

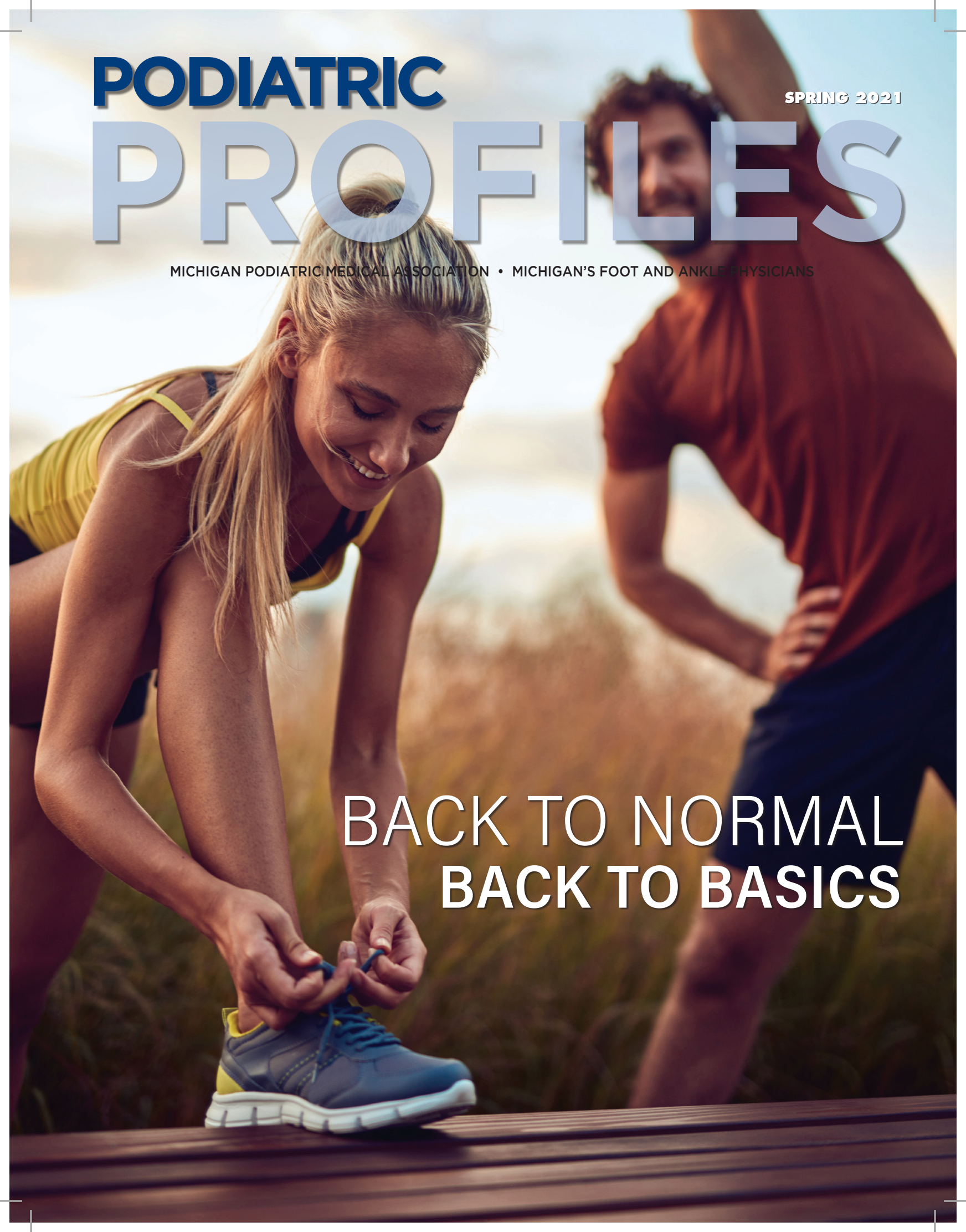
PODIATRIC

SPRING 2021

PROFILES

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BACK TO NORMAL
BACK TO BASICS



NEW!

Web Space Infection DNA Test Panel



The most accurate diagnostic method,
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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:

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- *Candida spp*
- *Corynebacterium minutissimum*
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*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
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Why differentiate?

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While they may look similar, their treatment differs:

- ✓ *Corynebacterium minutissimum* in erythrasma
- ✓ Tinea pedis
- ✓ *Candida* intertrigo
- ✓ Primary or secondary bacterial infections



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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.

