1 RESOLUTION #7-16 (DIRECTIVE) 2 VALUE BASED PAYMENT AND ALTERNATIVE PAYMENT MODELS EFFECT ON SOLO 3 AND SMALL GROUP PRACTICE 4 5 WHEREAS, Health care has seen significant policy and procedural changes recently; 6 7 WHEREAS, One of the policy changes involves investigating and implementing alternative 8 payment models: 9 10 WHEREAS, These alternative payment models represent a shift away from fee for service 11 compensation; 12 13 WHEREAS, These models include Value Based Payment, accountable care organizations, 14 episodic bundle payments, and capitation; 15 16 WHEREAS, The Centers for Medicare and Medicaid Services (CMS) has expended billions of 17 dollars nationally [in New York, six billion through the Delivery System Reform Incentive 18 Payment (DSRIP) waiver], indicating that the effort to change the methods used to pay for 19 medical services is a serious and ongoing initiative; 20 21 WHEREAS, These alternative payment models largely involve large groups of providers 22 coming together to practice primary care and population health with quality measures; 23 24 WHEREAS, Medical providers are being asked to assume financial risk in these payment 25 systems; 26 27 WHEREAS, Healthcare payers and governmental insurance programs are looking to 28 contract with large groups or hospital systems in value based arrangements; 29 30 WHEREAS, Podiatry has historically been largely a private practice profession with many of 31 the American Podiatric Medical Association (APMA) membership still in small groups or 32 solo practice; 33 34 WHEREAS, In order to compete and be full partners in healthcare delivery in the future, 35 podiatrists may have to look at coming together with other providers to engage in a value 36 based arrangement; 37 38 WHEREAS, Many members of APMA have little or no understanding of value based 39 arrangements and have no knowledge of how to make their practice attractive to larger 40 groups or hospital systems; 41 42 WHEREAS, Large groups or hospital systems still may not understand the essential care 43 podiatry provides as a partner in the primary care of the lower extremity; and 44 45 WHEREAS, APMA is a member service organization;

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1	RESOLVED, That the American Podiatric Medical Association (APMA) develop a	
2	membership toolkit/roadmap designed to educate podiatrists on Value Based Payments	
3	(VBP) and to lend assistance for transition to VBP models;	
4		
5	RESOLVED, That APMA continue and enhance outreach and advocacy campaign to educate	
6	healthcare payers, hospital systems, and super groups of the essential nature and benefits	
7	of podiatry as part of the overall team approach to care; and	
8		
9	RESOLVED, That APMA develop informational and assistive programs designed to help solo	
10	practitioners join into group practice.	
11		
12	SPONSORED BY:	ILLINOIS PODIATRIC MEDICAL ASSOCIATION
13		NEW YORK STATE PODIATRIC MEDICAL ASSOCIATION
14		
15	FINANCIAL IMPACT:	\$10,000