



March 2017

### ***President's Message***

***Earl R. Horowitz, DPM***

As reported in the last newsletter, ABMSP has been considering the development of a new certification in Geriatric Podiatry. Since then we have participated in two trade shows where we conducted a small survey. We found that the majority of those who stopped to talk with us support the idea of a certification in geriatric podiatry, therefore we have formed a task force to work on its development.

However, this "certification" may be awarded a little differently than with the usual computerized multiple choice examination. We will be considering a "portfolio" method, whereby a podiatrist can use a combination of years of experience, education, and perhaps even written cases or case studies, to earn the credential.

As the task force develops this new certification we welcome your input. What do you think would be important for a podiatrist to do in order to earn a Geriatric Podiatric Certification? Do you think a portfolio approach might be of interest to you? Please direct all responses to [abmsp@abmsp.org](mailto:abmsp@abmsp.org).

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### ***Letter from the Editor***

***Theodore L. Varoz, DPM***

Dear Valued Diplomates of ABMSP: We are proud to present this year's Podiatrist of the Year, Stephen M. Meritt, DPM. Dr. Meritt has represented the ABMSP with honor, performing many years of selfless service to our organization, including his work as a surgical case reviewer for our Certification in Podiatric Foot and Ankle Surgery. Dr. Meritt graduated from the Ohio College of Podiatric Medicine and has practiced in Jacksonville, FL since completing his surgical residency in 1975. He is a Past President of the Florida Podiatric Medical Association and was a long time Delegate to the American Podiatric Medical Association. He currently chairs the Quality Assurance Committee, the Hospital Committee, and was the Association's Medicare Liaison.

Dr. Meritt is also a consultant to the Florida Medicare carrier and BCBS of Florida. He was

Chairman of Podiatric Medicine and Surgery for UF Health Jacksonville and an assistant professor in the Department of Orthopaedic Surgery of the University of Florida College of Medicine, Jacksonville. Dr. Meritt was also the founding director of the Podiatric Residency Program at the University of Florida. He has also served two terms on the Florida Board of Podiatric Medicine and is currently an expert of the Prosecuting Services Unit of the Florida Department of Health.

Dr. Meritt was honored as Podiatrist of the Year in 1995 and Practitioner of the Year in 1998 by the Florida Podiatric Medical Association. Dr. Meritt was also honored as one of the Top 175 podiatrists in the United States by Podiatry Management in October 2006. He was published in the Journal of Foot and Ankle Surgery in May/June 2014, Volume 55, Number 3. Upon retirement from the University of Florida in 2014 he joined the Veteran's Health Administration in Jacksonville, FL.

Congratulations Dr. Meritt for a career well done and for being our Podiatrist of the Year!



(Earl Horowitz, DPM and Stephen Meritt, DPM)

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### ***The Road to Equality***

How many podiatric physicians and surgeons have applied to hospitals and been denied privileges because they were not ABFAS certified? Ladies and gentlemen, it does happen and, as many of you know, it can be crushing.

All of you have graduated from accredited schools of podiatric medicine, and many of you have also graduated from residencies. So, you graduate residency, take PMLexus, and get a job. Next is the time to decide which certification boards to pursue. Some hospitals and insurance plans require you to be ABFAS certified. Certain states now even require you to be Rearfoot and Reconstructive surgery certified in order to perform rearfoot and ankle procedures. Select boards take longer to become certified after passing the qualification examination. Some boards require a certain number of specified procedures in order to sit

for the certification examination and submit cases. This could potentially be problematic. On the other hand, equivalent certification boards allow you to be able to achieve certification in a much more streamlined fashion - by passing a qualification examination and then submitting specified cases for peer review. So, now you are certified. Great. Well, not so much for some.

Some podiatric physicians and surgeons who have been certified by ABMSP have been told "sorry we don't recognize that board." So what do you do now? Do you throw up your hands and say "well, I need to get the credential that everyone accepts and, for the meantime be locked out of making a living"? Or... FIGHT! Fight is what one podiatrist chose to do.

This is a brief interview with ABMSP Diplomate and Board member Victor Quijano, DPM, PhD as he shares how he fought back.

ABMSP: Dr. Quijano, why did you decide to become certified by ABMSP?

Dr. Quijano: I was currently in the process of certification through ABFAS. I passed Part 1, Part 2 orals and the computer based patient simulation, but failed the case review. By then much time had elapsed (7 years), and I was informed by ABFAS that I would have to start from square one, by re-taking Part 1 and completing all the other steps. Additionally, ABFAS had passed a new requirement that the candidate had to pass all the required exams for certification before a certain date, or I would be locked out for life.

