

Colorado Foot & Ankle Society

Newsletter July, 2011

A publication of the Colorado Podiatric Medical Association

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President's Message by Frederick Mechanik, DPM, FACFAS

I hope you're all having a very pleasant and enjoyable summer. As we know, Colorado in the summertime is fantastic. Summer is also a time for new beginnings. Summer is when newly graduated podiatric physicians embark in their residency training programs. This was very exciting time in my life, as I'm sure it was in yours. It was a time when as new graduates we felt invincible, when we were going to conquer the world. But reality can be a frightening and humbling experience. As time goes on, and as we embrace the reality that learning is a lifelong experience, I believe that we mellow out and take ourselves less seriously.

Over the past few months I've had the opportunity to go to several universities in the state to discuss podiatry with young and enthusiastic students who are thinking about entering the health care profession. I try to remind them, that no matter what branch of healthcare they choose to enter, that it will be a rewarding experience, if they put in their all. I must admit, that I enjoyed being back in the classroom setting.

Here in Colorado, we are lucky to have three residency programs which provide a great learning experience to graduating podiatric physicians. Keep in mind that states close to us-- Wyoming, Nebraska, Idaho, Montana, North Dakota, and South Dakota do not have programs. Most of you know that there will be a shortage of available residency positions this year; 30-50 graduates will not have the opportunity to enter a residency, because of a lack of resources for new positions. This is frightening! How can we encourage prospective students to go into our profession when we can't assure them that they will have the opportunity to participate in postgraduate education? How will they repay their student loans?

We all must help create new residency programs at the local institutions where we work. I applaud the efforts of the Pennsylvania Podiatric Medical Assn. for taking the lead to assist new graduates with the residency position shortage. PPMA contacted all of the state podiatry component associations earlier this year and asked each state for contributions to support this effort. I am optimistic that at the annual meeting this year we, as progressive members of the Colorado Foot & Ankle Society, will be able to discuss this most important topic and contribute to this important effort. In closing, I want to send a note to all of our podiatric residents in the state. You all have the chance to succeed, to contribute to the enhancement of our profession, and, most importantly, to serve patients. Let all of us who are practicing continue to build positive relationships within the medical community and help our young colleagues.

APMA House of Delegates Report by Gerald Travers, DPM

Washington, D.C., 3/17/11-3/24/11

As is expected in these difficult times, the initial emphasis was financial. Any time there is suggestion of a dues increase, the hair raises on the neck of most members and, certainly, most state delegates. Are the Board of Trustees and staff responsible and keeping membership as their main priority? With 80 pages of financial reports to peruse and hours of resolution reviews and financial discussions, the tensions can rise. However, the Board of Trustees, the Financial Committee, investment advisors, accountants and auditors were prepared and extremely thorough. The questions were pointed and the answers direct. With a list of 65 actions that have reduced the budget \$900,000 **before** considering a dues increase and a list of 16 things that are most reasonably expected if there is no dues increase (confirmed by outside expert) there was little doubt that the dues increase was necessary and done wisely with membership benefits in mind. With the preparation and presentation, all of the previously voiced concern and frustration were calmed. The biggest debate was how to implement the dues increase in the most painless way possible to membership. There were suggested amendments to institute the \$100 dues increase immediately, but without the 90 day notice requirement, the dues increase was approved the way it was initially introduced: \$50 dollars increase in 2011, another \$25 in 2012 and another in \$25 in 2013.

Residency generation was the next item of great concern. Podiatry will be short 65 positions this year alone based on the expected number of graduations. This potential shortfall was identified a few years ago, yet none of the attempted changes, like reducing student numbers by 10% has helped quickly enough. The CPME has been working on expanding current residency spots, yet not enough new positions have been produced. In 2010 The Goldfarb Foundation with support of Pennsylvania Podiatric Medical Association organized and funded a Residency Genesis Project. Lee Sanders was appointed as the "facilitator" and has initiated 50 contacts since October, 2010. The scope and direction of the Project is to produce as many positions as possible and to reduce the average time or creation of a residency program from the usual 12-18 months. This will be done by aiding interested groups fill out forms, contact and negotiate with hospitals and, in general, facilitate the formation of a residency program. They needed financial support and requested it from APMA. APMA is legally limited as to how much they can help this type of cause yet support the program. Much discussion was had and compromise was made to create a position of Residency Genesis Facilitator and support the pattern set up by the Goldfarb Foundation. I would guess that Lee Sanders will be the appointee. They will be requesting funding from state societies of \$3000 for states with over 100 podiatrists. Multiple states and organizations pledged \$3000, including Federal Services, as well as the podiatry student organization. I was assured that that amount will be requested of Colorado, but they will take any assistance possible.

Another problem with residency programs has come to light producing a resolution. Apparently there have been residents placed before finding out that the resident had not passed the NBPME, thereby costing the program significant expense and time. A resolution passed encouraging the NBPME, (now ABPLME), AACPM, Council of Teaching Hospitals that Part 2 board scores are to be available to the residency directors in time.

