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MPMA Convention

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Greetings!

Our veterans are the backbone of this great nation and they deserve to be treated as such when they return home. These brave men and women risk their lives and sometimes their limbs to keep us safe. Providing our veterans with quality healthcare should be a priority.

Quality healthcare for our veterans includes quality podiatric care. Veterans require a variety of podiatric services that range from management of skin conditions to surgical correction of deformities to amputations. Currently, access to podiatric care across the United States is limited and can often be untimely.

This is because it’s difficult to recruit and retain podiatric physicians to staff veterans Administration (VA) Hospitals. The reason for this is simple—podiatric physicians are treated unfairly by the veterans Administration Hospital system. Podiatric physicians do not receive the same benefits and salary based on experience and rank and time of service as other physicians. Veterans who are ill and in need of medical attention that requires podiatric care are often forced to travel over 50 miles or even to an adjacent state in order to have their foot condition managed. They also often wait weeks or even months to see a foot specialist. Our veterans deserve better.

Passage of the VA Bill, S2175, will have a positive impact for veterans. It would improve the VA’s the ability to recruit and retain more podiatric physicians, thereby improving patient access and overall quality of care.

The legislation has already passed the U.S. House of Representatives and I urge everyone to shoulder support for S2175 by contacting Sen. Debbie Stabenow and Sen. Gary Peters from Michigan.

Sen. Stabenow can be reached at (202) 224-4822 and Sen. Peters can be reached at (202) 224-6221.

Thank you for your dedication to our profession, and more importantly, our nation’s veterans. Our veterans deserve our best.

Respectfully,
Crystal Holmes, DPM
MPMA President

“// Our veterans deserve our best. I urge DPMs to shoulder support for S2175.”
What could be better?

Okay, sure – winning the lottery would probably be better. So would not having to deal with insurance at all! But since you didn’t pick the winning numbers in last week’s drawing, you’re likely to need to keep running that company. And that means dealing with insurance – for your business, for your employees, for your future and your health. Not to mention your peace of mind.

The good news is, insurance doesn’t have to be painful! And we’re putting our money where our mouth is by offering you a FREE insurance audit to prove it. It’s designed to help you see where your coverages may be out of date (yes, we’d rather be golfing, too) and where your business may be vulnerable. It’s also designed to show you where your coverages are strong ... possibly too strong! ... as well as where it could be improved (is it lunch time yet?).

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For more information – and to participate in your free, no-obligation insurance audit, log on to the Michigan Podiatric Medical Association’s web site and follow the quick link to receive information via e-mail. Or log on to directly to www.beckwithgroup.com and click the “request a quote” button for the type of insurance you’re interested in. Or speak directly to one of our advisors by calling 1-800-237-5504. We’re ready to help you take the worry out of your insurance world – so you can get back to the real world. Now wouldn’t that make you happy?
Let Your Toes Run Free with Caution

This summer everything from wedges and platforms to flats and strappy sandals are in-style for you to enjoy the warm weather from your head to your toes.

However, while wearing sandals and flip-flops feels great after surviving a long winter, they may pose more problems than you realize.

Backless shoes alter the way you walk and can cause foot injuries and discomfort down the line. Ill-fitting shoes may actually change the physiology of your foot, especially your toes by forcing them to stick down instead of out.

“Warm weather is a great excuse to show off your feet, but summer shoes are huge proprietors of foot pain, causing problems such as ankle injuries, irritation between toes and increased pressure on feet,” said Dr. Crystal Holmes, president of the Michigan Podiatric Medical Association (MPMA).

Heel pain, ingrown toenails and foot fungus are not problems you want to deal with, especially during the summer, whether you’re at work or in the midst of a pool party, wedding or vacation. Thankfully, there are ways to prevent these common ailments so you can enjoy a summer free of foot pain.

While soaking up the sun this summer, make sure to wear well-fitting shoes. Check how the front, back and sides feel while trying shoes on. It also helps if they have shock-absorbent soles, ridged shanks and supportive heel counters. Using an American Podiatric Medical Association accepted insert is recommended as well.

Other traits to look for when shopping are generous toe box room and cushioning at the front. When it comes to heels, remember excessive height can lead to instability and ankle rolls, so try keeping the height to two inches and under.