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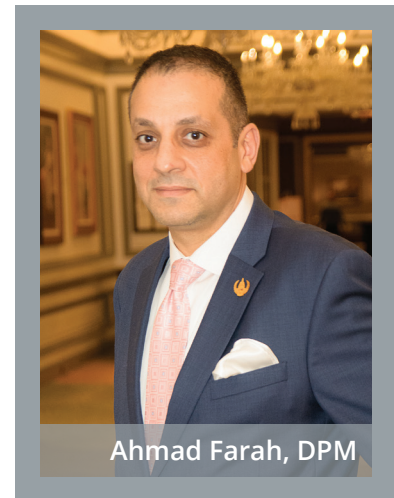
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MESSAGE FROM THE PRESIDENT

Dear MPMA Members, Colleagues, and Friends:

Happy Spring! I wish to extend warm greetings to you all as we approach the warmer weather months. As we venture into 2021, we are still battling this pandemic, I would encourage all of you to stay safe and protect yourselves, your staff, your family, and your patients. Please follow safe distance guidelines. Remember, one of the association's goals is to keep you informed and help wherever we can. Please make sure to visit the website often and attend our monthly Town Hall meetings. 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.



Thank you all who attended our virtual Great Lakes 2021 Conference. While this was something new and at times challenging, I feel we had a great conference. We look forward to getting back together in person soon, but as of now, our world has become virtual. These lectures are still available for a short time on our website. Please stay tuned for more CME opportunities.

Your MPMA is currently working on the next conference for 2022, just attended the House of Delegates (virtually of course), continues to work on legislative issues with insurance carriers and our state government, and continue on-going efforts and being proactive to ensure our inclusion in decisions which affects our practices. Please be sure to continue your contributions to MPAS and APMAPAC - as these are the funds that help us fight the good fight.

“Embrace uncertainty. Some of the most beautiful chapters in our lives won't have a title until much later.”

-Bob Goff



Warm Regards,
Ahmad Farah, DPM, MPMA President

Town Halls for Doctors

The MPMA launched Town Hall Meetings for DPMs in October 2020 and will continue these meetings indefinitely.

As the MPMA President, I moderate the Town Halls in a simple format to hear your ideas and concerns and to offer solutions for issues we all deal with.

Some of the most pressing issues include insurance company reimbursements and requirements that push your practices in several directions. I encourage you to participate and have a conversation with me and other doctors.

Town Halls are the first Thursday of the month.

Register at: MPMA.org and we'll send you the Zoom link!



MPMA Presents Award to Senator Curt VanderWall



Senator VanderWall

Chairman Health Policy Committee

Senator Curt VanderWall received the MPMA 2020 Legislator of the Year award, presented virtually by Derek Dalling, MPMA Executive Director and Jason Wadaga, MPMA Lobbyist in Lansing, MI.

The MPMA was honored to present State Senator Curt VanderWall with the *2020 Legislator of the Year* award. This award was presented virtually during the 2021 MPMA Great Lakes Conference.

Sen. VanderWall has been a driving force in improving Michigan's health care efficiency and delivery.

The Senator is a proponent of updating the "prior authorization" policy. He believes if a podiatrist determines a patient needs immediate foot surgery that it should not take months to receive prior approval in order to complete that surgery. It can negatively affect the patient by promoting a slower rate of healing and recovery.

The Senator launched a package of bills covering Certificate of Need (CON). He feels the current CON restricts not only quality but access to healthcare. For instance, he feels rural hospital doctors should have the ability to offer a full range of care, just as large hospitals do. The CON legislation (SB 181, 182 and 183) was reintroduced on Feb. 26, 2021. The reforms will increase the threshold for capital expenditures, increase the number of members on the

CON Commission, remove air ambulance services from CON and remove psychiatric beds from CON oversight in certain situations.

Senator VanderWall worked on incentives to keep doctors, including Podiatric doctors, in state through tuition reimbursement. The reimbursement goes directly to the doctor who graduates and moves into a rural community in Michigan. It reimburses 10% of the tuition of what the doctor owes over 10 years. So the doctor can actually pay off their entire educational debt up to 10 years. 🩺



Derek Dalling
MPMA Executive Director



Jason Wadaga
MPMA Lobbyist

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Industry News

Conference CE Credits Available

The MPMA has made the entire lecture series from the 2021 MPMA Great Lakes Conference from Feb. 3-7 available online.

Doctors/members who were not able to attend the virtual conference can obtain up to 40 CE credits by selecting from fifty-four different lecture topics including the Trauma Debate, Hallux Rigidus, Biomechanics, Infectious Disease Debate and more.

To register go to: MPMA.org
Click: Education & Events/Great Lakes Conference.

Once registered, MPMA will provide the link to view the lectures as well as instructions for CME credit.

The online CE credit option will be available until June 15, 2021.

