MICHIGAN PODIATRIC MEDICAL ASSOCIATION
MICHIGAN'S FOOT AND ANKLE PHYSICIANS

Volume 35 • Fall 2020

PROFILES

The Chairman Speaks:

- Michigan's Response to Doctor Poaching
- Fixing Prior-authorization
- Certificate of Need, Needs Changing
- Michigan's Opioid Crisis

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Web Space Infection DNA Test Panel

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- Highest sensitivity and specificity test available
- Definitive diagnosis for effective therapy decisions
- Rapid test results to drive faster patient care
- Simple skin scraping collection technique

The BakoDx Web Space Panel tests for:

- Pan-Dermatophytes
- *Candida spp*
- *Corynebacterium minutissimum*
- Pan gram-negative bacteria
- *Staphylococcus aureus**

*If positive, reflex to *mecA* (methicillin resistance)

Comparison of Tests

	Culture	Histopathology	KOH (fungal)	Web Space DNA Test
Turnaround Time	2-28 days	2-3 days	Same day	1-2 days
Sensitivity	50-75%	85-90%[1]	73-91%[2]	92-100%[3]
Specificity	100%	72%[1]	42-91%[2]	97-100%[3]

Why differentiate?

Interdigital infectious dermatitis may be due to a variety of organisms. While they may look similar, their treatment differs:

- *Corynebacterium minutissimum* in erythrasma
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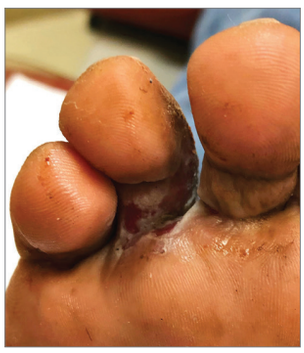

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[1] *J Am Acad Dermatol. 2003 Aug;49(2):193-7.*
[2] *Jacob Oren Levitt, Barrie H. Levitt, Arash Akhavan, and Howard Yanofsky, "The Sensitivity and Specificity of Potassium Hydroxide Smear and Fungal Culture Relative to Clinical Assessment in the Evaluation of Tinea Pedis: A Pooled Analysis," Dermatology Research and Practice, vol. 2010, Article ID 764843, 8 pages, 2010; Journal of Basic & Clinical Medicine 2016; 5(2):4-6*
[3] *Internal validation study compared to NYS Dermatophyte, NYS Candida, and Sanger DNA sequencing.*

INSIDE

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MESSAGE FROM THE PRESIDENT

Ahmad Farah, DPM
MPMA President

Dear MPMA Members, Colleagues, and Friends:

I wish to extend warm greeting to you all as we approach fall. This has been an unprecedented year that we will all assume put behind us, but there is much to learn when we face adversity and challenge. The goals of your association are to keep you informed and provide assistance wherever we can. October we launched our monthly townhall meetings, for which I am grateful for all of you who attended and I am reaching out to spread the word to make these meeting a success. This will provide a forum for us to stay connected and hear what challenges you all face.
As an association, we have made valiant efforts to keep our members informed and provide resources to aid in your practices. We are continuing to work on a balanced budget and continue to fight insurance bureaucracy. Many of our consultants have reduced their fees, for which I would personally like to thank Dr. Jodie Sengstock, DPM (PR Consultant) and Derek Dalling (KDA Management Firm) for taking a concession in fees to help us meet our budget goals. Dues have been reduced this year to assist our members in economic hardship. The conference committee has continued to work diligently to provide an ever-improving Great Lakes Conference this winter. We are continuing to add additional resources and benefits to serve our membership. COVID continues to be an ever-evolving dilemma. I encourage all of you to make protocols for your office, stay up to date on legislature guidelines, and remain safe. Please visit our website regularly for updates.

I hope everyone stays healthy and enjoys a wonderful fall. We have much to remain concerned about, but feel we all can remain thankful that we are surviving 2020 and pray we all have a prosperous and healthy season to come. I respectfully request you continue to support YOUR association (MPMA and APMA). Please visit our social media on Facebook and Twitter and visit the website often for new information as it becomes available.

"Success is not final, failure is not fatal: it is the courage to continue that counts." —Winston Churchill

Warm Regards,
Ahmad Farah, DPM, MPMA President

Town Halls for Doctors

In October we kicked off our Town Hall Meetings. MPMA Town Hall meetings will be held the first Thursday of each month, and moderated by MPMA President Ahmad Farah, DPM. The idea is to simply have a format in place where members can continue to share ideas, concerns, and solutions with each other while remaining limited with the in-person contact.

