



“Making the Ask” of Our Profession

PM has a conversation
with APMA president Ira Kraus.

Ira H. Kraus, DPM, was installed as president of APMA during the 2017 House of Delegates meeting in March. *Podiatry Management* recently spoke to Dr. Kraus to learn more about his history and vision for APMA.

Dr. Kraus was born and raised in New York and studied economics at Washington & Jefferson College in Pennsylvania. He graduated from the New York College of Podiatric Medicine in 1989 and trained in a 12-month surgical residency. Shortly after completing his training, Dr. Kraus moved to Chattanooga, TN, where he practiced until 2016. He is now the director of business development for Extremity Healthcare.

PM: During your inaugural speech, you spoke about the value of relationships versus communication. Tell us more about that distinction.

Dr. Kraus: I believe there’s a big difference between an open line of communication and an established relationship. A relationship allows us to “make the ask.” And I’m not afraid to build those relationships and make the ask for our profession.

I’m also not afraid to make an ask of our profession. I believe that working together is the key to accomplishing our goals. So APMA members and non-members should expect to hear from me, making the ask, to advance the profession.



Dr. Kraus

PM: You have been very closely involved in health-policy activities at APMA. Tell us how that area will guide your presidency.

Dr. Kraus: Most of my career has been in the health policy arena. I have served on many APMA committees, but my area of interest is definitely health policy—coding, DME, private insurance, Medicare. I have learned the proper way to negotiate and succeed with insurance companies and medical directors by being able to convey the appropriate message about what podiatric physicians

do and why we should get paid for those services.

We have a great history at APMA in the health policy arena of succeeding in diminishing limitations and restrictions that have been imposed on podiatrists solely because of the letters after their names. We also have a great history of educating and preparing our members for changes in physician payment.

I travel the country and speak to members of many other healthcare specialties. APMA members were undeniably better prepared than any other medical professionals for the transition to ICD-10. We’re doing the same with MACRA and MIPS. We launched a MACRA task force of member experts who are providing lectures and advice nationwide. We have also assembled a huge number of MACRA resources, including our MACRA Made Easy webinar series, at www.apma.org/macra.

PM: What are your priorities for your presidency?

Dr. Kraus: Parity, of course, is at the top of my list. As many readers may have heard, we’re changing our legislative strategy a bit. In the past, our legislative goal was to pass Medicaid reform to recognize podiatrists as physicians. We’re not abandoning that goal by any means, but we are changing our

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strategy. We're going to focus on shoring up some of the outlying discrepancies in federal statutes with respect to how podiatrists are defined. With that in mind, we'll focus on attaining legislative victories in smaller bites, starting at the Veterans Health Administration. We started in 2015 by working with the first and currently only podiatrist in Congress, Rep. Brad Wenstrup, DPM [R-OH], to introduce legislation to reform the treatment of DPMs working for the VA. Although the legislation didn't pass in the previous session of Congress, we are re-introducing the legislation and have a high level of confidence in its passage.

Simultaneously, we'll be working to change the status of DPMs in our nation's military, as well as treatment of podiatrists who want to work for the National Health Service Corps/Indian Health Service. Each of these institutions represents a very small yet important segment of the healthcare delivery system in the U.S., and collectively they represent the last vestiges of federal discrimination against podiatric physicians and surgeons. We believe that once these programs are reformed, the task of changing Medicaid will be inevitable.

We have hired one of the largest healthcare law and lobbying firms in Washington, DC, Squire Patton Boggs, and we believe we will see a significant benefit from working with their very seasoned staff (including several prominent former legislators).