“Many people don’t realize foot pain is never normal,” said Holmes. “If you’re experiencing foot pains because of ill-fitting shoes try these tips. If the pain persists, visit a podiatrist. Podiatrists are uniquely qualified to diagnose and

continued to page 8
Foot health isn’t just about wearing the right shoes, but wearing shoes in general, especially in areas where bacteria thrives, such as pools, beaches and locker rooms. Make sure to wear shoes in these areas and limit walking barefoot.

Following these tips will help to ensure you, and your feet, have a happy, healthy summer, regardless of if you’re relaxing at the beach or working in the office.

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**FLATS AND SLIDES**

**Problem:** Arch and heel pain; inadequate cushioning and foot support

**Solution:** Avoid prolonged wear; try cushioned inserts for shock absorption; select a sole that doesn’t twist excessively

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**FLIP-FLOPS**

**Problem:** The worst of the worst; causes blisters; inadequate cushioning and foot support

**Solution:** Select a well-supported pair that cannot bend in half; choose natural materials such as soft leather

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**PLATFORMS AND HIGH HEELS**

**Problem:** Pain in the ball of the foot; ankle injuries

**Solution:** Wear lower, more stable heels (two inches or under); use an APMA-accepted insert

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**GLADIATOR AND STRAPPY SANDALS**

**Problem:** Irritation between toes; callus and dead skin build-up around heels; lack of support and shock absorption

**Solution:** Select natural materials such as soft leather; ensure proper fit with no toes or heels hanging off the edge

---

**WEDGES AND PEEP-TOE**

**Problem:** Ankle twist or sprain; instability and difficulty walking; increased pressure on toes, bunions and hammertoes

**Solution:** Try a wider, flatter wedge; look for a rubber sole with good traction

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Let Your Toes Run Free... continued from page 6
Foot Health for the Community

Dr. John Evans and Dr. Jodie Sengstock hosted an informative morning on foot health for a group of 50 seniors on Friday, May 17. The event took place at Henry Ford Village in Dearborn. Dr. Jeffrey Miller of Miller Vein also joined the MPMA members. The morning included three presentations on foot health and leg pain, giving participants welcomed advice and solutions to discomfort that may be keeping them off of their feet. Guests also were able to have their blood pressure and glucose checked by the medical staff of the Village Medical Center and received information from the American Diabetes Association.

On July 22, the MPMA donated almost 200 pair of athletic shoes to children in programs of Wellspring Lutheran Services. Dr. Sengstock fit a few of the children with new shoes at the New Directions Campus of Wellspring in Farmington Hills. The remaining shoes will be delivered to other locations before the school year starts.

SUPPORT THE WORK OF THE AMERICAN DIABETES ASSOCIATION AND CONNECT WITH MEMBERS OF THE COMMUNITY

Please consider joining the MPMA in support of the Step Out: Walk to Stop Diabetes:

- Help create an MPMA walking team. Be the captain or join.
- Create your own walking team - with your office and/or Patients
- Promote the walk in your office - contact us for brochures
- Make an online donation
- Support the MPMA information table. Meet walkers and answer their foot questions. 8 am—11:00 am. Promote your practice. Walkers come from all over the state.

Saturday, September 17, 2016
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The Affordable Care Act has encouraged doctors, hospitals and healthcare providers to form networks sharing financial and medical responsibility for providing coordinated care for patients. These networks, known as Affordable Care Organizations (ACOs), are transforming healthcare systems into value-based, shared risk models.

By choosing to become an ACO, participating providers and suppliers take collective responsibility for the care of a given patient population. As an incentive, providers share the savings generated by increased quality and cost effectiveness of the care they provide to their client population as long as they meet the requirements set by the Centers for Medicare & Medicaid Services (CMS).

In order to fulfill these requirements, providers are required to earn a minimum patient rating, effectively communicate with healthcare providers and properly use electronic health records. Once an ACO has demonstrated that all of the criteria have been met and they have been proven to effectively reduce spending of healthcare dollars, they are able to share in the savings generated for Medicare.

The Detroit Medical Center (DMC) was one of the 32 organizations in the country to become an ACO in 2012, operating under the Pioneer model. The DMC was able to achieve success under the model, meeting the triple aim of better health and better healthcare for their patients at a lower cost for the system. Building on the experience gained under the Pioneer model, a new and improved model called Next Generation was formed to provide more quality care for patients.