From the first Town Hall Meeting in October, the MPMA heard ongoing concerns about insurance company reimbursements and requirements—particularly from Humana and the upcoming BCBSM changes for DME to Northwood.

Look for future Town Hall meetings from email communications from the MPMA.

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The future of our great profession and your future depends upon your support of APMAPAC. THANK YOU for your support! Be safe and healthy.

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The MPMA thanks the following individuals who have made contributions in 2020. For 2020, the MPMA is encouraging all members to donate $50 (or more) to MPAS. If your name does not appear on the list below, the MPMA asks you to consider making a donation to MPAS today.

Will Coronavirus Wake Us Up to Michigan's Biggest Health Risk?

We might be at an inflection point when patients are ready to address their chronic disease.

Dr. James Prochaska

Seven of the 10 leading causes of death in Michigan are caused by chronic disease and are responsible for a great deal of morbidity and disability. More than 60 percent of Michigan's adult population suffers from a chronic disabling condition, according the Michigan Department of Health and Human Services (MDHHS).

For decades, people's state of wellness was motivated by a mixed bag of behaviors including narcissism for the perfect body, pursuit of being pain-free or an obsession to excel in sports.

Prior to coronavirus, behavioral researchers at the University of Rhode Island found that health experts tend to prefer negative messages—but the general public responds better to positive health messages. Dr. James Prochaska, the leader of that research explains, "The public is only hearing that they are going to die if they don't mask up from the news media, health departments and health providers."

"During the current pandemic, the majority who are infected with the virus have no symptoms, and another large group has mild symptoms," Prochaska said. "Clearly, there are major differences in how their immune systems are functioning. Many people understandably feel distressed, anxious and afraid, in part because they feel helpless during this difficult time."

"We need to understand that people usually don't take action right away, so we have to help them move in that direction," he said.

"We need to help people see that when they start or when they have lapses, they can commit to getting back to healthy eating and consuming less alcohol," Prochaska said. "But we have to be kind and considerate and help people realize that changing these behaviors can prevent them from getting chronic illness, as well as the next virus."

Prochaska said there are opportunities for simple changes. More people are working from home so they no longer lose time commuting to the office. Maybe they can use that time to take a walk, bike ride or exercise at home.

"These are small steps, as people move from one stage to the next, but people become demoralized, so reinforcing the benefits of such behavior is critical," Prochaska said. "If you improve your behavior, you are getting two for the price of one–improved immunity and reduction in risk for chronic illness."

Prochaska said that "Health is being free from disease."

"Once you get one chronic disease, you are more likely to get more. These behaviors also enhance multiple domains of well-being, for example, emotional, social and work well-being."

It turns out that the Big 4 and distress are major contributors to impaired immune systems, as well as chronic and often fatal diseases.

> "Seven of the 10 leading causes of death in **Michigan** are caused by chronic disease."

He said they can help themselves and others by thinking about which behaviors they would like to address. Through research and development of his behavior change model, Prochaska has found that people do not take dramatic steps toward healthy behaviors, but instead go through these stages:

1. pre-contemplation,
2. contemplation,
3. preparation,
4. action, and
5. maintenance.

The article was edited by Joe Ross of CR Marketing based his interview with Dr. Prochaska, citations from his research papers and an article by the staff at the University of Rhode Island. ♦

MPMA Member Benefits

MPMA provides members with a wide range of benefits including national representation through its affiliation with the American Podiatric Medical Association. As a member of the MPMA, you will be eligible for all benefits offered through both the state and national level associations.

Government Relations & Advocacy

First and foremost, MPMA provides members with representation in Lansing to ensure that Michigan lawmakers, regulators and policy leaders are made aware of the concerns and issues that affect the podiatric practice of medicine.

Professional Development

MPMA members receive discounts to MPMA events that include continuing education contact hours. Our primary event is the Great Lakes Conference which typically offers 40 CME hours each year.

Industry News & Resources

MPMA strives to keep all members up to date with important information and changes in both the state legislature and insurance practices. You will receive this timely information, as well as our quarterly publication *Profiles* and our digital newsletter, *Footnotes*. MPMA members also receive access to the "Members Only" section of our website.