As one could imagine, I was devastated. Most of the insurance plans and hospitals require board certification. I did an exhaustive search and found ABMSP offers board certification in medicine and foot and ankle surgery. I looked at the requirements for certification and they were closely in line with what the ABFAS new model is, with the exception that ABMSP does not require the CBPS portion. Interestingly enough, ABFAS requires recertification every 10 years, while ABMSP requires recertification every 5 years. Also, ABMSP had a much more flexible exam and case submission schedule.

ABMSP: How long did it take you to become ABMSP certified?

Dr. Quijano: Once I decided to pursue ABMSP certification, from the time of the first examination, to case submission, to the day I received my certification letter was about 4 months. It was very streamlined.

ABMSP: What did you think of the testing materials and the case submission requirements?

Dr. Quijano: I thought the exam questions were of the challenge level they should be. There were didactic questions and patient based questions, as well. The case submission requirement had a nice variety, that an average podiatrist could easily complete in the time frame required. I liked that there are no hard and fast rules that you have to complete a certain number of certain procedures.

ABMSP: Were your case submissions accepted without any issues?

Dr. Quijano: No they were not. There was a question of a fifth hammertoe surgery procedure. The reviewer called me on the phone to discuss why I chose the procedure I did. I was really impressed. We discussed my surgery reasoning so the reviewer could better understand my procedure choice.

ABMSP: Once you had ABMSP certification, did you have any problems with insurance companies or hospitals?

Dr. Quijano: That is still an uphill battle. I have been on two hospital podiatry credentialing committees and the hospitals, as well as the insurance companies, just regurgitate other institutions' requirements, that ABFAS (formerly ABPS) is the only recognized certification board. The surgery centers in my area, do not even require certification. Be that as it may, I had one issue with two local hospitals, and one issue with my area insurance company. They said "sorry, we don't recognize ABMSP."

Obviously I started to panic. I went on ABMSP's website, and there was a letter from the president Earl Horowitz, DPM. Basically it stated that if any of ABMSP diplomates had issues with hospitals or insurance companies, we needed to let them know. I immediately sent an email to ABMSP. I was amazed! I actually got a response email from Jenna Webb of ABMSP. She asked for some information regarding my issues, which I supplied to her. I also spoke with Joan Campbell of ABMSP. A few days later, I received a letter from ABMSP's attorney, George Emershaw. The letter cited several court cases which ABMSP had won. Long story short, the major insurance company did not kick me off. One of the larger hospitals, after thoroughly reviewing certification criteria between ABMSP and ABFAS, deemed that they would, and did, change the institution's bylaws to include ABMSP as a recognized board. The other hospital is part of a large conglomerate and I am still trying to get their bylaws changed. In short, everyone I talked to at ABMSP about by certification woes were attentive and helped to try and resolve the issues.

ABMSP: Why did you decide to run for a seat on the ABMSP Board of Directors?

Dr. Quijano: Short answer: EQUALITY. I was delighted that, after discussing with Beth Pearce, DPM, I was being nominated to the ABMSP Board of Directors. In all transparency, I will tell the readers I am current board certified with ABMSP, ABFAS, and ABLES. I try to be an active member in ABMSP in my full capacity, to fight for podiatrists who are being told that because you don't have a specific certification, you can't practice your craft. I feel, no, actually know, that the board members have ABMSP members in their best interest. They will fight for what is right ..... EQUALITY.

## ***Student/Resident Membership***

The ABMSP is pleased to announce a new student and resident membership. As a student/resident member, you will gain membership in an organization where you can eventually earn board certification in Primary Care in Podiatric Medicine, Foot and Ankle Surgery, Prevention and Treatment of Diabetic Foot Wounds, and Limb Preservation and Salvage. ABMSP is also working with various surgical vendors to provide student/resident training with specific products, and get a reduced rate for conferences. Furthermore, with the help of various sponsors, ABMSP is anticipating scholarship awards for our student and resident members.

ABMSP plans to elect a student delegate from each school, representing the school, who will report to a specific member of the Board of Directors. The student delegate will be responsible for some student publication material. Student and resident members will be encouraged to submit original research, review articles, and interesting cases. Accepted materials will be posted on the ABMSP website in the student/resident tab.