- United Outstanding Physicians Southeast Michigan Accountable Care
- Accountable Health Alliance PC
- St. John Providence Partners in Care
- Northern Michigan Health Network
- Accountable Healthcare Alliance PC
- The Accountable Care Organization Ltd.
- Greater Genesee County ACO LLC
- Physician Organization of Michigan
- Reliance ACO

Michigan’s ACO
Two hospitals in Michigan, Henry Ford in Detroit and Trinity in Livonia, were selected to participate in the Next Gen ACO model this year. These medical facilities will use refined benchmarking from the Pioneer to take on higher levels of risk and reward. This model includes tools not provided under the Pioneer model including more virtual communications with doctors, in-home visits by physicians and caregivers within 30 days after being discharged from the hospital, the ability to be admitted directly to a skilled nursing facility without the once mandatory 3-day hospital stay, and a wider range of physicians, specialists, medical facilities, and clinics.

In addition to Pioneer and Next Generation ACOs, there are nine other organizations in Michigan that operate under the Medicare Shared Savings Program (MSSP). While MSSPs still receive most of the benefits that other ACOs receive, they have less financial risk, less reward and have fewer flexible payment options.

**DPM’s Perspective on the Pioneer ACO, Detroit Medical Center**

Podiatrists have been fighting for inclusion in the healthcare field and the ACO model provides an excellent opportunity to showcase our strengths in the management and treatment of medical and surgical conditions of the foot and ankle.”

—Dr. Zeeshan Husain

Podiatrists have been fighting for inclusion in the healthcare field and the ACO model provides an excellent opportunity to showcase our strengths in the management and treatment of medical and surgical conditions of the foot and ankle.”

—Dr. Zeeshan Husain

continued on page 19
The long road to becoming a doctor

Dissecting American health care is common throughout the country, but most people don’t consider what it takes to become a health care professional.

Specialized doctors often have extra obstacles in their path. Even if their profession is in high demand, they usually work in smaller clinics or offices, meaning more insurance paperwork, and when it comes to college, they have fewer choices.

Dr. Alex Thomas and Dr. Radu Purtuc are two Michigan doctors new to their field. Both are podiatrists. Thomas just received his license at the beginning of the year and Purtuc is in his third year of residency.

Though there is a high demand for podiatrists, the road to becoming a podiatric medical doctor is extensive, with only nine accredited podiatric medicine colleges and an acceptance rate of only 50 to 60 percent.

The majority of applicants already have at least a bachelor’s degree; a Doctor of Podiatric Medicine (DPM) degree requires four more years of school.

A graduate of Barry University in Miami, Thomas received necessary hands-on experience in the clinics he worked at in college and became comfortable working with patients.

Purtuc attended the Scholl College of Podiatric Medicine, which is part of Rosalind Franklin University. He says the bigger university allowed him to interact with students in other medical fields, giving him an opportunity to see how other practitioners perceive the role of podiatrists.

The typical doctor doesn’t earn a full-time salary until ten years after the typical college graduate starts making money. That lost decade of work costs a half-million dollars.

“There’s still areas in the medical field where we are not really seen for what we are and what we can do, and I feel like the need to educate people is the first step before I can practice my experience and treat people,” Purtuc says. “I don’t think that needs to be done, but I understand that we are still in the early stages of being accepted and known.”

After those four years, and upon passing both parts of the National Podiatric Board of Medicine Examination, three years of residency training, or, in a few states, a year-long preceptorship, is required to receive a podiatry license.

In addition to those five to seven years, there’s also the cost of podiatric medical school. Annual tuition ranges from $27,000 to $33,000, not including extra fees, books or room and board.

The cost of becoming a doctor has soared. It’s not unusual to see new physicians a quarter of a million dollars in debt, while average salaries are declining.

The typical doctor doesn’t earn a full-time salary until ten years after the typical college graduate starts making money. That lost decade of work costs a half-million dollars, based on a potential $50,000 annual income. (The typical medical school candidate has the ability to earn considerably more.) Add in the time and cost it takes to pay off medical school debt and pursuing medicine could become a one million dollar endeavor.