Group Purchasing Discounts

In addition to the above items, MPMA also offers a full range of services and programs to meet your practice, employee and personal needs with the goal to help you and your practice to be successful and profitable. See the following pages for the available benefit programs.

If you have questions about your membership or any of the benefits listed here, please contact us at mpma@kdafirm.org. We are happy to help!

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Group Purchasing Discounts

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For additional information please feel free to contact Skip Kaplan, DPro Vice President of Healthcare Training, at skip@dprohealthcare.com or 248.765.1729.

Group Purchasing Discounts

HEALTH INSURANCE PROGRAM

Our agency has put together a team of Insurance, Human Resources and Technology professionals to provide our clients with the necessary resources to survive in today's world of Employee Benefits. Our background, education, knowledge and experience puts us in a unique position to suggest solutions that are proven to work.

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Michigan's Senate Health Policy Chairman Speaks

Sen. VanderWall talks with Joe Ross, *Profiles* writer

Profiles Magazine: When it comes to private practice doctors, like podiatrists, are there things that you are optimistic about and are there policies that need to be changed?

Senator VanderWall: Absolutely. Prior authorization is one of them. Especially podiatrists - if they're working with a patient and find out they need foot surgery, they try to get them in and then our current system requires a series of prior authorizations to be able to get that surgery approved. If somebody needs that surgery immediately, sometimes it can take months and slow response times leads to lower rates of healing. I think most doctors will be extremely pleased with the movement on prior authorization policy.

Profiles Magazine: Rumor has it that states like Tennessee are poaching podiatrists and other healthcare providers. What incentives is Michigan using to keep them here?

Senator VanderWall: Well, we have a bill that's sitting out there right now that has gone through the first chamber, we want to get it passed through the House of Representatives. It's actually a tuition reimbursement that goes directly to doctors, nurses and those who graduate and move into a rural community. It reimburses 10% of their tuition what they owe over 10 years. So they can actually pay off their entire educational debt up to 10 years.

Profiles Magazine: Would this apply to doctors that graduated from public medical schools like Michigan State University and University of Michigan?

Senator VanderWall: Absolutely, If they came in here and they decide to go to a rural community. As long as they have a valid medical license, the state of Michigan will help them pay down their debt.

Profiles Magazine: What are some key healthcare policies your Senate Health Care Policy Committee is looking at?

Senator VanderWall: Hospitals have consolidated and cut services in small communities forcing people to drive to Detroit, Lansing, Ann Arbor, and Grand Rapids for healthcare. We needed to give our rural hospital doctors the ability to offer a full range of care.

I'm especially proud of a package of bills covering CON, Certificate of Need, issues which increases the accessibility of psychiatric care. We've also worked with the Mental Health Code so we can have more people involved that can work with specific kinds of counseling. We're going to continue to push to make sure we get that through.

Background Info: A certificate of need (CON) is authorization that enables the establishment or expansion of health care facilities or services. A commission governs the standards for Michigan's CON, and the Department of Health and Human Services (DHHS) reviews each application according to these standards.

Profiles Magazine: Early in your career you identified the special needs of rural homeless women, explain that issue.

Senator VanderWall: Homelessness is harder on women, they face more violence and they need more healthcare services. These woman get caught in domestic and sexual violence, it's a major cause of homelessness.

I currently serve on the board of Women's Jericho House in Ludington, and this group counsels the guests at the home about financial needs and how to get a job. Our success rate has been phenomenal.

We have daily counseling and work with these women on holding a job, how to properly take care of themselves and do everything to get them back on their feet. When they're financially ready to go, we help them and stay in contact with them to make sure they rebuild a better life.

Profiles Magazine: You launched a political career at a time when many people would be making retirement plans.

Senator VanderWall: Well it started because I decided I wanted to run for county commissioner. I told my wife I had a dream where I said 'When I'm 61 I'm gonna run for the house'—it didn't work out that way (big laugh). Eventually the time was right we ran for the House—we won. Because of term limits we ended up leaving the House early to run for Senate. We just worked our tails off and are very fortunate that we are here.

Profiles Magazine: Senator, what was going on politically at that time that you thought it was necessary to run for the Senate? Was there something you wanted to change.

Senator VanderWall: Well, I would say the biggest thing I wanted to do was to make sure we kept the family values you'll find today in northern Michigan. I felt some of the other candidates were trying to change things for the worse. I felt very strongly that I had a desire to work in healthcare and share healthcare and I knew that being in the Senate would give me that

opportunity.