Any member who did attend the video live streaming has access to the lecture series. Access can be re-established by contacting the MPMA at: mpma@kdafirm.com

Town Hall Open Forum

The MPMA launched virtual Town Hall Meetings for members in 2020 and will continue this platform in 2021.

This is a great opportunity for members to provide ideas, solutions and concerns in podiatry.


Town Hall Meetings are held the first Thursday each month from 7:15 p.m. - 8:00 p.m. through Zoom.

Registration is required, within two days of the meeting. Once registered, you will receive a Zoom link by email.

For more information contact:
MPMA@KDAfirm.com or (800) 968-6762

Relief for Podiatric Doctors

In late December 2020, Congress passed the Consolidated Appropriations Act of 2021 to provide relief to physician providers.

- Providers receive a one-time, one-year increase in the Medicare Physician Fee Schedule of 3.75% during 2021. Podiatry is expected to see an overall 5-percent increase in Medicare reimbursement in 2021 rather than and expected 1% decrease.
- Congress issued a three-year moratorium on HCPCS Code G2211, preventing CMS from making payments prior to January 1, 2024. G2211 is for evaluation and management (E/M) visits that are part of an ongoing, longitudinal care relationship. CMS added this code to the Medicare Telehealth services list for 2021. Due to its complexity as an add-on code, more work will be done to define this new code and how it affects podiatrists.
- The CARES Act suspended the Medicare Sequestration cuts for all Medicare fee-for-service claims until the end of 2021. The 2% Medicare sequester expired on March, 31, 2021.
- A non-discrimination provision was included in the Surprise Billing provisions to prevent provider discrimination. It also includes a 30-day open negotiation period for providers and payers to settle out-of-network claims. If unable to settle, the parties may access binding arbitration. 

For More Information, Go to: APMA.org

Legislative Update

by Jeffrey Frederick, DPM

This past year was like no other for the Michigan legislature. Nearly six months of typical session was either lost or solely dedicated to legislative responses to the pandemic and budget issues created by it. In the end, the potential damage and deep cuts to our state budget were mitigated by funds from the federal government. As you know, Michigan's budget must be balanced at the end of the fiscal year and we cannot deficit spend like the federal government. Despite the lack of session days, two key health policy items were considered throughout the year that impact health care providers.

SURPRISE MEDICAL BILLING

Legislation was passed and signed into law in October that would address the issue of "Surprise Medical Billing." As you are aware, this is when an out-of-contract medical provider performs a procedure without the patient knowing the provider is out-of-contract. Thus, they receive a large bill after the procedure not knowing why their insurance did not cover it. The most regular occurrence of this is in an emergency room setting.

During discussions on the legislation, the providers, insurance companies and legislators all agreed that the patient needed to be removed from this pro-

cess. In the end, there were several changes made to the process. Perhaps the biggest changes were:

- Out-of-network providers would be capped at 150% of the Medicare fee schedule for procedures performed.
- Require disclosure by providers to non-emergency patients that they are out-of-network.
- Include disciplinary action and fines for violating the terms of this law.

The Surprise Medical Billing legislation is now PA 232 of 2020, PA 233 of 2020, PA 234 of 2020 and PA 235 of 2020.

PRIOR AUTHORIZATION

Prior Authorization reform has been a priority of several legislators and interest groups in Lansing for some time. MPMA's 2020 "Legislator of the Year," Sen. Curt VanderWall, introduced Senate Bill 612 to do just that. Some main points of the legislation were:

- Requiring a standardized electronic prior authorization.
- Requiring prior authorization requirements to be based on peer-reviewed clinical review criteria.

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- Prohibit an insurer from implementing a new or amended prior authorization requirement without first updating the insurer's public website to reflect the change.
- Requiring an insurer to notify a health professional of the reasons for a prior authorization denial and specify that an appeal to the denial would have to be reviewed by a physician that met certain requirements.

This legislation passed the Senate in late December but ultimately died in the House of Representatives. Sen. VanderWall has said that some version of this bill will return in the Senate Health Policy Committee in 2021.

ELECTION RECAP

On the election front, we all know that Joe Biden was elected President and Kamala Harris Vice-President. As we sit today, it appears that the Democrats will have flipped the United States Senate taking a 51-49 majority. In the United States House of Representatives, the Democrats lost a handful of seats but will retain a slim majority.

We also have two new members of Congress in Michigan. Congresswoman Lisa McClain was elected to replace the retiring Congressman Paul Mitchell in the Macomb/Thumb seat and Congressman Peter Meijer was elected to replace the retiring Congressman Justin Amash in the Grand Rapids seat.

