



International Region VII of the APMA

Alaska · British Columbia · Alberta · Washington · Oregon · Idaho · Wyoming

OFFICERS

Dr. Kim Gauntt, OR
President

Dr. Catherine Purdy, OR
Immediate Past President

Dr. Don Hovancsek, WA
Vice President

Dr. Ron Douglas, WA
Secretary

Dr. Nick Tanner, WA
Treasurer

BOARD OF TRUSTEES

Dr. Kenny Swayman, AK

Dr. Greg Laakmann, BC

Dr. Mario Turanovic, AB

Dr. Debbie Ketterer, WA

Dr. Tom Melillo, OR

Dr. Randy Wraalstad, ID

Dr. Timothy Fisher, WY

Dr. Ryan Downey
Young Member

Would you like to get involved
with Region VII? Email Susan
Scanlan at nwpodiatry@aol.com

Region VII Meeting August 10-12, 2012 Sunriver Resort



The Region VII Meeting this year will be at the stunning Sunriver Resort. This will be a meeting designed for family fun and activities. We will meet in the mornings August 10th, 11th and 12th. So many activities are available, including discounts on golf! Make plans to attend now. We have to let go of our room block early as it is prime summer time, so book early. \$219 Lodge Rate. Earlybird Tuition \$149 before May 1st. After June 1st, \$199. You can register online now or by snail mail by sending in the registration on page 3.

Region VII Meeting Wrap Up

The Region VII meeting which took place in Vancouver, BC, was a very successful joint venture between Region VII, University of British Columbia, the BC Podiatric Medical Association and the Live Well with Diabetes Conference. Approximately 130 Doctors of Podiatric Medicine were in attendance. The topics related to diabetes, especially those on nutrition, were inspirational and well received.

Elections for officers took place at the meeting. Current officers agreed to continue to serve. There were no nominations from the floor and the current officers will remain for two more years. If you would like to get more involved in Region VII, please let us know.

We were very pleased to have Dr. Kathleen Stone, the Immediate Past President of APMA,

join us in Vancouver. APMA hosted a leadership breakfast for the board members of Region VII to meet with Dr. Stone. We were brought up to date on the many activities of APMA and formulated a plan for recruitment of students from the Northwest for Colleges of Podiatric Medicine. Almost all of the colleges are now aligned with allopathic medical colleges and our residency programs have now all gained full GME funding. APMA has been very instrumental this year in strengthening our profession from its earliest education through tough issues of practice including reimbursement and policy. APMA allows us all to practice to our fullest potential. Region VII would like to officially thank APMA for its continued support and for sending Dr. Stone to our meeting. We look forward to meeting with APMA officers at our August meeting in Oregon.





Hotel rate \$219!!
 Family accommodations available.
 Reserve by June 1st.

**Use this form for snail mail of checks only.
 We much prefer you register on line using your
 favorite credit card or PayPal. You can use any
 credit card on the PayPal site.

www.region7apma.org

Click International Region VII annual meeting

International Region VII Podiatric Medical Association
Annual Conference
Sunriver Resort <http://www.sunriver-resort.com/> mention Region VII Podiatry
August 10-12, 2012

Name: _____

Please Circle: DPM MD RN MR MRS MS Other: _____

State/Prov: _____

Telephone: _____

Email: _____

REGISTRATION FEES Use this form for checks and snail mail only. Please note the fees are in US funds.

The delegate registration fee includes general sessions, course syllabus, continental breakfasts,
 refreshment breaks, & Gala Banquet.

	Prior to June 1st, 2012	After June 1st/On-site Registration	
Region VII Member	\$149	add \$50	\$ _____
Non Region VII APMA Member	\$299.00	add \$50	\$ _____
Non Member APMA	\$775.00	add \$50	\$ _____
Gala Banquet - Guest Fee Saturday, August 11, 2012	\$ 35.00	\$ 35.00	\$ _____
		Total Enclosed:	\$ _____

****METHOD OF PAYMENT See above – we prefer online registration!! Use this form for sending checks**

Cancellation Policy:

Refunds of the registration fees paid, less a \$75.00 USD administration fee, will be granted if you decide to cancel your registration. Cancellation must be received in writing at the Region VII office one month prior to the conference date. No refunds will be granted if postmarked after July 10th or for non-attendance at the conference.