Profiles Magazine: The DEA and State Police reports show the opioid epidemic is a serious problem in rural areas, do you find that true for your region?

Senator VanderWall: Yeah, drug abuse in northern Michigan is out of control right now. If you start looking at where the access points are you'll see that northern Michigan is an easy place for drug dealers to dump their drugs. When I say dump, I mean they'll drive from Muskegon 60 miles to reach a rural area. Not a lot of police in Michigan's rural areas. Gangs and individuals can run their shops in secrecy peddling heroin—it's a very serious problem.

Profiles Magazine: Right, now the synthetic version of heroin is Fentanyl, are you hearing about that making its way into the community?

Senator VanderWall: Oh, absolutely! The public needs to know Fentanyl is 50 to 100 times stronger than Morphine.

It's different where it's comes in and how they get it here. But, it's highly addictive. What happens is, people cut it (mix) into heroin and many other drugs. The state police say it has accelerated our overdose rates and the COVID-19 shutdown has really increased alcohol abuse, drug abuse, domestic violence.

Background Info: The rise in fentanyl-related deaths nationwide has been dubbed the "Third-Wave" of the opioid crisis. First, there were deaths due to overuse of prescription pain medications, like Oxycontin. Then, when pills became too expensive or hard to find, opioid users turned to heroin. Now, fentanyl, a synthetic opioid, 50 to 100 times more powerful than heroin, has emerged as a top killer.

Profiles Magazine: How do people with a mental illness fit into the drug epidemic?

Senator VanderWall: It all stems together. If you don't have the counseling or long-term psychiatric care, we'll never cure this epidemic. I mean if you're a drug addict, and you don't get proper care you're gonna go right back to what you know.

Background: "SBs 672 and 673 would repeal the certificate of need requirement for psychiatric beds and would require, as a condition of licensure, a psychiatric hospital or psychiatric unit to accept public patients and maintain 50% of beds available to public patients.

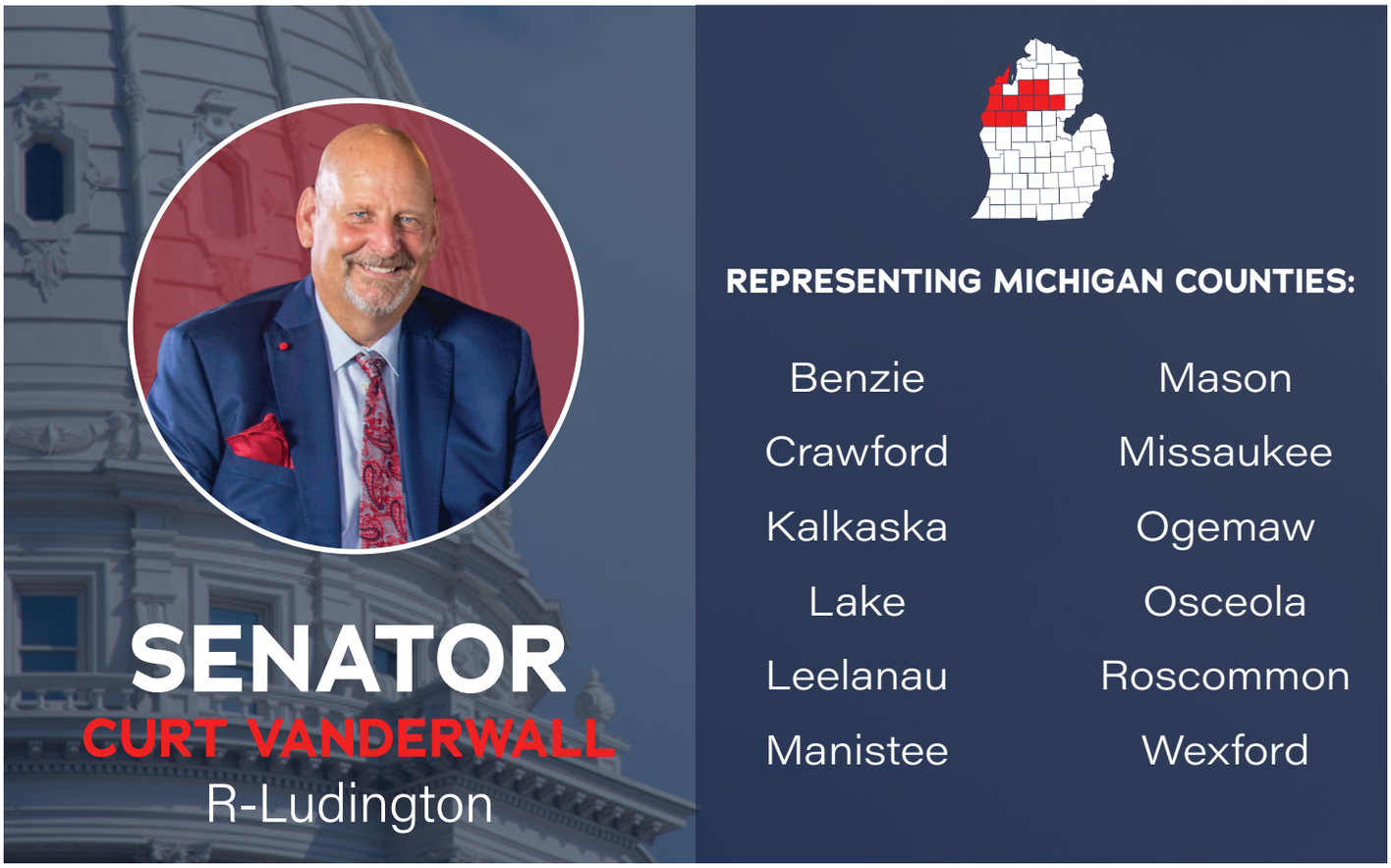
Previously Released Statements by Sen. VanderWall: "I think everyone can agree that we have major challenges in the area of mental health, and while these two bills will not solve this particular issue, I believe they bring us one step closer to eliminating a hurdle from the process," VanderWall said. "If someone has the staff today or the capacity today to make an additional psychiatric bed available, I want it opened. I don't want people to have to continue to wait for services while the government works their program and process.

