

Question 1: Does your institution require a certificate that proves your COTH membership?

A Call to Action: Support “VA Provider Equity Act (S 1871)”

Support our Veterans and the podiatry profession by asking your US Senators to co-sponsor and support the VA Provider Equity Act, S 1871. The bill finally re-defines podiatrists as physicians in the Department of Veterans Affairs. The US House of Representatives version of the bill is passed and the one remaining hurdle is the Senate. Your VA colleagues have struggled for more than 40 years to achieve this status and an aggressive grassroots effort will make it a reality.



Please contact your US senators and urge your colleagues and residents to do the same. Every federal legislative action that classifies podiatric physicians in the category of a physician in subgroups like the VHA elevates the entire profession and moves all podiatrists further down the path to parity. More importantly, this will impact the health care of our nation’s Veterans. You will find more information on the bill with instructions on contacting your Senators [here](#).

Residency Directors Forum 2018

Register now for the 2018 Residency Directors Forum held a day prior to the ACFAS 2018 Annual Scientific Conference on Wednesday, March 21. The conference is from 1:30 pm to 5:30 pm at the Gaylord Opryland Hotel in Nashville. Registration closes on March 2, 2017. Residency Program Directors, Faculty and Chief Residents are invited to attend, with up to two attendees per program. Chief residents must attend with their program director. Space is limited, so don’t delay!

The Residency Directors Forum is filled with useful information to assist in the overall growth of YOUR residency program. The Forum is co-hosted by the Council of Teaching Hospitals (COTH) and ACFAS. Sessions include updates from COTH, AACPM, CPME and PRR. There will be can’t miss discussions on accessing GME funding; the DPM Mentors Network; paths and pitfalls of social media; and the admission benchmarks of students and how this affects incoming residents. Through direct interaction with the invited panelists, you will be provided with the tools needed to make a positive impact on residency education and training at your institution.

[For more detail on the sessions and to register.](#) Please note there is no onsite registration.

Rural hospitals find partnering with academic surgical departments generates more revenue, boosts patient satisfaction



As rural hospitals struggle to stay open, researchers from Texas Tech University Health Sciences-Odessa have made a case for partnerships between rural hospitals and academic surgery departments as a way to keep surgeons and procedures in-house, reduce patients transfers, increase patient satisfaction, and boost revenue. The study was presented at the American College of Surgeons Clinical Congress 2017.

Academic surgery departments saw benefits too as the partnerships helped offset GME funding cuts. These departments frequently count on GME funding to pay the cost of indigent care and education. And, the partnerships boosted patient satisfaction through a dramatic 70 percent drop in patient transfers for participating hospitals. Patient survey results showed that on a scale of one to 10, average patient satisfaction increased an entire point. [Read the entire article.](#)

2017 – 2018 Total Enrollment

Fall Semester

633 Class of 2021
569 Class of 2020
601 Class of 2019
550 Class of 2018
2353 TOTAL ALL CLASSES

CPME Announces New Director

The Council on Podiatric Medical Education (CPME) announced Heather Stagliano, OTR/L, DHSc as its new director. Dr. Stagliano served the last four years as the director of Accreditation and, most recently, as the associate chief officer for Accreditation at the American Occupational Therapy Association (AOTA). Her appointment is effective December 4. Alan Tinkleman retires at the end of November after a distinguished career with the council of more than 30 years.

2017 Residency Directors Compensation Survey Results on COTHweb

A big thank you to everyone who took the time to complete the survey! The survey was sent to 222 program directors and a total of 128 program directors finished the survey for a completion rate of 58%. A comparison chart to previous surveys and complete results are [here](#).

Authors Find Flipped Classroom Model May Improve Resident Learning

The authors of an [article](#) published August 31, 2017 in *Advances in Medical Education and Practice* described an innovative model of flipped classroom for use in Journal Clubs. Traditional journal clubs are a standard for graduate medical education (GME) but have a number of shortcomings. This study showed flipped classrooms to be an ideal strategy for connecting evidence to practice when teaching evidence based medicine. The authors recommend further study to assess the usefulness of this model on both learning and clinical practice.



CMS issues new guidance on interim rates for new teaching hospitals

Navigating initial GME payments has historically been a complicated process for new teaching hospitals, full of uncertainties about the amount and timing of initial payments and the documentation required to initiate the payments. Hoping to clarify the process, CMS issued, a One-Time Notification, Transmittal 1923, "[Calculating Interim Rates for Graduate Medical Education \(GME\) Payments to New Teaching Hospitals](#)" on September 22, 2017. The Notification took effect October 23, 2017. It was accompanied by an [MLN Matters article](#) specifically for providers.