As many are aware, AMA created a series of modules titled, "AMA Scope of Practice Data Series" which included a presentation of podiatry in a terribly inaccurate manner without any attempt to contact APMA. APMA has had multiple attempts to contact AMA without response. There were two AMA Board officers making presentations at this year's meeting. A resolution was suggested by the BOT to condemn AMA for this action in a very nicely worded missile. Our delegation and Acey Deucey suggested that the resolution be sponsored by each individual state. Colorado was the first state sponsor. All other states present followed our lead.

Resolution 10 was suggested by Illinois to eliminate the current regulation that there cannot be more than one representative from one state on the Board of Trustees at one time. This has been important for the smaller states to have access to the member-at-large spot. This has allowed small state representation on the Board equality. Acey Deucey felt strongly enough to encourage a Block vote against this resolution, and it was finally passed in a form that will have the bylaws committee review and (possible) resubmit to the house in 2012. Collectively the smaller states coalition can out vote the big states and that was affective once again.

There were resolutions to allow students in all 3 years of residency to be members of APMA at no cost to them. Apparently ACFAS has encouraged residents to NOT join APMA which has affected the relationship.

Obamacare has produced the "Accountable Care Organization" (ACO) for purposes of "shared savings, coordination and management of care of Medicare beneficiaries" and has not included podiatrists in the R-1 category with MDs and DOs. The BOT is directed to make this error in classification and its correction a priority. Massachusetts and Connecticut already have been challenged by major insurance companies and Massachusetts has filed suit against the "Blues" with major costs and consequences to them and to all of podiatry! There was an "Emergency" resolution passed supporting Massachusetts. Resolution 14 was passed to create a task force to seek the inclusion of podiatry in the "R-1" physician category. The Thompson-Reuters study and the Duke study will be used effectively in this purpose.

VA podiatric physicians (and military, as well) are being discriminated against in pay and recognition openly by the current Secretary of the Department of Veterans Affairs. A resolution directs the APMA BOT to seek open discussion with the current Secretary to resolve this open discrimination. A Resolution of support was made with Colorado being the first state sponsor, followed by others.

This report would be incomplete without reference to the new APMA president, Dr. Michael King. His acceptance speech was emotional and inspirational with substance and realistic goal orientation. We are under good leadership this year.

NOTE: Dr. King will be at our Oct. 21-22 annual conference at the Inverness.

Podiatry Licensing Board: Updates and new Policies

Prescription Drug Monitoring Program: If you prescribe a controlled substance for a patient, you are now required by law to tell the patient that his/her prescription information will be entered into the Prescription Drug Monitoring Program (PDMP) and that information may be queried by authorized individuals. Pharmacies are also required to tell patients their info on controlled substances will be entered. Doctors including residents with active training licenses and pharmacists can now access the PDMP. Also, law enforcement with a court order or subpoena may review a practitioner's history of prescribing. PCMP data is now considered a medical record and follows the same rules for releasing and sharing of health information as other parts of the record.

Continued Competency Program. Based on research which suggests that CME is not sufficient to be the sole method of assessing continued learning and competence, the Dept. of Regulatory Agencies is working on drafting a continued competency program for podiatrists. *This will not replace the CME requirement*. This is a lengthy process requiring input from podiatrists on the Podiatry Board, other Colorado podiatrists and community representatives such as hospitals and insurers. Currently, the program is looking at two components: (1) a self-assessment learning plan (accessed only by the doctor who writes it) and (2) an assessment of knowledge and skills. Board certification is being looked at as satisfying (2) the assessment of knowledge and skills. The program is not expected to be implemented for 2-3 years. More information from a rep of the Dept. of Regulatory Agencies with an opportunity to ask questions will be available at our annual education conference, Oct. 21-22..—**Anne-marie Zuccarelli**

Nominations Committee Report by Nicholas Sol, DPM

The Colorado Foot & Ankle Society is seeking members to help us address the challenges and seize the opportunities facing Colorado Podiatry. If you are interested in serving on the Board of Directors, please contact a member of the Nominations Committee listed below to answer your questions and submit your name for the 2011 ballot. The election will be held during our annual meeting on Friday, October 21 at the Inverness Hotel in Englewood in the Denver Tech Center.

The Board meets quarterly and at least two of the four meetings are planned to be electronic so you can attend from the comfort of your home or office. In between meetings, the Board communicates by email (usually) or by phone as needed. If you'd like more information contact the CFAS Nominations Committee: Dr. Nicholas Sol (719-635-7700), Dr. Ronda Ammon (719-330-3234), and Dr. Benjamin Marble (719-543-2476).

This Newsletter is published for the members of the Colorado Foot & Ankle Society (also known as Colorado Podiatric Medical Association). Web Site: www.colopma.org
For assistance and additional information contact our officers, directors or Executive Director, Anne-marie Zuccarelli at 303-881-8837 or maxamz@aol.com