Here in our state legislature, only the House of Representatives was up for re-election. The Republicans maintained their 58-52 majority. Rep. Jason Wentworth from Clare was elected the next speaker of the House. Rep. Donna Lasinski from Ann Arbor was elected to serve as the next House Minority Leader.

While the Senate was not up for re-election, the Republicans majority was shrunk due to two Senators winning elections for countywide seats thus, resigning their positions. This puts the Senate Republican majority at 20-16. Governor Whitmer has announced that the special primary election for these seats will be held in August and the general elections in November.

2021

While we look to 2021, we will continue to prioritize legislative items that not only benefit our membership, but also put us on a level playing field with other health care providers. Prior Authorization reform will be a key piece of legislation we will be following. I would also like to see us pursue legislation that allows us to administer the flu vaccine and COVID-19 vaccine.

Thankfully, it appears our state will have over a \$3 billion surplus next year, so I do not anticipate any deep cuts to our state budget. 🏥

If your patients suffer from lower extremity:



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- ✓ Swelling
- ✓ Night Cramps, Restless Leg Syndrome
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- ✓ Varicose Veins
- ✓ Non-Healing Ulcers

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MPAS CONTRIBUTORS 2021

The MPMA extends a big THANK YOU to each of the following individuals who made a contribution during the 2021 MPMA Great Lakes Conference. Here is a list of the MPAS contributors so far for 2021.

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If you're not listed, make your contribution today! For 2021, the MPMA is encouraging all members to donate at least \$50 to MPAS. To make your 2021 contribution simply visit:

www.mpma.org/mpsapmapac.html

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APMA PAC CONTRIBUTORS 2021

These MPMA members have pledged their contributions to APMAPAC: THANK YOU!

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Dr. Kevan R. Kreitman
Dr. Rebecca A. Sundling

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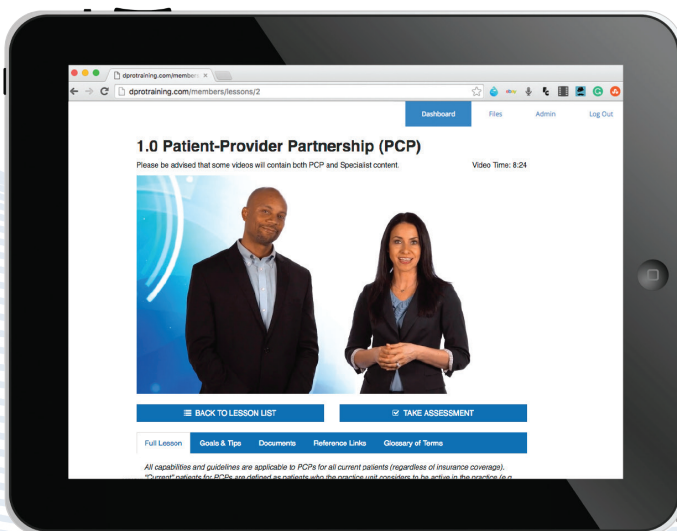
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BACK TO NO
BACK TO B

Michigan Podiatrists Expect Increase in Foot Ailments

More people have jumpstarted their fitness routine this year, getting out and getting healthy.

According to a large survey done by RunRepeat, there's been a 15% increase in outdoor exercise activities especially in running, hiking and walking. This trend will continue well into 2021.

Michigan podiatrists are expecting an increase in foot ailments from thousands of people who are getting physically active again. Podiatrists are familiar with foot injuries, especially people who are just starting out or even seasoned athletes.

According to MPMA doctors, one of the most common reasons for foot injury is using the wrong type of shoe for the activity. Shoe types today are designed for a specific sport.

For instance, you need the correct footwear for your feet to keep up with the repetitive impact of repetitive workouts like running. Some people select the wrong shoe to do the job.

Shoe fit is also extremely important. Podiatrists recommend wiggle room in the toe box along with a snug, yet comfortable fit.

On the flip side, old, stretched out shoes are a hazard as they no longer support the foot properly.

Poorly fitted shoes can result in a number of issues including one of the most painful—plantar fasciitis—as well as arch spasms, heel spurs and tendonitis.

Stretching foot muscles is a big benefit in maintaining foot health but is often overlooked.

“People will stretch their hamstring and calf muscles but never think to stretch their feet. Rolling a tennis ball underneath the soles of your feet helps reduce tension in the foot. Stretching the arches of your feet helps with overall strength and stability.”

Athletic shoe technology has come a long way, using more advanced materials and improving on durability and function.