While the Notification does not change GME payment rates or CMS policies, it does attempt to provide clarity on how and when Medicare Administrative Contractors (MACs) determine interim GME payments for a hospital that is newly establishing a per resident amount (PRA) and/or GME caps. Notably, the Notification instructs MACs to set interim direct and indirect (DGME and IME) payment rates for new teaching hospitals at the earliest scheduled rate review after receiving the hospital's written request for payment. The MAC need not, however, conduct a special rate review exclusively for establishing these interim rates. CMS also articulates lists of documents the hospital must submit to the MAC to establish initial payments. Finally, CMS instructs MACs to use the weighted mean PRA (updated for inflation)

relevant to the new teaching hospital's census region for calculating interim DGME rates, and updating the new teaching hospital's PRA to the weighted average PRA for the core-based statistical area (CBSA) after the new teaching hospital files its base-year cost report.

Promote Podiatry through Mentoring

The American Association of Colleges of Podiatric Medicine (AACPM) DPM Mentors Network needs Mentor and Speaker registrations. Mentoring is simple, easy and a way for podiatric physicians to give back through participating in career awareness activities in their communities. The Network matches



**DPM Mentors
Network**

podiatric physicians with undergraduate students eager to explore careers in podiatry. The Network also allows pre-health advisors at your local college or university to request a DPM Speaker for their on-campus events.

Register yourself as a mentor at <http://www.dpmnetwork.org/membership/become-a-mentor/>. Registration is free and allows you to take advantage of the new features of the Network. Questions or comments can be sent to podinfo@aacpm.org

Spy, Diplomat, Podiatrist: Mr. Lincoln's Podiatrist

Isachar Zacharie came from England to New York about 1845. His profession was podiatry and despite having never attended a medical school or college, he added "doctor" to his name. He rapidly gained an enthusiastic following in America by treating eminent public figures free of charge and then employing their glowing endorsements to attract clients to pay for his skills.

Zacharie's reputation soared. The famed and titled hobbled to his door, even the President of the United States, Abraham Lincoln. Lincoln penned the Jewish doctor this accolade – "Dr. Zacharie has operated on my feet with great success, and considerable addition to my comfort."

Zacharie's actual training is hazy but he hid his lack of education and even plagiarized a book on chiropody. Nevertheless, Lincoln saw something in the able and flamboyant doctor. He took the time to write three testimonials lauding Zacharie's talent in treating his feet and in relieving "what plain people call backache" during the same week he issued his preliminary Emancipation Proclamation. Within months of their meeting, Zacharie became Lincoln's personal and confidential agent to the Jewish community.



After the Union seized New Orleans in 1862, General Benjamin Butler treated the city as a conquest that must pay for its crimes. He was so despised locally that he was called "the Beast." Lincoln replaced Butler and then sent Zacharie to covertly access the population's attitude toward the appointee. Zacharie also ran a spy ring of peddlers to ferret out information about the rebels. Unfortunately, most of the information turned out to be wrong.

But Zacharie's greatest claim to fame was an attempt to bring an end to the Civil War, three years before it actually did. With Lincoln's blessing, he met with Confederate contacts including his co-religionist, Confederate Secretary of State Judah Benjamin, and other rebel Cabinet members to allegedly pen a tentative peace agreement. What was in the agreement? A version published in The New York Herald is too incredible to believe – the North would overrun the whole country and then give Confederate President Jefferson Davis and his armies the nod to topple Emperor Maximillian of Mexico to establish a new Southern government in Mexico. Whatever it was, Washington's decision makers quickly vetoed it.

Zacharie was well aware that soldiers move on their feet. Besides suffering from battle wounds, communicable diseases, malaria, typhoid, and a skin infection called “camp itch,” Union soldiers’ also put up with poorly fitting boots and long marches that played havoc with their feet. Throughout the war, Zacharie attended to the feet of the Union Army and when it was over, he sent a bill of \$45,000 for treating 15,000 soldiers. Newspapers accused him of trying to feather his nest by creating “a corps of corn doctors, or foot soldiers, to put the army in marching order,” and his claim was rejected.

Soon after, Zacharie disappeared from the history’s stage. At some point he returned to England, where he died in 1897.

Do you know your COTH Regional Representative?

If you don’t, reach out and introduce yourself. The Council of Teaching Hospitals (COTH) oversees the administration of the CASPR and CRIP programs and associated websites. Your COTH Regional Representative wants to hear your feedback and about your activities and concerns. They are available to serve as a resource for you.

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