

# Maryland State Board of Podiatric Medical Examiners



## Jurisprudence and Ethics Examination Lecture

# Purpose

- To Familiarize the Licensee With State Law
- To Understand the Laws
- To Define the Licensee's Responsibilities



# The State Board

- Created and Required by State Law
- Financially Self Supported by Licensing Fees
  - Pays for Staff, supplies, rent, et cetera
- Composed of **5 D.P.M.'s** and **2 Consumer Members**
  - Appointed by the Governor
- Term
  - 4 Years
  - Maximum two consecutive terms

# Functions of The Board

- Legislative
- Educational
- Disciplinary
- Licensing



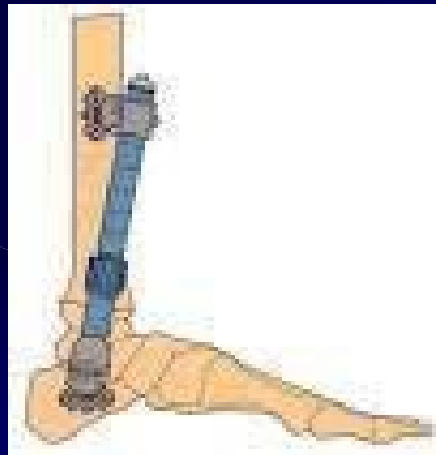
# Podiatry Practice Act

- **“Practice Podiatry”** means to diagnose or surgically, medically, or mechanically treat the human foot or ankle, the anatomical structures that attach to the human foot, or the soft tissue below the mid-calf



# Podiatry Practice Act

- Does not include administration of an anesthetic other than local anesthesia



# Ankle Surgery

- May be performed in a licensed hospital or licensed Ambulatory Surgery Center (ASC)
  - If you are performing ankle surgery in an ASC, you **must have hospital credentials and delineation of privileges** to perform this same surgery in that setting
  - May **NOT** be performed in an office setting



# Soft Tissue Surgery in the Leg

- Current Maryland law permits a practitioner to perform soft tissue procedures below the mid-calf.
- The law does not allow osseous surgery above the ankle.



# Requirements for Eligibility for Full Licensure

- ✓ Graduate of Accredited Podiatry School
- ✓ Passed the APMLE ( Parts I,II,III)
- ✓ Passed the Maryland Jurisprudence Exam
- ✓ Satisfactory completion of at least two years of approved post graduate residency training
- ✓ Cardio Pulmonary Resuscitation (CPR) certification [Basic Life Support for Healthcare Professionals]
  - ✓ Must include hands on skills set.
  - ✓ 5 Years of attested podiatric medicine practice in lieu of 2 years of post graduate residency

# Limited Licensure

- This is issued during residency training
- Issued for renewable one year terms
- Must be renewed annually
- May only practice under the supervision of a licensed podiatrist or physician in an approved residency program and setting

# Licensee Responsibilities

- Current practice mailing address and email address must be registered with the Board
  - Changes of address must be submitted **within 30 days**
  - Change of email address must be submitted immediately
- License expires on DECEMBER 31st of each odd year ( i.e. 2019, 2021, 2023, 2025, 2027, 2029 )
- **Annual Payment** of Licensing Fee is **Mandatory**
  - Although the license is issued biennially, the license fee is billed and must be paid yearly
  - Non-compliance with billing due dates may lead to disciplinary actions against the license and a late fee assessment.

# Licensee Responsibilities cont'd

- CME Credits - 50 credits are required every 2 years. {including up to 3 hours of category A credits for CPR certification} – CPR certification must be maintained on a non lapse basis.
  - Random audits are conducted to ensure compliance
  - **CME's are due by December 1<sup>st</sup> in the year of renewal.**

There may be no exceptions as 30 days are required to review these educational requirements prior to issuing the license
  - Penalty fees are assessed for late submission

# Cardio Pulmonary Resuscitation (CPR) certification (Basic Life Support) required



- CPR certification (Basic Life Support) is **required at initial licensure and all license renewals**
- CPR certification courses must be **Board approved**
- CPR certification **must** include the hands on skill set.
- CPR certification and/or recertification courses **are approved for a maximum of 3 CME category A credits**
- Evidence of CPR certification must be provided **for audit compliance upon request of the Board**

# Documentation and Record Keeping

- Patient Records
- Formats and Guidelines



# Format of Records

- S-O-A-P Notes
  - (commonly used yet not the only acceptable format)
- Dictated vs. Written notes
  - (either is acceptable)
- Be as thorough as possible, If it isn't in the record, it wasn't done!
- All notes must be signed and dated
- Use permanent black ink
- Legible
- Changing/correction/adding information to medical records
  - single line through the entry then initial and date the change

# Patient Consent

- Performance of procedures must be preceded by a thorough and appropriate **Informed Consent**
- Documentation of Informed Consent must be maintained in the patient's chart





# Patient Records

- Copies must be made available to the patient within a reasonable amount of time (not more than **21 working days** from request) and for a reasonable cost
- Patients must be advised as to the location of their records
- Patient confidentiality must be maintained at all times

## Medical records – cont'd

- Establishing good habits early in your practice will really go a long way in protecting you in many situations (i.e. request for medical records from a patient, attorney, insurance company, HMO and/or State Board)
- Detailed and consistent style of documentation will make you a more thorough clinician. You should feel comfortable sharing your notes with colleagues and referring physicians
- Copying and pasting notes is not allowed.

