers and community providers, the Department of Job & Family Services pulled a set of rules pending before JCARR in June to implement the provider increase for community providers in Medicaid.

The agency will pursue the respiratory care reimbursement rate cut separately and is expected to implement the community provider rate increase through an emergency rule that requires an executive order. In spite of these challenges, the provider increase is expected to take effect July 1, 2008.

## **GXMO Classes Coming This August!**

***Initial Course & Continuing Ed In the SAME weekend!***

***August 22-24, 2008***

Columbus State Community College  
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Staff of Non-member \$449\*

### **Continuing Education**

Staff of OPMA Member \$149\*  
Staff of Non-member \$249\*

*\* does not include textbook*



# OPMA Annual Meeting 2008



*OPMA staff*



*"Bruce is on the Loose" (Dr. Bruce Blank) with Stu Wittner from Aetrex.*



*Dr. Benedict trying out new software options in the exhibit hall.*



*What a spread!!*



*Dr. Wiggin cooling off his "6 shooter"*



*Dan Jones, OPMA lobbyist meets with Dr. Petrolla*



# 2008 Region IV Highlights



*Three past presidents looking for the Chuck Wagon!*



*Silver Gavel Luncheon for Past Presidents of OPMA.*



*Rock, paper, scissors??*



*Oh waiter! Wait Dr. Whaley, that's Dr. Gould!!*



*Drs. Bruce Mittleman and Rich Berkowitz catch up!*



*Dr. David Zink and Paula Pitts from Pedinol.*

## Handwritten or Electronic Signatures Required as CMS Bans Use of Physician Signature Stamps

CMS has banned the use of physician signature stamps, which means that orders, progress notes and other relevant documentation must have handwritten or electronic signatures, according to Medicare Transmittal 248 (Change Request 5971). Though CMS made the change in the context of medical reviews, physicians inside and outside of hospitals will have to abandon signature stamps. Experts claim there's no way to predict when a Medicare auditor will show up and that hospitals apparently will face claims denials for services if auditors find any orders (or supporting documentation) with a signature stamp.

Transmittal 248, which modified the Medicare Program Integrity Manual, says that "stamp signatures are not acceptable." And despite the fact that the transmittal seems to apply only to hospital certifications of terminal illnesses, experts say it's clear that the ban applies to all documentation subject to prepayment and post-payment medical review.

Issued March 28, the transmittal also states that the "method used [to identify the person who provided or ordered services] shall be hand written or an electronic signature."

Source: Nina Youngstrom, Report on Patient Compliance [5/27/08]

**FDA Updates Regranex Warnings** – The FDA has announced that the warnings section of the diabetic ulcer cream Regranex Gel 0.01% (becaplermin) (eNews 2,541) has been updated to include a boxed warning and a description of the epidemiologic data that is the basis for the revised label. These data come from a retrospective study that compared cancer incidence and cancer mortality among 1,622 patients exposed to Regranex to 2,809 otherwise similar patients who were not exposed. The results were consistent with no overall increase in cancer incidence among the patients exposed to Regranex. However, there was a five-fold increased risk of cancer mortality in the group exposed to three or more tubes of Regranex.

"In announcing this label change, FDA still cautions healthcare professionals to carefully weigh the risks and benefits of treating patients with Regranex," said Susan Walker, MD, director of the Division of Dermatological and Dental Products. "Regranex is not recommended for patients with known malignancies."

In March APMA reported that the US Food and Drug Administration (FDA) was conducting a safety review based on data suggesting there may be an increased risk of death from cancer in diabetic patients using Regranex.

APMA eNews No. 2,593

**Presidential Candidates: Where Do They Stand on Health Care?** – Are you wondering where your candidate for President stands on health care issues? To learn more, go to the side-by-side analysis at [www.health08.org/sidebyside.cfm](http://www.health08.org/sidebyside.cfm). This online resource prepared by The Henry J. Kaiser Family Foundation allows visitors to the site to view all the candidates' positions, perform categorical searches by party, or create custom side-by-side summaries by selecting up to four candidates and clicking the "Compare" button.

## FDA Mandates Warning on

**Fluoroquinolone** – The US Food and Drug Administration (FDA) has notified manufacturers of fluoroquinolone antimicrobial drugs that they must add a boxed warning in the product labeling concerning the increased risk of tendinitis and tendon rupture. The agency also determined that manufacturers of the drugs must provide a medication guide to patients about possible side effects.

The FDA also has issued information for healthcare professionals to alert them to the increased risk of tendinitis and tendon rupture in patients taking these drugs and to highlight new information concerning who may be at higher risk for this side effect.

Those patients at higher risk include people older than age 60; those taking corticosteroid drugs; and kidney, heart, and lung transplant recipients.

The medications involved in this action are: Cipro and generic ciprofloxacin, Cipro XR and Proquin XR (ciprofloxacin extended-release), Factive (gemifloxacin), Levaquin (levofloxacin), Avelox (moxifloxacin), Noroxin (norfloxacin), and Floxin and generic ofloxacin.