Thomas took out loans to cover almost all of his expenses and he is now nearly a quarter million dollars in debt.
Dr. Radu Purtuc was born in Romania. In the late 80’s the government was uprooted, so he and his family migrated to the United States and have lived in Chicago ever since. He paid for his undergraduate school by working full-time as a hospital inpatient pharmacy technician until his citizenship was delayed, forcing him to take a break from his undergraduate studies. He resumed his studies after becoming a U.S. citizen and went onto medical school at Rosalind Franklin University of Medicine and Science. He is now in his third year of residency at Henry Ford Wyandotte Hospital. Purtuc’s hobbies include running, playing tennis, reading and photography.

Dr. Alexander Thomas is the son of Iraqi immigrants who originally settled in Detroit. He now lives in Orchard Lake Village, MI. He just became certified in podiatric medicine and works at Michigan Foot and Ankle Specialists in Dearborn, MI. Thomas attended Wayne State University as an undergraduate and went on to Barry University in Florida for his Doctor of Podiatric Medicine degree. He also works as an activist with the Shlama Foundation for Iraqi Christian refugees displaced throughout Iraq.

The cost of becoming a doctor has soared. It’s not unusual to find new physicians a quarter of a million dollars in debt, while average salaries are declining.

“I’m guessing, like everyone else, we are struggling from day to day and we are living on a bare minimum. I’d rather defer, and I understand there’s going to be a penalty.”

—Dr. Radu Purtuc

“It seems like it’s small in the grand scheme of things, but when you graduate and you’re not making a lot, it just seems like an unfathomable amount to repay.”

—Dr. Alex Thomas
THE FOOT

The Body’s Diagnostic Window

Podiatrists often detect serious health problems that may otherwise go unnoticed, because many diseases manifest first through symptoms of the lower extremities.

This includes:
- diabetes,
- arthritis,
- heart disease,
- kidney disease.

Michigan’s Podiatric physicians are educated in state-of-the-art techniques involving surgery, orthopedics, dermatology, physical medicine and rehabilitation.

debt, with an addition of $40 interest daily.

“It seems like it’s small in the grand scheme of things,” Thomas says, “but when you graduate and you’re not making a lot, it just seems like an unfathomable amount to repay.”

Aside from the debt, Thomas graduated during a residency shortage, so he moved back to his home state, Michigan, and did a preceptorship instead.

“I would say overcoming a lot of roadblocks in the way after I graduated was even more difficult than the school itself,” Thomas says.

Purtuc, on the other hand, is completing his residency at Henry Ford Wyandotte Hospital, and chooses to defer his payments.

“I’m guessing, like everyone else, we are struggling from day to day and we are living on a bare minimum,” Purtuc says. “I’d rather defer, and I understand there’s going to be a penalty, but it’s just something that can

1 in 3 Americans will have Type II diabetes by 2050. This means that the important job Podiatrists do will be in high demand in every corner of Michigan for years to come. Thus, it is vital that Podiatry remain an economically viable career path.

In addition, the association has continued to build relationships with the other healthcare provider associations in the state to speak with a unified voice to the legislature on the financial hurdles that new doctors coming into the profession face. The MPMA has worked arm-in-arm with MD’s, DO’s, Dentists, Optometrists and Chiropractors to create a better financial environment for young doctors.

One of our primary focuses as an association is to grow the profession and create a better climate for up-and-coming Podiatrists. With this in mind, the MPMA remains focused in promoting Podiatry friendly initiatives with Michigan’s leaders.
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Physician Satisfaction: Is the Grass Greener on the Other Side?

Employed physicians appreciate the fact that they do not have to run their own businesses, while self-employed physicians love the autonomy that running their own practice brings. However, both sides are equally intrigued about what it would be like to be on the other side. It turns out that many physicians have made the switch, for better or worse, in their careers. Medscape recently surveyed nearly 5000 physicians to see if the grass is truly greener on the other side.

“Despite all the modern challenges to private practice, not the least of which is the onerous documentation burden of ‘meaningless use’, physicians value autonomy over work/life balance—and that only comes with being the captain of your own ship.”

—Dr. Scott Hughes

Switching from Self-Employed to Employed is More Common Among Physicians

The survey revealed that it is much more likely to switch from a self-employed physician to an employed physician than vice-versa. Twenty-seven percent of formerly self-employed physicians became employed, while 13 percent of currently self-employed physicians were once employed.