“Decide what sport or activity you are most interested in and do some research on the best shoe or boot you need. Make comfort and support your priority.” 🩺

Resources: globenewswire.com, runrepeat.com

ORMAL
BASICS

Podiatric Physicians Help Relieve Burden on Hospitals During COVID

Since March 2020, Michigan podiatrists operated under a pandemic medical model that applied to medical clinics and hospitals set by CMS, CDC and MDHHS.

The model pushed for more in-home medical services and telemedicine in order to keep hospital beds available for COVID specific patients.

Michigan's Podiatric physicians were naturally well positioned to help relieve the burden on hospitals. They are equipped to provide some of the more complicated wound and limb saving procedures right in their offices.

We sat down with Dr. Kevan Kreitman to explain.

What do podiatrists do exactly?

Podiatrists are best known for their expertise in complicated foot issues and wound care.

Within our scope we address both bone and soft tissue of the foot and ankle and adjacent attachments below the knee. Our examination and treatment plans include vascular, dermatology, orthopedic function and nerve function whether using surgical or non-surgical treatments in order to save a life.

We're often the first to recognize the presence of a wound and assess whether it's a life-threatening wound. Our goal is to reduce diabetic foot and wound-related ER visits, hospitalizations, amputations and prevent death.

We are medically trained to do advanced surgical procedures right in our offices.

Last year, Michigan had the highest employment losses in the country. What about the state's Podiatric practices?

Last March everything closed down. We knew it was going to affect each individual DPM (Doctor of

Podiatric Medicine) as well as the entire profession. And we lost Podiatric practices.

"COVID was never good, but it changed our way of thinking. It changed other people's perspective of us as to what we were doing and what we could do and that to a certain extent was a step forward for us."

—Dr. Kevan Kreitman

If you are a single practitioner and you are closing your doors for a prolonged number of weeks or months, how many closed their doors for good and are not coming back? We don't know the numbers yet.

We are small businesses. Podiatrists don't have a great capital reserve they are sitting on with which to work.

I was one of the lucky ones. Our practice as multiple doctors associated with the local hospitals. We were harmed but not irrevocably harmed.

How did Podiatric practices function in 2020?

Every practice was closed until we got the "go" to re-open by the CDC and Gov. Whitmer.

We had a skeletal crew. We cancelled all non-urgent appointments. We kept our urgent appointments e.g. diabetic ulcers, other wounds, fractures, post-op patients, foot injuries.

Podiatric practices complied with all COVID protocols; social distancing, masks, taking temperatures, modifying waiting rooms, etc. We complied every time the guidelines changed.

For podiatrists working with wound care teams in the hospitals, we had a lot to do. COVID causes hyper-coagulability of the blood so patients were throwing clots that resulted in many digital amputations.

Our objective was to keep all of our diabetic wounds/infections out of the hospital. So we kept a closer eye on those folks because we knew we didn't want them in the hospital.

Starting in May-June of 2020 we communicated to our patients that if they were comfortable coming in, to come in. We took all of the proper precautions. If patients were not comfortable coming in we told them they can defer their appointment.

By Fall, we were close to a normal schedule while following proper precautions. Patients understood they could not go on handling their diabetic foot ulcers and other complications without seeing us.

Telemedicine expanded. How did it affect your patient procedures?

There are certain things we can do over the phone and within our scope. For instance, if we're doing blood testing it can be done by phone. I treated wounds for people who had COVID who could not come into the office. However, there were limitations.