Profiles Magazine: You are advancing changes to Michigan's Certificate of Need, why is that important?

Senator VanderWall: The changes will take some of the politics out to the process.

I've always said C.O.N. was originally sold on providing better healthcare and more access to care, but it actually restricted it and it became very political. It pushed the small rural hospitals from being able to offer care.

I'm working very hard to make sure our



rural hospitals and people who live in all parts of the state have better access to care and the costs go down.

Profiles Magazine: Certificate of Need seems to be a battleground between the state's large and small healthcare providers. Can those two groups find some common ground?

Senator VanderWall: There's a package of five (5) bills under the C.O.N. One was air ambulance (helicopter, planes), right now the state controls what ambulances can run and they want to get out of that business. Michigan has spent fours years trying to rewrite the rules and we said enough. You get six months to get this done or we're gonna move on it. You know we've got the two (2) psychiatric bills that are in there. We have been adding to local non-affiliated people on the commission so we're not always putting on more insurance people or more medical people. The last bill is capital expenditure and that is if hospitals want to expand, they can with out paying huge fees. If they're expanding on an area like new patient rooms, a hallway, an elevator or something that is not medical.

Profiles Magazine; You represent a rural district. What healthcare policies are you excited or concerned about?

Senator VanderWall: I'm excited we passed a bill earlier this year that allows for remote pharmacies. The bill targets pharmacists who want to open a new pharmacy in an area that's underserved. If you were in rural Michigan you can go 20–30 miles before you hit another town. This allows a pharmacists to oversee multiple pharmacies using telecommunication.

Jason Wadaga, MPMA Lobbyist, with Sen. VanderWall

Profiles Magazine: Nationally, we are hearing reports the pandemic and the riots are making rural towns a haven for urbanites.

Senator VanderWall: Earlier this summer, I visited hospitals in the UP and the CEO said, "It's the first time we actually have out-of-state doctors reaching out to us for full-time positions. Out-of-state doctors are saying they have had enough of the big city and it's time to move somewhere they feel safe." ♦

Value Report

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Typical Healthcare Issues We Resolve

Travel Time for Care givers
Do we need to pay our home health caregivers for travel or down time between shifts? If we pay mileage, do we also have to pay for travel time?

Training and Pay
If CPR certification is required for a job and the hospital offers classes after regular work hours for the certification, should the company pay for the employees' time to attend the class?

Flu Shots
We are a family medicine practice and want to require flu vaccinations for all staff and providers. Can we terminate an employee for refusing a vaccination?

TB Tests
What is the law surrounding tuberculosis (TB) testing for employees and the hiring of an individual who has latent TB with a clear chest X-ray?