How Many Physicians Have Switched?

27% Currently employed physicians were previously self-employed
13% Currently self-employed physicians were previously employed

continued on page 18
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Hotel reservations deadline is August 31, 2016. After this date, rooms are assigned on an “as available” basis.

www.apma.org/KCF
Physicians that Become Self-Employed are More Satisfied

Of the group surveyed, 71 percent of physicians that make the transition from employee to a solo practitioner find that they are more satisfied with their job. This satisfaction comes from a larger influence in decision-making, more control of their work schedule and more autonomy. They prefer being self-employed so strongly that only 29 percent would recommend working for somebody else.

On the other hand, only 40 percent of doctors who decide to work for somebody else after being a solo practitioner find themselves more satisfied with their job. This is true despite the majority of the physicians finding that their work-life balance improves after leaving a private practice. That means that most physicians end up finding that the extra power they receive by running their own practice is worth the increase in the overall amount of work.

Self-Employed Physicians are Happier

Despite each side sharing an equal amount of pride and acknowledgment in their work, the survey showed that self-employed physicians are typically happier overall. Of the physicians surveyed, 63 percent consider themselves happy compared to 55 percent of the unemployed physicians who report that they are happy.

The Bottom Line

Overall, the results from the Medscape survey show that physicians who decide to become solo practitioners are typically happier and more satisfied with their job, despite all of the added work and responsibility that comes with running their own practice.
The ACO model permit podiatric physicians to participate in shared savings with a ‘patient centered’ structure and the primary care physician providing the central role of coordinating and facilitating access to services and specialists. Although this model is similar to a health management organization (HMO), patients are allowed to get care from outside of the ACO network. Providers continue to be reimbursed based on fee-for-service (will be replaced by value-based payment). Joining an ACO will require a significant start-up cost mainly involving information technology requirements to facilitate communication and coordination within the ACO. Furthermore, podiatric physicians will need to demonstrate quality outcomes, evidence-based medicine, and cost containment to convince an ACO to accept them. As an ACO provider, participants will share in the risks and rewards based on predetermined benchmarks. Each ACO will set how the risks and rewards are distributed to each participant. If you are considering joining an ACO, you will need to review the allocation of shared savings and risks for specialists as this will vary in each program. There are four domains that will be tracked by CMS: patient/provider experience, care coordination and patient safety, preventative health, and at-risk populations. The two most relevant domain that will be used to evaluate podiatrists include the ‘patient/provider experience’ (see below) and ‘at-risk population’. Coordination of care to address high rate of risk for lower extremity amputations will set podiatric physicians apart from other healthcare providers.

**Patient/Provider Experience Domain Measures**
1) timely care and appointments
2) how well doctors communicate
3) patient ratings of their doctors
4) access to specialists
5) health promotion and education
6) shared decision making among doctors
7) health and functional status

**At-Risk Population Domain Measures**
1) Hemoglobin A1c control (<8%)
2) Low density lipoprotein (<100mg/dL)
3) Blood pressure (<140/90)
4) Tobacco non-use
5) Aspirin use

The cost of diabetic foot complications continues to rise and those who are able to communicate our expertise to the ACOs and demonstrate improved outcomes (lower reulceration and amputation rates) and costs (fewer radiographs and blood work) will thrive in this model as a cost-saving ACO provider. As reimbursements shift away from fee-for-service to value-based payments, podiatrists will be central for the management of diabetic patients.

It is important to remember that you do not have to participate in an ACO to take care of your current patients. Patients can select providers by choice and are not ‘assigned’ to an ACO. Relaying this information to your existing patients will potentially avoid patient switching to a participating podiatrist in their ACO because their primary physician may be promoting their ‘system’.

Personally, I have seen a dramatic change in healthcare from the traditional fee-for-service delivery system to a more managed and regulated one that will soon be transitioning into a value-based outcome model. Furthermore, I have seen more of our graduating residents as well as long-standing private practitioners joint multispecialty groups and hospitals. I do not think anyone knows what will be the optimal setting for podiatric physicians to practice. We need to understand the metrics in which providers will have to function in order to be financially stable. Making medical decisions to select effective, but cost-effective medications with fewer side-effects will be scrutinized. Choosing cost-effective surgical equipment and constructs will be scrutinized. Regardless of our involvement in an ACO, our professional success and livelihood will depend on patient outcomes.

