

Future Star Kelsey Millonig, DPM

This leader
fights for podiatry's future.

BY MARC HASPEL, DPM



A unique characteristic among candidates for *Podiatry Management's* Future Stars in Podiatric Medicine is the willingness to represent the profession on the international stage. This is exemplified by the next nominee, Kelsey Millonig, DPM. Her passion about global health and health access led her to join an interdisciplinary group which participated in a five-day health services trip in rural Honduran villages as a student 10 years ago. She went on to found and serve as president of Podiatric Medicine Advocacy, an organization to promote the profession and work toward parity, which is now an integral part of the American Podiatric Medical Association.

A fellowship-trained foot and ankle surgeon, Dr. Millonig has served as a global health medical services provider in several countries, including the Yucatan Crippled Children's Project and Uganda Clubfoot Care Project. In addition, she has achieved leadership positions and committee appointments in the American College of Foot and Ankle Surgery, the American Public Health Association, the American Podiatric Medical Association, and the American Association for Women Podiatrists.

Dr. Millonig recently took a few moments from her busy schedule to

reflect on her young career in podiatric medicine and her plans.

PM: *Who in podiatric medicine influenced you the most thus far in your career? To whom else do you give thanks?*

Millonig: There are countless individuals that have contributed to my career. One of the most influential has been Dr. Byron Hutchinson with

salvage specialization. I have been fortunate that my mentors have always advocated for me and pushed me to grow. I cannot thank them enough.

PM: *What first attracted you to a career in podiatric medicine?*

Millonig: I knew after job shadowing an anesthesiologist that I wanted to be a surgeon. I started job

“Dr. Noman Siddiqui also changed the trajectory of my career during fellowship by opening my eyes to minimally invasive surgery and an opportunity to specialize further in deformity correction.”

whom I rotated as a student. And he sparked my interest and passion for deformity correction. That passion and ability to be trained by “Hutch” in residency was my launching point to fellowship and a career educating on those passions. Dr. Noman Siddiqui also changed the trajectory of my career during fellowship by opening my eyes to minimally invasive surgery and an opportunity to specialize further in deformity correction. Additionally, Dr. Chris Bibbo taught me ortho-plastics in fellowship that has expanded my ability in limb

shadowing various surgical specialties, and I fell in love with musculoskeletal surgery. This quickly drew attention to podiatric medicine and surgery. The ability to be the best trained specialist in foot and ankle conditions, and to be the expert in all things foot and ankle, was exciting to me. I love the complexity of biomechanics, the ability to help patients stay active, and an opportunity to truly change their lives.

PM: *What are your goals both*
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short-term and long-term for your career in podiatric medicine?

Millonig: I have many personal and professional goals towards which I am working. Short-term, my goals are to become an owner in my clinic and expand it. With my passion for deformity correction, minimally invasive surgery, and sports medicine, I want to continue to grow my practice in the areas that I love. My goals are to continue to expand my educational profile and lead more research studies. Long-term, I additionally have goals to be involved with a residency program or run a fellowship program, offering upcoming surgeons the same educational opportunity I was offered. I am also working to integrate my passion for foot and ankle surgery with my passion for nutrition as well as the health and wellness space with an additional business.

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PM: What College of Podiatric Medicine did you attend? Where and how would you describe your post-graduate training?

Millonig: I attended Des Moines University and completed both my Doctor of Podiatric Medicine and Master of Public Health degrees. While at Des Moines University, I was selected for an internship at the World Health Organization. I completed my three-year residency at Franciscan Foot and Ankle Institute in Federal Way, WA with a fully encompassing residency with great exposure to external fixation applications. I then completed a one-year Foot and Ankle Deformity Correction and Ortho-plastics fellowship at the Rubin Institute for Advanced Orthopedics International Center for Limb Lengthening, a global center of excellence.

PM: What are your thoughts about APMA, the certifying boards, and other organizations that function within the profession?