Home Healthcare OT and Meal Breaks
What are overtime rules for home healthcare workers who work 24 hour shifts? Are meal and rest breaks required?

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Annual Value

for 200 EE Healthcare company

Live Advisors
$13,500

Living Handbooks
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Training
$18,000

Job Descriptions
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FLSA Classification
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Total:
$37,500

> "I love this service. My question would have taken me hours to research and it was answered completely, with links that pertain to my question. Thank you!"
>
> - Colleen W., Regional hospital system,Decatur, TX

Management of Venous Leg Ulceration

A Work in Progress

Miller Vein
LEGS LIKE NEW

CRAIN'S 2020 COOL PLACES TO WORK
Four years of COOL!

Jeffrey H. Miller, M.D.

Jeffrey H. Miller, MD, is the founder and CEO of Miller Vein, with seven offices in Southeast Michigan. Dr. Miller has received numerous awards and honors in his field, including being named one of Detroit Magazine's "Top Docs." His multi- site company has received numerous awards including Coolest Place to Work by Crain's Business Detroit (four-time winner), Novi Chamber of Commerce's Customer Service Excellence Award, and several Corp! Michigan's Economic Bright Spots Awards to name a few.

Some of the most challenging patients to treat are those suffering from non-healing venous leg ulcers (VLU). It's chronic, it's painful, and it is an expensive problem!

Venous ulcers cost approximately $38 billion annually in the U.S. and this is only the direct medical costs. This large sum does not include the indirect costs related to lost productivity due to absenteeism and forced early retirement, or the costs associated with loss of functional independence.

Pathophysiology of Venous Leg Ulcers: We know More Today

In the past it was thought that the vast majority of VLU were related to deep venous insufficiency, often from previous deep venous thrombosis (DVT). Subsequently, it was thought that perforator vein pathology was the major etiology. More and more it appears that the superficial venous system is involved. Accepted etiologies include entities that cause ambulatory venous hypertension and/or calf muscle pump failure. There is much under investigation including microvascular disease, uncontrolled inflammation, thrombophilia, fibroblast senescence and disordered extracellular matrix production, failure of epithelialization, malnutrition and bacteria colonization. Thus, there is much to learn but we have come a long way. At least we do know that there is a relationship between venous insufficiency and ulcers.

Venous ulcers are the most serious consequence of chronic venous insufficiency. It has been suggested that in developed countries there is an approximately 1% lifetime risk of venous ulcer formation and the risk of developing the predisposing skin change 10%. However, these numbers are from older literature and things are changing. People are living longer which means more individuals are walking around with venous insufficiency and all the inherent risks. On the other hand, treatments are improving on all venous fronts. DVT management has been evolving significantly and perhaps the risk of post thrombotic syndrome will diminish. Likewise, superficial venous insufficiency treatment will continue to evolve, and it is here where we have some evidence that is a game changer. Please read on.

Traditional Management: Compression & Wound Care

Compression Therapy

Reviewing the literature, it appears that applying compression is better than not using compression. Multi-component bandages work better than single-component systems. Also, multicomponent systems (bandages or stockings) appear to perform better when one part is an elastic bandage. Of note, when compression alone is used for ulcer treatment, ulcers are almost guaranteed to recur if compression is not continued.

Wound Care Therapy

According to the Cochrane Database there is strong evidence that the effectiveness of healing leg ulcers is not influenced by the type of wound dressing beneath the compression bandage. However, it appears that high compression bandages aid the healing of venous leg ulcers as noted above,

Continued on page 18

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continued from page 16

EMLA is an effective analgesic in the debridement of venous ulcers, and bilayer artificial skin under compression improves healing of venous leg ulcers compared with simple dressings and compression.

A New Treatment Paradigm

Physicians routinely treating CVI with endovenous ablation have long believed that early ablation helps their patients suffering from venous ulcers. They've seen it with their own eyes, but they have needed the scientific proof. Well, that's arrived.

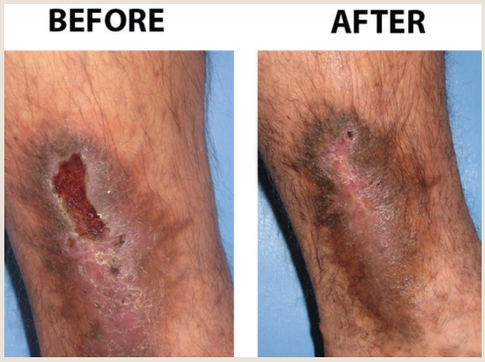
In a trial conducted at 20 centers in the United Kingdom, 450 patients with venous leg ulcers were randomly assigned to either undergo early endovenous ablation of superficial venous reflux or not. Both groups received compression treatment as part of their care. The results? Early endovenous ablation of superficial venous reflux resulted in faster healing of venous leg ulcers and more time free from ulcers.