**APMA Announces New Leadership for Health Policy & Practice Dept** – In an effort to enhance its unparalleled health policy member benefits, APMA is pleased to announce that it has retained Harry Goldsmith, DPM of Cerritos, CA as its new Health Policy and Practice consultant. Goldsmith, perhaps podiatric medicine's preeminent expert in

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## OPMA Calendar of Events

*This schedule is tentative and dates may change. Contact the OPMA office for more info: (614) 457-6269 or (800) 521-5318.*

### 2008

Aug 8	Board of Trustees, Meeting
Aug 9	Strategic Planning Meeting
Aug. 22-24	GXMO Initial Certification and Continuing Education
Sept. 18	Executive Committee, Conference Call
Sept. 18 - 20	ASPE, Quebec, CA
Oct. 16	Board of Trustees Meeting
Oct. 23 - 26	Northeast Academy Super Saver, CME, Embassy Suites, Independence, OH
Nov. 7-8	PIAC and CAC - Washington, DC
Dec. 5-6	OPMA House of Delegates

coding, private insurance, and health policy, will have an immediate impact on APMA's significant advocacy efforts.

APMA eNews No. 2,563





Dr. Ross with  
assistant  
Rebecca - 1980

# Your first job. Your first PICA policy.

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# OPMA & APMA Membership Campaign 2008-2009

The OPMA & APMA have partnered to offer substantial discounts for new members throughout the current fiscal year that started June 1, 2008. Membership dues in the APMA have been reduced by 50% now through the end of the fiscal year. In addition to the dramatically lower dues, the APMA is waiving any back-dues or penalties that may be owed by previous members. The OPMA is offering a 20% discount on membership dues for the current fiscal year. Our goal is to increase overall membership by forty (40) new members this fiscal year (May 1 through April 30, 2009).

We need the help of every member and every academy to reach this goal. Call a fellow podiatrist that you know and encourage them to become a member NOW. This is the year that we have kicked off an effort to end discrimination by insurance companies against podiatric physicians and surgeons. We need the support of every podiatric physician, faculty member and resident. This is a battle that we don't intend to lose.

Your membership and participation at the local, academy and state level will make a difference. Change won't happen overnight. Your commitment is needed. Please login to the OPMA website today at [www.opma.org](http://www.opma.org) and download a membership application for a friend.

## OH e-Advocacy Web Sites Launches

In June, APMA announced the establishment of the APMA State e-Advocacy Pilot Program (eNews 2,595). APMA informed members in late-June that state e-Advocacy Web sites for California, Connecticut, Florida, Illinois, Maryland, Massachusetts, New York\*, Ohio, Pennsylvania, and Washington-the states participating in the pilot program-have been activated (\*New York State Podiatric Medical Association had a state e-Advocacy site prior to the pilot program).

OH's e-Advocacy Web site is a tool to help OPMA administer and integrate state advocacy and public relations activities. It also allows members to receive advocacy messages and take action in a timely, streamlined fashion. OPMA Executive Director, Dr. Rumberg noted, "It's easy and fast to use to contact legislators. Pre-written letters or personal letters can be modified or composed and sent via email to all elected and appointed officials. What a great member service tool to advance podiatry and OPMA's mission in Ohio! OH is pleased to be one of the first 10 states to participate in the APMA pilot program."

OH e-Advocacy provides a database of information about the state's legislature, governor, and administrative agencies. It also contains government affairs and public relations tools. These tools make it easier for members and state associations to elevate the presence of podiatric medicine to the media and the state legislature. OPMA's site can be viewed on the home page at [www.opma.org](http://www.opma.org). Inside the What's New box area, where you see Write Your Legislator, just type in your zip code.

**OPMA Legal Fund Contributions through July 11, 2008—\$37,525.00**

### Cut and post for your staff



#### Stroke Indicators

Stroke begins with three letters "S-T-R". You can recognize a stroke by asking three simple questions:

- 1) "S" - Ask the individual to SMILE.
- 2) "T" - Ask the person to TALK and SPEAK A SIMPLE SENTENCE (Coherently)  
(e.g., It is sunny out today)
- 3) "R" - Ask him or her to RAISE BOTH ARMS.

If the patient has trouble with ANY ONE of these tasks, call 911 immediately and describe the symptoms to the dispatcher.

#### New Sign of a Stroke ----- Stick out Your Tongue

Another 'sign' - Ask the person to "stick out your tongue." If the tongue is 'crooked', or goes to one side or the other, that is also an indication of a stroke.

**This important information is provided by the Ohio Podiatric Medical Assn**





# Young Physicians: Surviving the First year of Practice

By Benjamin Orndoff, DPM, AACFAS

Most podiatrists spend between 10 to 12 years (college, podiatry school, and residency) of our lives preparing for that 1<sup>st</sup> year of practice. So after graduating college, getting into podiatry school, passing multiple board exams, matching a residency program, and then surviving the program, how could the 1<sup>st</sup> year of practice be any worse than this? This is the time when we are supposed to start finally getting out of the tremendous amount of debt that we've accumulated for the past decade. We don't have to put up with professors or residency directors anymore. Yes this is all true but there are a whole new set of problems that come along with practicing podiatry in that 1<sup>st</sup> year.