Podiatrists have been fighting for inclusion in the healthcare field and the ACO model provides an excellent opportunity to showcase our strengths in the management and treatment of medical and surgical conditions of the foot and ankle. Working alongside our allopathic and osteopathic counterparts will require compromise with some loss of autonomy, but if the purpose is to improve patient outcome, then we all financially benefit. Whether you choose to join an ACO or not, working with other providers to contain costs and coordinate care will keep our practices viable in the changing healthcare landscape. ✩
Overtime Rule Change
Scrambles Doctors’ Payroll Calculus

With changes in overtime rules coming, physicians are about to have difficult payroll decisions to make at their practices come December.

The new rules—announced by President Obama in May—will require companies to pay overtime to salaried workers earning $47,476 or less, up from the current level of $23,660.

There are three main solutions for handling employees that are working high amount of overtime hours while shy of the $47,476 salary threshold:
1. Raise the employee’s salary to an amount slightly higher than the threshold, making them exempt.
2. Switch their payment system from salary to hourly.
3. Forbid employees from logging overtime hours.

One scenario that could come up is if you have a full-time front desk supervisor who you are paying hourly at $23 per hour ($47,840 per year). She habitually works overtime and last year you paid her $55,600. Assuming she meets the federal and state definitions to qualify as an exempt employee, do you want to re-classify her as exempt and pay the $47,840? How will this impact her behavior?

Will she need a part-time person or more hours from other staff members to get the work done?

The biggest reason for the change according to the text of the rule is inflation. The share of full-time salaried workers qualifying for overtime fell from 62 percent in 1975 to about seven percent currently.

In addition to creating a higher salary threshold for overtime, the rule will also make the following changes:
• The highly compensated employee salary threshold to qualify for the overtime exemption will be raised from $100,000 per year to $134,004 per year.
• Up to 10 percent of the salary threshold for non-highly compensated employees to be met by non-discretionary bonuses, incentive pay, or commissions, as long as these payments will be made on at least a quarterly basis.
• The salary threshold will be updated automatically every three years, beginning on January 1, 2020, to keep up with inflation. The Department of Labor (DOL) is anticipating that beginning on that date the minimum salary threshold will be $51,168 for full-time salaried employees and $147,524 for highly compensated employees.

The rule will be based strictly on annual salary, with no differential for cost of living, average area compensation, or income tax rates. It will not change the “duties test” that determines whether salaried employees earning more than the salary threshold are eligible for overtime pay. The DOL estimates that fewer employers will have to use the “duties test” because the increase in the salary threshold means more employees’ exemption status will be clear from their salaries alone.
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Looking to sell a full rounded practice (from surgery to retirement village and everything in between) simply because I’m getting a little older and looking to retire (or at least cutting back). Clean modern office with updated equipment. Practice grosses well into the six figures. Perfect for established practitioner looking to have another office for an associate, or a young physician coming out of a Residency program wanting to start practice via an established practice. If needed or helpful, current physician willing to remain at practice. Southfield—Berkley—Birmingham area. Serious inquires only please. Please respond to: 248-622-3892

Part-Time Podiatric Physician Wanted
Well established practice in the thumb of Michigan looking for coverage from August–October. Housing can be arranged and good compensation provided. Great team to work with in a very positive and fun environment. Longer term opportunities available. Please email: healingtoes@hotmail.com

Part-Time Podiatric Physician Wanted
Well-established practice in Southeast Michigan, encompassing all aspects of foot and ankle care; hospital affiliation along with nursing home care. Seeking well-trained part-time podiatric physician. Candidate must possess a strong medical/surgical knowledge base, with compassionate care towards patients. Interested candidates should contact Dr. Kassab at: suhakassab@yahoo.com or 248-214-6167

Seeking Full-Time Podiatrist
Immediate position available in Flint, MI area for full time podiatrist. Multi-office, thriving practice. Busy surgical caseload available for a new doctor. Excellent payer mix. Partnership potential for the right candidate. Schedule will be immediately filled—patient volume is too great for current docs. Must be self-motivated, energetic and compassionate. Competitive compensation package. Email resume to: giordanodpm@hotmail.com
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