

1 RESOLUTION #13-16 (DIRECTIVE)

2 **MEMBER TOOLKIT FOR VALUE BASED PAYMENT INCLUSION AND ADVOCACY**

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4 WHEREAS, Health care has seen significant policy and procedural changes recently;

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6 WHEREAS, It has been asserted that many of the health-care delivery systems' problems
7 are rooted in how providers are reimbursed;

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9 WHEREAS, It has been asserted that fee for service reimbursement models pay for inputs
10 rather than outcomes, and avoidable readmission is rewarded more than successful
11 transition to integrated home care;

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13 WHEREAS, It also has been asserted that current payment systems do not adequately
14 incentivize prevention and coordination or integration of patient care;

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16 WHEREAS, It has been asserted that fragmentation and high readmission rates are rooted
17 in how health care is reimbursed under fee for service;

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19 WHEREAS, Health reform is moving to transform the United States health-care delivery
20 system to incentivize value over volume and move away from fee for service;

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22 WHEREAS, There is a growing consensus that the delivery system cannot be transformed
23 without a change in the way physicians are reimbursed and compensated;

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25 WHEREAS, One of the policy changes involves investigating and implementing new
26 physician payment models;

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28 WHEREAS, The Centers for Medicare and Medicaid Services (CMS) has expended billions of
29 dollars nationally, indicating that the effort to change the methods used to pay for medical
30 services is a serious and ongoing initiative;

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32 WHEREAS, Initial efforts in health reform have been to bring large groups of providers
33 together to practice a more coordinated care model for population health;

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35 WHEREAS, The payment model currently being championed is Value Based Payments
36 (VBP), including risk sharing arrangements, accountable care organizations, and capitated
37 bundle payments;

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39 WHEREAS, VBP is the payment wherein doctors are paid for service rendered based on
40 outcomes and cost effectiveness;

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42 WHEREAS, A focus of alternative payment models is on population health improvements
43 and disease prevention, with a priority on strengthening primary care capability and
44 facilitation of effective team approaches to health-care delivery;

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1 WHEREAS, In order to succeed and be valued in these alternative payment models,
2 podiatrists will have to demonstrate they are essential members of the health-care team,
3 and a partner in primary care whose services prevent complications, improve outcomes,
4 and lower health-care costs;

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6 WHEREAS, The American Podiatric Medical Association (APMA) is a member service
7 organization; and
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9 WHEREAS, Past efforts by APMA to demonstrate the value of podiatry have resulted in
10 documents that have been a foundation for promoting the podiatry profession;
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12 RESOLVED, That the American Podiatric Medical Association (APMA) identify articles,
13 reports, and data that can further support the platform that podiatry is an integral
14 component of effective health care and is an essential team member in population health
15 initiatives and a partner in primary care prevention of disease and complications;
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17 RESOLVED, That APMA identify articles, reports, and data that support the inclusion of the
18 podiatric clinician as part of the primary health-care team in the management of
19 hypertension, diabetes, obesity, consequences of aging, pediatric foot conditions, infectious
20 disease, venous disease of the lower extremity, peripheral arterial disease, trauma,
21 biomechanics, amputation prevention, and surgical deformity reconstruction; and
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23 RESOLVED, That APMA publish these findings as part of a toolkit for members and state
24 components to advocate for the inclusion of podiatry as a partner in primary care and as an
25 essential team member in Value Based Payments (VBP) and alternative payment models.
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27 SPONSORED BY: NEW YORK STATE PODIATRIC MEDICAL ASSOCIATION
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29 FINANCIAL IMPACT: \$1,000