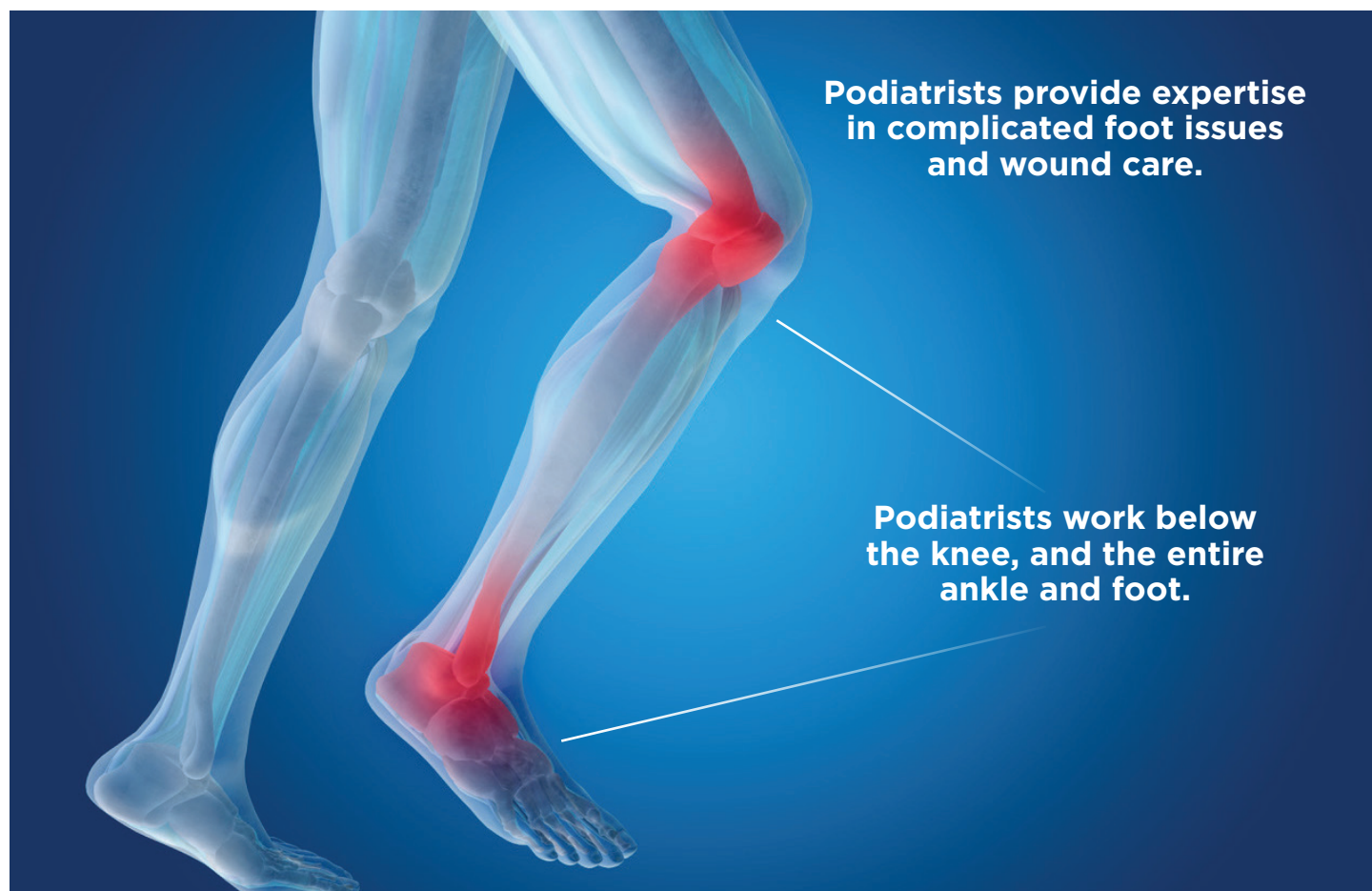
I had a patient who called their PCP (Primary Care Physician) with a wound on his leg. They recommended he see his podiatrist. He came in the office with a gaping wound with underlying bone infection on the bottom of his opposite foot. That was not revealed because of telemedicine. So there were problems with the implementation of telemedicine for patients with multiple medical issues.

Deferring a patient appointment is a red flag to DPMs. Explain that.

We see diabetic patients every 2-3 months. When a patient has a non-healing wound, it's a symptom of a more complicated condition and comorbidity happening underneath the surface. A diabetic foot ulcer is a marker for peripheral arterial disease, heart attack, stroke, renal disease and amputation.

In response to the direction from CMS, the U.S. Surgeon General and MDHHS, Podiatric practices limited their patient hours or temporarily closed. This left many patients without care.

It became so obvious to me that delayed care



meant bad care. How many people suffered heart attacks that didn't go to the hospital?... suffered strokes and didn't go to the hospital?... how many amputations increased in the year because we weren't seeing our patients? Patient care mattered before the pandemic, it matters now.

I think as an entity—medicine across the board—we had a job to protect our patients.

The Podiatrist's scope of practice was updated two years ago. How does that affect how Podiatric Doctors practice in Michigan?

Our scope is in-line with what we are medically trained to do. We preserve limbs to prevent amputations. We work below the tibial tuberosity (knee), but we also help identify medical issues.

I have patients come in with swollen legs, kidney problems, heart problems, not seeking my care specifically for those issues, but I'll look at their leg and ask them "When was the last time you saw your cardiologist" or "...you saw your nephrologist." You are reminding them they have other issues that need medical attention.

Much of what we do is hands on. We are instrumental in keeping people out of the hospital by the procedures we do in our offices.

From a federal level, CMS has recognized the role of the podiatrist and has actually changed codes on certain procedures. CMS required one particular procedure be done in the operating room, and now can be done outpatient. Any procedure that requires an operating room visit, that's problematic. The code changes allow for this to happen outpatient. It's so much better.