# The Professional Podiatrist

Podiatrists can refer to themselves as a Doctor, Foot and Ankle Specialist, and Foot and Ankle Surgeon.

Podiatrists should conduct themselves professionally at all times. Types of unprofessional conduct are overutilization of services, ordering excessive tests, upcoding, fragmented billing, exercising undue influence on a patient.

# Advertising Guidelines

- Must state “Podiatrist”, “Podiatry”, "Foot and Ankle Surgeon” or D.P.M. in advertisements
- These same guidelines apply to office stationery, brochures, and business cards
- Examples
  - Dr. John Smith, Podiatrist – **Acceptable**
  - John Smith, D.P.M. - **Acceptable**
  - Dr. John Smith, Foot and Ankle Surgeon – **Acceptable**

## Advertising cont'd.

- Certifications/Organizations recognized by the Board are:
  - Diplomate, American Board of Podiatric Surgery (DABPS)
  - Diplomate, American Board of Podiatric Medicine (DABPM)
  - Fellow, American College of Foot and Ankle Surgeons (FACFAS)
- Advertising of certification credentials must comply with the advertising guidelines of the certifying Board.

# Corporations

- Board approval **for corporation name review is not required, however, advertising regulations are in effect** for all corporate entities and Limited Liability Companies
  - Professional Corporations → i.e. Podiatry Partners, PC
  - Professional Association → i.e. Podiatry Partners, PA
  - i.e. John Smith, D.P.M., PC
  - i.e. John Smith, D.P.M., PA
  - i.e. Greenwood Foot and Ankle, LLC

# Corporations cont'd

- Corporate name may not infer superiority
  - The Best Podiatry Center
  - Superior Podiatry Center

# Trade Names

- Do not require Board approval
- Must comply with advertising regulations



# Complaints

- The Board must act and follow specific procedures
- Assures fairness to the public and the licensee



# Complaints

- Originate from many sources
  - Patients
  - Professionals/Colleagues
  - Insurance Companies
  - Health Claims Arbitration (HCA) : “3 in 5 rule” (3 HCA reported claims in a 5 year period automatically triggers a practice audit)
- The Board does **NOT** mediate fee disputes

# Anatomy of a Complaint

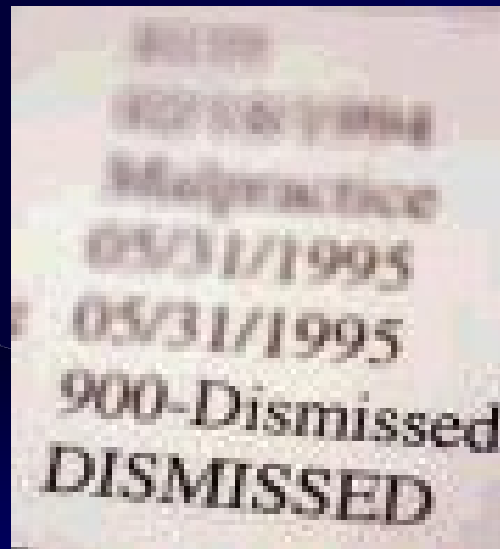
- All complaints must be in writing
  - No anonymous complaints
  - No telephone complaints
- Complainant must use and file an official complaint form



# Anatomy of a Complaint

## Minor Issue

- Complaint may be dismissed if the issue is deemed very minor or frivolous



# Types of Disciplinary Actions

Disciplinary Formal Actions consist of Suspension, Probation and Letter of Surrender. These actions can be public.

Disciplinary Informal Actions consist of Letter of Education, Letter of Admonishment, Cease and Desist Letter, Disposition Agreement. These Informal Resolutions are CONFIDENTIAL.

# Case Resolution Conference (CRC)

- Meeting to attempt to reach an agreement after charges have been filed with the Office of the Attorney General (OAG)
- May have an attorney present
- May result in a Public Consent Order
- If no agreement is reached, the case goes to a formal hearing in front of either the State Board or the Office of Administrative Hearings (OAH)



# Board Sanctions

- **Reprimand** – Outcome of pre-charges, CRC or Hearing
- **Probation** – Outcome of a CRC or Formal Hearing
  - Re-education through specific coursework, or specific CMEs.
  - Monetary Fine – Maximum \$50,000 (All Fines collected **DO NOT** go to the Podiatric Board, rather are directed into the State of Maryland General Fund)
- **Summary Suspension** – Imminent danger to safety and welfare of patients – Show Cause Hearing
- **Suspend a License** – Formal Hearing Process for Violation of Podiatry Act
- **Revoke a License** – Formal Hearing Process

# Licensee

- Innocent until proven guilty
- Can continue to practice during the investigation of the case
- No sanctions may take place while the case is pending
- Strictly **Confidential** until a Consent or Final Order is issued
- May not surrender a license during an investigation



# Public Disciplinary Orders

- Final Public Orders may be appealed to the Judicial system, and NOT to the Board.
- All Consent and Final Orders are reported to the Healthcare Integrity and Protection Data Bank.
- All Consent and Final Orders are also sent to the Federation of Podiatric Medical Boards; another national disciplinary database.