There are basically 3 ways that you can enter into your 1<sup>st</sup> year of practice: starting a new practice; buying out an existing practice; or joining a group as an associate. The latter of which I chose and have gleaned most of what I know. On your last day of residency, your confidence will be at an all time high. Your knowledge of podiatry will be strong and if you did a surgical program your skills will also be fine tuned. Then on July 1<sup>st</sup>, everything will change. You will have to apply for hospital privileges, and this could take a couple of months. I personally was not allowed in the OR until September. Fortunately at that point I scrubbed in on some cases with my partner just to keep my hands wet. It wasn't until October that I had a case of my own. In residency we all scrub numerous cases, a lot of times I didn't see the patient pre-op and rarely did I see a patient post-op. Many conversations that I had were "How's that bunion doing" or "How's that toe". Well, suddenly that bunion and toe magically have names. They transform from bunion and toe to Mary and Nancy. Yes they are your patients, your responsibility. In the OR, you are now the boss. The nurses are asking you what to set the tourniquet at and what sutures and dressings do you want. You'll never appreciate having another doctor standing behind you while you are doing surgery until they are not there. I must confess, during residency, checking capillary refill time following tourniquet release was never a big concern of mine. I was too busy worrying about post-op orders and dictation. What a difference when that was my patient, to me that is probably the most intense time of the whole procedure watching and waiting for those toes to pink up. Afterwards you have to speak to concerned family members. Finally, dealing with YOUR patient after the procedure.

When you 1<sup>st</sup> start seeing patients in the office, you must prove yourself to several different groups. The first is yourself. I had to prove to that those things that I was doing for 2 years in residency really helped people solve their foot problems. The next group that I had to prove myself to was my staff. I was the youngest employee in our office 5 years ago. Why should these ladies listen to me? Half of them were older than my mom. I had to prove that I was competent as a

doctor, and they had to learn to trust me. An issue that I had was that I did things different than the other doctor that was there. Not better or worse, just different. We both had good outcomes but just took a different direction to get there. This was hard for the staff to get used to. I was fortunate to end up in such a good place. The doctor that I was working with had full confidence in me from day one, and he did not expect me to do things like he did them. He has taught me a good deal and I think that I taught him a few things as well. Talking to many of my friends in similar situations, this is not always the case. Lastly you have to prove yourself to your patients. Some patients didn't want to see the "young doctor". They wanted to know how old I was and how much experience I had. My line to them was this, "I am licensed by the state of PA to practice podiatry and board qualified by the ABPS to do foot surgery." This seemed to work well with most. Personally if they didn't have confidence because of my age, I would rather not do surgery on them anyway.

There is more to podiatry than knowledge and surgical skills. Personal relationships with your fellow doctors, staff and patients are very important. This article is not to scare you but just to make you think about things that I indeed did not think about coming out of residency. Don't worry I survived my 1<sup>st</sup> year of practice and you can too.

## OPPAC Contributors: Advancing Podiatry's Advocacy in 2008

James Benedict  
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We thank all who  
have contributed  
through July 15.



# \$ Dollar Drainers \$

By Jennifer Jones, CMRS, Owner/Manager of DayStar Billing Services, LLC

If you look around your office I am sure you will find several Dollar Drainers. Wait, what are Dollar Drainers? They might be you! They might be your staff! Or they might be a little less abstract like time, effort, attention to detail and a good work ethic. Ok, before you get defensive at being called a Dollar Drainer let's take a look at exactly what these critters might be...

Front desk Dollar Drainers can be as simple as not gathering accurate and current information from the patient. This includes things like address updates, new insurance numbers or a change of insurance companies. It might be they have changed their primary care physician or the date they last saw a primary care physician. Information gaffs like these can be a significant Dollar Drainer on a practice. Such simple mistakes can result in claim submission delays and possible denials. Both of which are major dollar drainers!

Back office Dollar Drainers can be found when inappropriate diagnosis and procedure codes are used. Such as not coding the diagnosis to the highest specificity (using those 4<sup>th</sup> & 5<sup>th</sup> digits), not matching the diagnosis code to the procedure

code or not using the best codes to describe what services you performed or the supplies used. A common Dollar Drainer is forgetting to obtain an ABN for Medicare patients. Oops, that service you just provided was a freebie for the patient and a Dollar Drainer to you!

Billing office Dollar Drainers can multiply quickly if you are not paying attention. Does your billing staff assure the most appropriate and carrier specific procedure modifiers are being utilized? Do they know when routine foot procedures can be billed to Medicare? Are your past due claims being monitored? Inexperience and lack of knowledge are huge Dollar Drainers!

Dollar Drainers come in all shapes, sizes and forms. Whether it's a few cents for a postage stamp to resend a statement due to a bad patient address or several hundred dollars because a surgical procedure was written off due to an incorrect insurance denial they all add up to lost cash flow for your practice. So everyone needs to do their part to stop those Dollars from going down the Drain!



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