Thirty years ago, podiatrists were not involved in hospitals. We had our own OR's in the office. Today, it's common place. Podiatrists are expected to be at the hospital. We're part of the medical team. This includes being on-call for the hospital's emergency department. We're right there to provide consultation and patient care solutions. It just gets another patient out of the hospital or away from the hospital.




"Much of what we do is hands on. We are instrumental in keeping people out of the hospital by the procedures we do in our offices."

—Dr. Kevan Kreitman

Any Final Thoughts?

I want to say kudos to the vascular surgeons. Kudos to the infection disease specialists. Kudos to the internists we work with because we can work a lot—together—outside of the hospital and say what's acceptable treatment to keep this person out of the hospital. For instance, 'Does this patient need a Doppler? We don't send them to the hospital, send them to an office. Does this patient need antibiotics? Can we use orals vs. IVs?' Those conversations took place, they took place before COVID, I can't say they took place more during COVID, but that type of coordination of care, keeps people out of hospitals and still provides appropriate treatment.

The scope bill says "We're here. We are what we are. We do what we do. We're good at what we do. And I think we gained more respect than we did before."

Dr. Crystal Holmes, past president of the MPMA, was instrumental in making this all happen. 

Dr. Kevan Kreitman is Board Certified in Foot and Ankle Surgery with over 30 years of experience in Podiatric medicine. He has served as Chairman of the Licensing and Regulation Board of Podiatry for the State of Michigan. Dr. Kreitman has held a number of prestigious positions in both the MPMA and APMA.

PODIATRIC PROFILES

MAGAZINE

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Opioid Agenda

On November 14, Governor Whitmer announced her agenda for addressing the state's opioid epidemic with a goal to cut opioid-related overdose deaths by half in five years. Governor created the Michigan Task Force for their first meeting in June to outline an action plan. The task force will hold public hearings to meet this goal.

access high-quality recovery services. Reducing the harm caused by opioids to individuals and their communities. A new action includes a \$1 million media campaign (TV, radio, and mobile ads) to reduce the stigma associated with people seeking opioid use disorder treatment. Funded through federal grant funds the campaign focus is about changing the conversation about the disorder. The media campaign will run from Nov. 14 through April 2020.

A second action includes removing prior authorization requirements for specific medications used to treat these disorders including buprenorphine. As of Dec. 2, the Michigan Department of Health and Human Services (MDHHS) no longer required physicians to obtain prior authorization from a patient's health care insurer before prescribing a specific medication for or to perform a particular operation. According to Dr. Joseph Khablan, MDHHS chief medical executive and chief deputy to

U.S. Department of Labor Issues Final Overtime

The U.S. Department of Labor announced a final rule for determining which American workers are eligible for overtime pay. The rule will take effect on January 15, 2020. The rule is a significant change from the previous rule, which was based on a worker's salary level. The new rule is based on a worker's primary duty. The rule will affect approximately 13 million workers. The rule will be effective on January 15, 2020.

Podiatry Part of Michigan Telemedicine Expansion

The Michigan Podiatric Medical Association (MPMA) announced that it has secured a contract with the state of Michigan to provide telemedicine services to patients. The contract is for a three-year period and will be worth approximately \$10 million. The MPMA will be responsible for providing telemedicine services to patients in Michigan. The contract will be effective on January 1, 2020.

Podiatric Medical Training

A medical training program in Michigan with the very first residency program in the country. The number of programs has increased significantly throughout the state, but it wasn't until the Michigan Podiatric Medical Association (MPMA) Residency Consortium was formed that the programs began to share with educational excellence. The Consortium has provided a network for the 15 local programs and has provided a platform for the programs to share their experiences and best practices. The Consortium has also provided a platform for the programs to share their experiences and best practices. The Consortium has also provided a platform for the programs to share their experiences and best practices.

Michigan Podiatric Delivers When Other

COVID-19 has impacted Michigan residents especially in the health care industry. Preventing the spread of infection and from health care workers is a top priority. The Michigan Podiatric Medical Association (MPMA) has been instrumental in providing PPE to health care workers. The MPMA has been instrumental in providing PPE to health care workers. The MPMA has been instrumental in providing PPE to health care workers.

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Jeffrey H. Miller, M.D. is the founder and CEO of Miller Vascular, Michigan. Dr. Miller has received numerous awards and honors including being named one of Detroit Magazine's "Top Docs." His multi-site company has received numerous awards.