# HIPDB

- The Healthcare Integrity and Protection Data Bank (HIPDB) is an alert or flagging system intended to facilitate a comprehensive review of the Professional credentials of healthcare practitioners, providers and suppliers.
- Public disciplinary queries are accessible to State licensing boards, hospitals, and other authorized healthcare entities (including health maintenance organizations) that are registered with the Data Banks.
- Information reported to the Data Banks is considered confidential and shall not be disclosed (other than to the physician or practitioner involved) except with respect to professional review activity and in furtherance of the quality of healthcare.

# Fraud and Abuse

- One of the most serious charges!

# Examples of Fraud and Abuse

- Billing for a procedure not done
- Billing a patient not seen
- Billing a more complicated procedure than actually performed
- Billing for a higher level of service than actually performed
- Overutilization

# Fraud and Abuse cont'd

## Upcoding

### Examples:

- Trimming a nail border and submitting for an avulsion
- Submitting a higher level visit than actually performed
  - (Billing a level 4 E&M when only a level 3 service was actually performed)
- Submitting a CPT code for the surgical treatment of a bunion with an osteotomy when an osteotomy was not actually performed

# Fraud and Abuse cont'd

## Fragmentation

- Breaking down a procedure into its components for the purpose of generating a higher fee
  - i.e. Billing separately for components of the hammertoe procedure such as:
    - 1) Tenotomy
    - 2) Capsulotomy
    - 3) Arthroplasty

# Fraud and Abuse cont'd

## Overutilization

- Performing an excessive number of injections
- Taking an excessive number of x-rays
- Performing excessive surgeries

# Global Periods

- Surgical procedures have time periods allotted for postoperative care
- All related services within that time frame are included in the surgical fee
- You **CAN NOT** charge for follow up visits within the global period for any services related to the procedure(s)
- General Guidelines:
  - Major: 90 days
  - Minor: 10 days
- Information is readily available and published by CMS (Medicare)



# Tips On Avoiding Complaints

- Be Sympathetic, Empathetic and Compassionate
- Listen and Communicate
- Don't let your pride get in the way
- Be honest, compromise when indicated
- Be the “Good Podiatrist”

# Tips On Avoiding Complaints

- Network with your local colleagues
- Be modern in your thinking and practice
- Unsure about something, **ask before** not after the fact. The Board welcomes your inquiries
- Join professional organizations (APMA, MPMA)
- Be patient with your practice
- Avoid added financial strains

# Ethics

- It is the duty of a podiatrist to place the patient's welfare and rights above all other considerations.



# Impairment

- Impairment to sound clinical practice may include:
  - Physical
  - Psychological
  - Substance Abuse
- A podiatrist **may** confidentially self-refer to a rehabilitation facility independent of the Board

# Competence

- Perform only those procedures for which you were trained
- Obtain post graduate and post residency training for new skills
- Do **NOT** misrepresent your training, experience, or ability

# Communication

- Be honest and truthful with your patients
- Inform your patient, do not surprise them
- Make clinical decisions based upon what is best for the patient and not your reimbursement
- Treat everyone equally, without regard to payment
- Informed Consent should be thorough
- Provide the patient with realistic expectations
- Face complications head on and communicate the issues at hand
- Do not practice “avoidance” medicine

# Providing Services

- In the best interest of the patient
- Compassion, Respect, Dignity, Privacy
- Utilizing Conservative Care
- Appropriate Diagnostic Testing and Consultation

# Decision for Surgery

- Many Factors
  - Economic
  - Social
  - Emotional
  - Physical





# Patient Consent

- Performance of procedures must be preceded by a thorough and appropriate **Informed Consent**
- Documentation of Informed Consent must be maintained in the patient's chart



# Commercial Relationships

- Treatment should be independent of any financial or other relationships
- Stark Laws – **Avoid** self referral issues
- Disclose ownership in any referring/testing situations



# Financial Incentives

## **AVOID**

- Fee Splitting
- Commissions
- Gifts
- Bonuses
- Paying for Referrals



# OUR BOARD MEMBERS

## **Podiatrists (5)**

Aparna Duggirala, DPM - President

Adam Silverman, DPM – Vice President

Hummira Abawi, DPM

Bruce Fox, DPM

Jashan Valjee, DPM

## **Consumer Members (2)**

Halcyon Francis, DSW, LCSW-C

# Contact Information and Staff

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## **Staff:**

Eva H. Schwartz, Executive Director

Elizabeth Kohlhepp, Deputy Executive Director

Kiana Nicholson, Licensing Manager

Carla Boyd, AAG, Board Counsel

**We welcome your questions and concerns**

# **WELCOME TO MARYLAND!!!**

**The State Board of Podiatric Medical Examiners  
wishes you a successful career in our state.  
Please call on us with your questions.**