Tools that Today's Endovenous Specialist Uses

Vein specialists have many tools in which to treat chronic venous disease including radio frequency ablation, laser ablation, and chemical ablation to name a few. Recently, a device that utilizes medical adhesive, Venaseal, has been added to the toolbox. The newer technologies obviate the need for extensive numbing needle sticks.

The basic concept for treatment is to eliminate the cause of venous hypertension, in other words, treat everything that is refluxing. It is critical for the vein specialist to look for and address pathologic veins in the region of the ulcer bed. These veins are most often treated with a chemical approach. ♦

Case Study



A 28 year-old male presents to the office with a 13-year history of bilateral lower extremity pain, swelling, aching, varicose veins and skin changes with recurrent ulcers. He was sent to our office by his primary care physician due to a non-healing ulcer distal medial left leg for 2 months. The remainder of his history is remarkable only for patient requiring Vicodin around the clock for severe left leg pain. His primary care physician prescribed Cephalexin 500 mg BID. He has no other past medical or surgical history. On physical exam, pedal pulses were normal bilaterally, he was afebrile and his vital signs normal. Varicose veins, reticular veins and telangiectasias were present bilateral medial thigh and leg. There was lipodermatosclerosis in the gaiter regions bilaterally and an approximately 2 cm in length skin ulcer distal left leg. Lower extremity duplex sonography revealed bilateral great saphenous vein reflux to the distal leg. His CEAP score was C 1,2,3,6 s Ep As1,2,4 Pr.

Treatment included of endovenous thermal ablation along with endovenous chemical ablation of tributaries in the region of the ulcer bed. Figure 1 reveals before and after photos taken three months apart. Patient was instructed to continue use of the graded compression stocking for at least two weeks followed by lifelong knee-high compression. The patient reported immediate symptom relief and stopped taking Vicodin.

Useful Explanation for Patients

Patients seem to understand the management of venous ulcers using a dry wall analogy. The skin is dry wall, and an underlying leaking pipe (i.e. vein) is causing the dry wall to rot. The damaged dry wall will eventually crumble and maybe even develop an open hole. Patching the dry wall may make the wall look okay… for a little while at least. But with time, the wall will get wet again and you will be left with another hole! So, in addition to patching the wall, it's really important to fix the leaking pipe. An unhealthy vein is very much like a leaking pipe and thus, the treatment of this vein is the first step in healing a venous stasis ulcer.

Summary

Ulcers are best managed using a multispecialty team approach which includes podiatric wound care with a vein specialist treating the underlying chronic venous insufficiency. Keep in mind that early ablation results in faster healing of venous leg ulcers and more time free from ulcers.

References:
1. Phlebology 2010;25 Suppl 1:2-8
2. Cochrane Systematic Reviews on local wound care Hester Vermeulen, PhD, RN, Dirk Ubbink, PhD, MD
3. Cochrane Database of Systematic Reviews 2009, Issue 1 O'Meara S, Cullum NA, Nelson EA. Compression for venous leg ulcers.
4. Mayberry, et al. Surgery 1991;109:575
5. Cochrane Database Syst Rev 2009; CD000265
6. J Vasc Surg 1998;28:767-76
7. BMJ. 2007 July 14; 335(7610): 83. Comparison of surgery and compression with compression alone in chronic venous ulceration (ESCHAR study): randomized controlled trial.
8. The NEW ENGLAND JOURNAL of MEDICINE A Randomized Trial of Early Endovenous Ablation in Venous Ulceration. Manjit S. Gohel, M.D. et al. published on April 24, 2018, at NEJM.org.
9. The SAGE Group: CHRONIC VENOUS DISEASE (CVD) EPIDEMIOLOGY, COSTS AND CONSEQUENCES

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- **Practice management resources** are available for help with Medicare, private payers, DME and HIPAA, hospital privileging, and other issues.