Millonig: I would like to see all our organizations move forward with a unifying effort to support our profession. The animosity that has been

presented in recent times has been disheartening to see. We still need advocacy for our profession's training and education, but beyond advocacy, we need significant movement to fight to be paid appropriately for the work we do. I think that a major effort needs to be made with all medical organizations for reimbursement rates and making it based on the work completed. The reality that

many DPMs are reimbursed at lesser rates than other medical degrees should be a thing of the past.

PM: What sub-specialties interest you in podiatric medicine, and why?

Millonig: The majority of my practice consists of foot and ankle surgery with focus on deformity correction, minimally invasive surgery, sports medicine, and limb salvage.

PM: What type of practice arrangement, i.e. solo, small or large group, suits you the best?

Millonig: I am part of a small group practice. I love this practice model because, in our small practice, I feel we can provide an exceptional team to our patients, which is close-knit and provides very personalized care. Our patients become like family,

and they love this about our clinic. It makes me feel proud to be a part of this.

PM: Where do you see your career being in 10 years, 20 years?

Millonig: In 10 years, I see myself in ownership in our clinic with mul-

“This profession needs to be respected, supported, qualified, needed, and compensated.”

tiple full-time clinics throughout the state of Iowa. My goal is to continue to educate with lectures nationally, partnering with our national organizations as well as industry to create opportunities to learn together. I hope to serve in leadership roles within our national organizations as well. As I noted earlier, my hope is to contribute as a residency or fellowship director and support our profession through research and textbook publications.

PM: What are your thoughts on the overall role of podiatric medicine in the current healthcare system?

Millonig: The role of podiatric medicine needs to continue to be what it has always been, to be the experts in foot and ankle medicine and surgery. As large health systems continue to grow and condense services, it does bring concern for how podiatric medicine and surgery continues to stand as its own specialty with its own value. The current state of the healthcare system is concerning across the board, with continued decreasing reimbursements and the immense strain placed on providers to perform more with less. The loss of autonomy for providers to care for patients and loss of compensation for physicians and surgeons across the board is extremely concerning. I do believe that the current state of the healthcare system is unsustainable, and providers of podiatric medicine and surgery need to unite with other providers to take a stand against the current state of affairs.

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PM: *What should this profession do to continue to attract sound quality individuals like yourself?*

Millonig: I don't believe the necessary traits of the profession are complicated. This profession needs to be respected, supported, qualified, needed, and compensated. The challenge that the profession is facing is that it is still working toward the above. The qualifications are in place, but it is still a fight for outside entities to recognize its benefits and be reimbursed appropriately. The only way the profession continues is to make it an appealing profession to want to join.

PM: *Would you be in favor of degree change as well as name change from the term "podiatric" to "foot and ankle" medicine?*

Millonig: I think a similar benefit to changing the name is to educate others more clearly on the definition of "podiatric". The benefit to the term "foot and ankle," and the reason many of us use it in our business names, identifying information, or explanations about what we do is because it is easy for others to understand. I personally do identify myself as a "foot and ankle surgeon" as it is clear and concise for others to understand. A challenging component to this is that "podiatric" historically does identify a different entity and level of training than the skill set that it does today. I do not think a name change, however, is the answer to all our profession's challenges; it is more complicated than that and requires different, more in-depth work.

PM: *In the event you have a young family, how are you managing a busy work/life balance?*

Millonig: I have been married for twelve years, and my husband has a very committed active career as a first responder. We do have a unique story in that we were in a five-year cross-country long-distance relationship during my fourth year of medical school, residency, and fellowship so that I could pursue my training to the highest level. My husband could also pursue his career. We have been incredibly fortunate to always show immense support for each other's careers and have continued this as young career professionals. **PM**



Dr. Haspel is senior editor of this magazine and past-president of the New Jersey Podiatric Medical Society. He is a member of the American Academy of Podiatric Practice Management.