All students and residents are encouraged to apply. Please stay tuned for more information regarding this new membership. Any questions? Feel free to contact Victor Quijano, DOM, PhD at [vicdoubledoc@yahoo.com](mailto:vicdoubledoc@yahoo.com) And see below for the duties of a student delegate:

1. Recruit and maintain membership at respective podiatric school.
2. Encourage members to contribute original research, review articles, and interesting case write-ups.

3. Monthly or bi-monthly phone conversations with specified board member regarding publication materials for the website or newsletter.
4. Once a student has been elected as a school delegate, such delegate will be furnished with an ABMPS CD with organization and membership materials for informational sessions at the delegate's school.
5. Relay information that the student members may deem important to discuss in a newsletter.

### ***Publications Committee Report***

#### ***Stephen, Permison, MD, Public Member and Chair, Publications Committee***

Publications Committee (PC) meetings are held monthly by way of conference call. They typically last about an hour and minutes are recorded by Jenna Webb and approved by the committee. Time is devoted to discussion of the status of all ABMSP publications, recurrent columns, policies, and new or ongoing initiatives.

Participating ABMSP Board members include: Steve Permison, MD; Ken Rehm, DPM; Caroline Tiglio, DPM; Ted Varoz, DPM; John Coleman, DPM; and Jenna Webb. Organizational members of the committee include Avid Design Group for advertising copy and WDG Interactive, for website and social media support. Monthly updates are provided during each conference call on articles, publications, new initiative and policies. Each member of the committee has a specific responsibility:

- Coder Pearls, provided by Dr. Warshaw and reviewed by our Editorial Review Board (Drs. Rehm, Tiglio, and Varoz)
- Distinguished Author Articles, overseen by our Distinguished Speaker chair, Dr. Tiglio, and written by "visiting" authors with review by our Editorial Board
- eBlasts, produced by ABMSP staff with input from the PC
- ABMSP Newsletters, overseen by the ABMSP Newsletter Editor Dr. Varoz
- ABMSP Press Releases, developed in partnership with Avid Design Group
- Social Media input provided by Dr. Coleman
- Regional Delegate Network, which is being newly developed
- ABMSP Website, developed in partnership with ABMSP staff, the PC and WDG Interactive

I want to thank all of the committee members, contributing authors, our advertising agency (Avid Design Group) and our web support organization (WDG Interactive), for their consistent dedicated performance and professional input. I also invite ABMSP diplomates throughout the country to contribute to our publications through submission of articles as distinguished authors. Articles may be submitted to Dr. Tiglio at [carolinetiglio@yahoo.com](mailto:carolinetiglio@yahoo.com)

### ***New Medicare Radiology rules.....Ecch***

#### ***Michael Salter, DPM***

As part of a push to "nudge" U.S. healthcare providers to adopt digital radiography (DR), the Medicare system began reducing payments for exams performed on analog or film x-ray systems in January 2017. In 2018, locations that have not switched from computed digital radiography (CR) equipment will also see payment reductions. Medicare payments will be reduced by 20% for providers submitting claims for any film x-ray studies starting in 2017 under a provision in the "Consolidated Appropriations Act of 2016", which was enacted into law in December 2015.

The main push for the changes in the radiology rules comes to use as a courtesy of The American College of Radiology. The College of Radiology was pressing for a change to

computed radiography, for hospitals to push them to a greater standard and exorcise old, unreliable films. Well, as good attentions sometimes go awry, the manufacturers of Direct Radiology (DR) pressed on further for an even tighter standard and to penalize those with units that might not even be five years old.

Radiologists reading films in hospitals or facilities for which they are paid only to read the films will not feel any impact. The hospitals will get the pinch for the new machines, even as their reimbursements are cut. Big dollars will be involved to replace older machines. I feel that hospitals using film radiography probably should not be around anyway.

The new Medicare cuts will be applied only to the "technical" portion of studies, in other words the cost of materials. For the most part only physicians who take and read their own films will feel the pinch. There will be loss of income to these physicians and they must field the cost of new units and any new rules that apply to the new units.

As the owner of a five-year-old CR unit, I feel the cost of a new unit is not reasonable at this time. Yes, we should have up to date instruments in our office with the finest of technology, but a five-year plan would have been better. Blindsided and not forewarned is not an option.

Now is the time to hear from the working class podiatrists who have a voice and must stand together against this plan.

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American Board of Multiple Specialties in Podiatry  
555 Eighth Avenue, Suite 1902  
New York, NY 10018  
646.779.8438  
[www.abmsp.org](http://www.abmsp.org)

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