Successes

- APMA's **defeat of the proposed rule** that would have created separate E/M codes for podiatry saved an average of $7,500 for each member.
- Achieved **parity for DPMs at the VA** resulting in treatment as a physician, both in pay and career opportunities.
- The members who took advantage of the MIPS app and APMA Registry for Performance Year 2018 **saved more than $1 million** in potential penalties.
- APMA supported multiple states to ensure that, **scope of practice laws** are commensurate with the education and training of DPMs.

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Adam B. Lowy, DPM, Olney, MD

MPMA Advertising Kit

Profiles is the official magazine of The Michigan Podiatric Medical Association (MPMA). MPMA's mission is to promote, protect and advance the science and practice of podiatric medicine in Michigan. MPMA is an affiliate of The American Podiatric Medical Association.

Profiles is a quarterly publication distributed semi-annually via mail and semi-anually via email. The publication is distributed to all corporate sponsors, exhibitors and members of the association. The publication reaches the desks of over 520 podiatry professionals and their staff throughout the state of Michigan with a total circulation of over 740. All ads in the digital editions are hyperlinked to the advertiser's website. All editorial and advertising is subject to publisher approval and space availability. MPMA reserves the right to refuse any ad that they consider inappropriate and does not hold to the standards and principals of the Association.

EDITORIAL SUBMISSIONS

Profiles accepts unsolicited manuscripts but reserves the right to edit due to space limitations. Opinions expressed by guest writers do not necessarily reflect the views of MPMA. Editorial submissions must be typewritten and sent via email to derek@kdafirm.com.

PAYMENT

Invoices are prepared following the publication of the newsletter. Payment is due within 30 days from the date of the invoice. To be eligible for the 4x rate, ads must be paid in advance for the year.

CLOSING DATES

ISSUE	SPACE	ARTWORK	MAIL/EMAIL
Spring	January 31	February 28	March 30
Summer	April 30	May 30	June 30
Fall	July 31	August 30	September 30
Winter	October 15	November 15	December 10

PRODUCTION SPECS

Profiles is offset printed on 80# gloss enamel stock, four-color process using 175-line screen. PMS colors not accepted and will be converted to four-color process. Color ads must be sent in process color: cyan, magenta, yellow and black (CMYK). Trim size is 8.5"x11". Bleeds may be included on full page ads and must extend at least 1/8 of an inch beyond the trim size on all four sides. Live copy should be kept at least 1/2" from trim edge. Magazine is saddle-stitched.

DIGITAL REQUIREMENTS

We can accept files via WeTransfer, Dropbox or Email. All linked graphics and fonts must be collected for output and included with submission. Emailed files should be sent to derek@kdafirm.com.

ACCEPTED FILE FORMATS

- PDF files with fonts embedded and raster images at 300 dpi
- Adobe Illustrator EPS with fonts converted to outlines and raster images at 300 dpi, include linked images
- Adobe PhotoShop TIFF, JPEG or EPS (300 dpi)
- Adobe InDesign with all fonts and linked images included

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FULL COLOR	1X	4X *(prepay only)*
Inside Front Cover	$600	$2,280
Inside Back Cover	$525	$1,995
Outside Back Cover	$500	$1,900
Full Page	$450	$1,710
1/2 Page	$300	$1,140
1/4 Page	$200	$760

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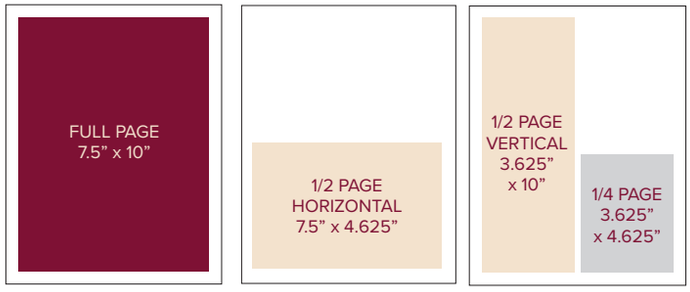

CLASSIFIED ADS

MPMA accepts classified ads in its quarterly publication, *Profiles*. Classified ads are free for MPMA members and $100 for non-members with a maximum of 40 words. Classifieds will also run on the MPMA website for 3 months and in the bi-weekly newsletter, *Footnotes*. Image and graphic files not accepted for classified placements. Email text for ad to derek@kdafirm.com.

MPMA Advertising Contract

ISSUES

☐ Spring ☐ Summer

☐ Fall ☐ Winter

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☐ 1/2 Page Vertical.....$300

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