Please contact the hotel directly if you require accommodation and mention "International Region VII" to receive the conference room rate. The rate for double occupancy ranges from \$219 and up USD per night, plus applicable taxes. Don't delay as we have to release rooms 60 days out.

Sunriver Resort:

1-800-801-8765

Make check payable to
Region VII
 mail: Region VII c/o
 Susan Scanlan DPM
 PO Box 22368
 Seattle WA 98122 USA

ICD-10

Harry Goldsmith, DPM, Health Policy & Practice Consultant for APMA



ICD-10 will be implemented in just under two years. For dates of service October 1, 2013 and beyond, the only diagnostic coding system that will be accepted will be ICD-10 (although you will continue to file claims or appeals of claims for dates prior to October 1, 2013 using ICD-9).

ICD-10 presents a huge change in coding diagnoses, conditions, signs, symptoms, external causes, neoplasms, as well as supplementary classifications. ICD-10 codes don't look at all like ICD-9 codes. ICD-9 codes are typically numeric with a relatively limited set of codes beginning with "E", "M", "V", 3-5 characters in length, and there are about 13,000 of them.

ICD-10 codes, on the other hand, always begin with an alpha character, they are 3-7 characters in length, and there are over 68,000 of them. They are also organized differently than ICD-9 codes. Each of the ICD-10 codes represent a much deeper level of detail (which needs to be supported in the doctor's medical record) and the codes may have laterality (e.g., hallux valgus

right and hallux valgus left would be two different codes).

Given the significant learning curve required for ICD-10 implementation, APMA recommends all members be working to implement the system now. A timeline was created (and continues to be updated) to inform members on where they should be in the implementation process. Practices should do some research into ICD-10 now and should not assume that the preparation can be done in the months leading to the ICD-10 implementation. Now is the time to update software, get an understanding of the coding, train staff and doctors, and revise future charge tickets.

APMA is taking a proactive role in educating members about the ICD-10 codes. The APMA Coding Committee has been actively working on the following:

- Crosswalks from like ICD-9 coding to ICD-10 coding (available in the future to subscribers of the Coding Resource Center)
- Development of clinical vignettes with comparisons of ICD-9 to ICD-10 coding
- Increasing the number of ICD-10 seminars, workshops, and webinars that will be offered over the next two years
- Producing articles for *APMA News* explaining ICD-10 codes, organization, and guidelines
- Expanding the Coding Resource Center and APMA website to include ICD-10 information, articles, PowerPoint slide presentations, and more.

APMA is doing its part to ensure that our members have the tools and are ready for the change over to ICD-10. Your office needs to do its part — start learning about ICD-10 now and discuss the transition with your vendors.

Region VII American Podiatric Medical Association

PO Box 22368 • Seattle, WA 98122-0368 • (206) 922-3587 • www.region7apma.org • nwpodiatry@aol.com

Susan K. Scanlan, DPM, Executive Director

Single Podiatrist Visit: \$3.5 Billion In U.S. Health-Care Savings Per Year

If every American at risk for developing a diabetic foot ulcer visited a podiatrist once before complications set in, the US health-care system could save \$3.5 billion in one year. Closing this gap in podiatric care would reduce health-care waste on preventable conditions, which reportedly starts at \$25 billion, by 14 percent. This estimation is a projection based on findings from a Thomson Reuters study published in the March/April 2011 issue of the *Journal of the American Podiatric Medical Association (JAPMA)*.

The study's numbers were based upon the American population that has either commercial insurance (116 million) or Medicare (46 million) in the Thomson Reuters MarketScan Research Database. Sponsored by APMA and independently conducted by Thomson Reuters, the study measured the health-care records of nearly 500,000 patients with commercial insurance and/or Medicare.