Pathophysiology of Venous Leg Ulcers: We know More Today
In the past it was thought that the deep venous insufficiency, often from post-thrombotic syndrome (PTS), perforator vein pathology was the major etiology. More and more it appears that the superficial venous system is involved, causing reflux of blood into the skin and/or calf muscle pump failure. There is much under investigation including microvascular disease, uncontrolled inflammation, thrombophilia, extracellular matrix production and

Compression
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Chairman Speaks
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Forward: COVID-19, State Changes, and What to Expect
Michigan's Podiatric Medical Association (MPMA) announced that it has secured a contract with the state of Michigan to provide telemedicine services to patients. The contract is for a three-year period and will be worth approximately \$10 million. The MPMA will be responsible for providing telemedicine services to patients in Michigan. The contract will be effective on January 1, 2020.



Bronna Kahle is a member of the House of Representatives from Michigan's 57th District. She is currently serving her second term in office.

is charged with reviewing and making recommendations to the House Health Policy and Finance Committee. Bronna's committee includes the Lenawee Walk to Chamber of Commerce, Habitat for Humanity, Neighborhood Revitalization Initiative, Grace Point Church in Detroit. She is also a member of the Michigan Podiatric Medical Association (MPMA). She is currently serving her second term in office.

Auto Insurance and Health Care

The Michigan Department of Insurance and Finance announced that it has issued a new rule regarding auto insurance coverage for health care workers. The rule will require auto insurance companies to provide coverage for health care workers who are injured while performing their duties. The rule will be effective on January 1, 2020.

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New CMS Care At Home Model Launches in Michigan

The shift in providing traditional hospital care outside the hospital is happening in real time as the Centers for Medicare & Medicaid Services (CMS) launched their new Acute Hospital Care At Home program. Since November 2020, 48 systems, 109 hospitals in 29 states are now part of this new program.

Three Michigan health systems/hospitals have signed on to provide Care At Home: University of Michigan Hospitals, ProMedica Monroe Regional Hospital and Butterworth and Blodgett Hospitals. They met the required screening protocols for both medical and non-medical factors. Non-medical factors include working utilities and having the ability to assess physical barriers and screenings for domestic violence concerns.

Patients are eligible to receive hospital-like care at home if they are 18 years of age with a primary or possible diagnosis of: any infection, heart failure exacerbation, COPD exacerbation, asthma exacerbation, chronic kidney disease requiring diuresis, diabetes and its complications, gout exacerbation, hypertensive urgency, previously diagnosed atrial fibrillation with rapid ventricular response, anticoagulation needs (e.g. venous thromboembolism), or patients at the end of life who desire only medical management.

The program's entry point is either from the emergency department or inpatient hospital bed. An in-person physician evaluation is required prior to starting services at home.



Michigan Hospitals with Care At Home Model



- University of Michigan Hospitals and Medical Center—approved by CMS Dec. 31, 2020
- ProMedica / ProMedica Monroe Regional Hospital—approved by CMS Feb. 6, 2021
- Spectrum Health / Butterworth and Blodgett Hospitals—approved by CMS Feb. 28, 2021

Hospital Requirements for Care At Home

- Have screening protocols to assess both medical and non-medical factors
- Have a dedicated physician or advanced practice provider to evaluate each patient daily either in-person or remote
- Have a registered nurse evaluate each patient one time / day either in-person or remote
- Have 2 in-person visits daily by either RN or mobile integrated health paramedics based on patient's nursing plan and hospital policies
- Have capability of immediate, on-demand remote audio connection with an Acute Hospital Care at Home team member with an immediate connection to either an RN or MD to the patient
- Have ability to respond to a decompensating patient within 30 minutes
- Ability to track several safety metrics with weekly or monthly reporting, depending on hospitals prior experience level
- Have an established local safety committee to review patient safety data
- Use an accepted patient leveling process to ensure only patients requiring an acute level of care are treated
- Provide or contract for other services required during an inpatient hospitalization

Reference: cms.gov



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Maximize your membership!

APMA is the only organization advocating for podiatry at the national level.

Representing DPMs in conversations with legislators, regulators, policymakers, and decision makers across the board; APMA is the voice of the profession.

Services

- **Health-care Solutions** may save members 15 to 30 percent on their annual insurance costs.
- **Young Physician Transition Series** offers a wealth of resources for our young physician members, broken out conveniently by stage of career.
- **Podcasts and webinars** on topics ranging from coding for reimbursement to physician burnout are available on-demand for members.
- **Steep discounts** on events, free educational webinars, affinity program savings, and more.
- **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.

Access

- **Members may log in** at www.apma.org to access these and other member-only services.

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I can be contacted at the office at (248) 542-7500

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West Michigan, 30 year solo practice. Perfect for well trained podiatric surgeon as revenues would increase with available surgical expansion. TRAKnet EMR, digital x-ray, computerized orthotics, DME with diabetic shoe program. Retiring, willing to assist with transition.

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ASSOCIATE NEEDED

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