

1 RESOLUTION #6-16 (DIRECTIVE)

2 **ENGAGE CMS AS A PARTNER TO ELIMINATE PRACTICE BARRIERS**

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

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

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9 WHEREAS, The Centers for Medicare and Medicaid Services (CMS) has expended billions of  
10 dollars nationally [in New York, six billion through the Delivery System Reform Incentive  
11 Payment (DSRIP) waiver] indicating that the effort to change the methods used to pay for  
12 medical services is a serious and ongoing initiative;

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14 WHEREAS, The payment model currently being championed is Value Based Payments  
15 (VBP);

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17 WHEREAS, Alternative payment models like VBP can only succeed with a strong primary  
18 care infrastructure and when groups of providers work collaboratively as healthcare  
19 teams;

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21 WHEREAS, There is a concern among policy makers that there is currently an inadequate  
22 amount of primary care providers leading to an access of care problem for patients;

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24 WHEREAS, In order to meet this demand for primary care services, it has been suggested  
25 that other professions should be allowed to practice to their full education, training, and  
26 experience to meet this need as part of the team approach to the care of populations;

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28 WHEREAS, This concept has been called “workforce flexibility” and is currently being  
29 explored in New York as one of the strategic pillars of the State Health Innovation Plan  
30 (SHIP);

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32 WHEREAS, The podiatric profession can provide many primary care services and be an  
33 essential team partner in primary care of the lower extremity;

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35 WHEREAS, There are current barriers and challenges preventing podiatry from using its  
36 education, training, and experience to assist the healthcare system and fully joining the  
37 team approach to health care, including scope of practice restrictions and business law  
38 restrictions that prevent MD/DO/DPM partnerships;

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40 WHEREAS, VBP is the payment wherein doctors are paid for service rendered based on  
41 outcomes and cost effectiveness and is not a fee for service arrangement and quality  
42 measures are an essential aspect of many value based arrangements;

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44 WHEREAS, There are currently very few quality measurements to demonstrate the  
45 essential value of a podiatrist as a necessary member on healthcare teams;

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1 WHEREAS, There appears to be no clear understanding of if and how podiatry as a  
2 specialty will be affected by VBP; and  
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4 WHEREAS, The American Podiatric Medical Association (APMA) is a member service  
5 organization;  
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7 RESOLVED, That the American Podiatric Medical Association (APMA) engage the Centers  
8 for Medicare and Medicaid Services (CMS) in discussion regarding the critical and unique  
9 role of podiatric medicine in foot care and explore how podiatry can assist in helping CMS  
10 attain its population health objectives by becoming partners in the primary care of the  
11 lower extremity;  
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13 RESOLVED, That APMA engage CMS in discussion to ensure podiatric medicine is included  
14 in the integrated care services developed around diabetes, obesity, mobility, and aging;  
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16 RESOLVED, That APMA engage CMS in discussions to assist in eliminating the barriers for  
17 the podiatric profession including scope of practice and business law restrictions to help  
18 find solutions for current access of care challenges in the state Medicaid program;  
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20 RESOLVED, That APMA engage CMS in discussions on the development of quality measures  
21 for podiatric medicine so it may be fairly evaluated in value based arrangements, both  
22 federal and state;  
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24 RESOLVED, That APMA engage CMS to ensure risk adjusted reimbursement methodology  
25 includes podiatric services and reflects uniform payment across all providers; and  
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27 RESOLVED, That APMA engage CMS as a supporter of all policy and legislation designed to  
28 remove any and all obstacles to allowing podiatry to be a full and equal partner and  
29 participant in any physician payment model.  
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31 SPONSORED BY: NEW YORK STATE PODIATRIC MEDICAL ASSOCIATION  
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33 FINANCIAL IMPACT: \$5,000