“The study's findings are astounding. If just one individual at risk for a foot ulcer sees a podiatrist once before a foot ulcer becomes apparent, they will have singlehandedly saved our country nearly \$20,000 over three years,”

said Kathleen Stone, DPM, president of APMA. “This data does not even include the 47 million uninsured Americans or the 58 million currently on Medicaid, who have a higher incidence of diabetes and complications. The bottom line is that seeing a podiatrist saves limbs and lives, and equates to billions of needed dollars saved for America's health-care system.”

After comparing health and risk factors for those who had seen a podiatrist for care to those who did not, the commercial insurance group saved \$19,686 per patient over a three-year time period. The Medicare group saved \$4,271 per patient over the same three years. Conservatively projected, these per-patient numbers support an estimated \$10.5 billion in savings over three years (\$3.5 billion a year).

Including today's podiatrist in the diabetes management team is a vital step to preventing ulcers and amputation. Recent

Centers for Disease Control and Prevention statistics show that in 2006, more than 65,000 lower limb amputations were performed in the US due to diabetes-related complications. Diabetes currently affects nearly 26 million people in the U.S., seven million of whom are undiagnosed.

For additional information on the study, visit www.apma.org/podiatristvalue.



CLASSIFIEDS

RITTER SURGERY CHAIR. Model F, in great working condition. Downsizing office and no longer need. \$1200 obo. Call 360-734-3668 for more information.

LOOKING FOR A JOB OPPORTUNITY. My name is Evan Bowles. I am a third year Podiatry resident currently working in Southfield, Michigan. I am originally from Washington state and as my residency will be ending soon, I am looking for a job opportunity in the Northwest. Please contact me for a copy of my CV (510) 415-7293 or footdocbowles@gmail.com.

LOOKING FOR A JOB OPPORTUNITY. My name is Sarah Burns. I am a very hard working eager podiatrist who will be graduating in June of 2012 from the three-year Podiatric Medicine and Surgery Residency at Genesys Regional Medical Center in Michigan. I would like to become a valuable component of an established practice that may be looking to expand. For my CV, please email sarah.e.burns.dpm@gmail.com.

LOOKING FOR A JOB OPPORTUNITY. My name is Jacob Thompson. I am a third year resident at Madigan Army Medical Center in Tacoma, Washington. I will be graduating in June 2012 from a 36 month Podiatric Medicine and Surgery Residency with training in forefoot, rearfoot and ankle surgery. I am seeking employment and I am excited to work hard, apply my training and help a practice/group grow and flourish. Please contact me at jacob.thompson10@gmail.com.

EQUIPMENT WANTED. Looking for a used power Podiatry treatment chair and a used X-Cel Podiatry x-ray unit. Please contact Julie at (503) 244-7894 or email portlandfootclinic@yahoo.com.

LOOKING FOR A JOB OPPORTUNITY. I am a third year resident seeking an full-time associate position in the Northwest. I am a graduate of Des Moines University, and have spent the last three years in Scranton, PA at Community Medical Center. I am well trained in the areas of forefoot and rear foot reconstruction, trauma, limb salvage and wound care, and clinical/office foot and ankle care. I am highly motivated and will be ready to start July 2012. CV and letters of recommendation are available upon request from erik.rosenlof@gmail.com.

WANT TO MAKE SOME EXTRA INCOME? Coverage needed for 12 to 14 weeks in Centralia two days per week. Need is from late April until early August. Office-based podiatry, no hospital consults, non-surgical. Supported by well-trained existing surgical podiatrist. Contact Michael Dujela, DPM, at michaeldujela@yahoo.com.

PODIATRY PRACTICE FOR SALE IN PUYALLUP, WA. Full scope of pathology from non-surgical care to reconstructive surgery with excellent referral base. Please email drsalcon@afisouthsound.com with any questions.



I understand you have

risks specific to podiatry.

—Diane WaseMiller, PICA Senior Underwriter

That's why PICA will not take any adverse underwriting action without the opinions of practicing podiatrists who review your situation.

You won't see this with other companies. Our podiatric focus makes us the number one malpractice insurance provider to podiatrists like you.

For more information or a quote, visit picagroup.com or call (800) 251-5727.