PM: *One of the priorities that the profession at large has been discussing is student recruitment. Tell us how APMA is responding.*

Dr. Kraus: APMA has a long-term commitment to raising awareness of careers in podiatry. APMA hosted a student recruitment forum in June of 2016 and developed a strategic plan around career awareness based on the outcomes of that meeting. We're collaborating closely with the American Association

of Colleges of Podiatric Medicine. Our association invests nearly a quarter of a million dollars each year in career awareness, but the success of these efforts depends largely on our members. I have had the pleasure of mentoring eight students who have matriculated in podiatric medical school. Two are third-year residents and one is a third-year student right

now. I would ask every member of the profession to get involved as a mentor. Visit www.dpmnetwork.org/membership/become-a-mentor/today to volunteer.

cate for podiatrists. We've met with more than 60 private and public insurance advisors. We've written 18 comment letters to CMS and other agencies to defend podiatrists' interests. We've generated 1.5 billion media impressions on behalf of the profession.

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PM: *APMA also conducted a membership recruitment forum last year. Can you share more about that initiative?*

Dr. Kraus: Absolutely. APMA's membership is very strong and growing. But we know that the more voices we include within our association, the stronger we are. We held a membership recruitment meeting with our state components to discuss how we can best engage those who may not understand the value of membership in the state and national organizations. We put together a plan to demonstrate that value, and we're providing a significant—50 percent—discount on 2017–2018 national membership dues for those who choose to join during this campaign, to allow them to experience the value of belonging to this organization.

APMA's value is tremendous, and we probably don't talk about it enough. When we say we're the voice for the profession, we've had more than 5,000 touchpoints with legislators in the past year. We've held more than 500 calls with collaborating organizations to advo-

webinars as a free benefit of membership in the past year. We're developing a qualified clinical data registry that will be of tremendous benefit to the profession and individual members. We offer an instructional article on reimbursement in every issue of *APMA News*. We hold a massive Annual Scientific Meeting with more than 78 renowned faculty. And we provide 228 student scholarships to support our students.

APMA, in collaboration with our state components, is providing tangible value, and we want as many podiatrists as possible to benefit. Non-members who are interested should visit www.apma.org/join.

PM: *During the House of Delegates, there was talk of a name change for APMA. What inspired that consideration, and how is the Association proceeding?*

Dr. Kraus: During our emerging issues forum at the House of Delegates meeting in March, Immediate-Past President R. Daniel Davis, DPM, brought to the house a concern he has heard from some young physicians that "podiatrist" is no longer the primary term they use to identify themselves. Dr. Davis asked the delegates for their feedback about that concern as it relates to APMA's brand and name. Unfor-

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fortunately, that very constructive conversation has been taken somewhat out of context in various forums within the profession.

APMA is a 105-year-old organization with a rich history representing the profession. While it is critical that we accurately represent the professional identity of our members, changing our brand is not something we take lightly.

APMA is engaged in a brand audit. We're collecting quantitative and qualitative data about perceptions of the organization, our products and services, and—yes—our name. We have engaged an outside consultant, McKinley Advisors, to assist us in this process. McKinley Advisors has expertise in organizational branding, specifically for association clients. Their President, Jodie Slaughter, is working directly with our staff team to assemble and analyze the data we collect and ultimately identify recommendations for enhancing APMA's brand.

Until we complete that process, which is only appropriate for a national organization considering a change of this magnitude, we have no recommendation to change the name, much less a proposed new name for the organization.

PM: *APMA is entering a period of other potentially significant changes as we consider the recommendations from our governance review. Tell us more about the process.*

Dr. Kraus: I believe the governance review has helped strengthen the relationship between the HOD and BOT in a multitude of ways. I think that, unfortunately, the governance review was borne out of mistrust. But I think that members of the HOD, members of

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the BOT, members of the staff, and hopefully members at large are going to see that APMA is a strong, solid organization. The process of going through the recommendations from the governance review has reinforced the fact that we're able to work together toward a common goal of making our organization even stronger. We're all weathering the rapid changes of our ever-evolving healthcare system. Our ability to adapt to upcoming changes is critical to our success. I welcome the responsibility as a change manager.

The task forces Dr. Davis appointed during his presidency have conveyed their recommendations to the Bylaws and Procedures Committee, and we will, I'm sure, have excellent discussion at the 2018 HOD meeting about the proposals emanating from those recommendations.

PM: *If you could wave a magic wand and change one thing about the profession, what would it be?*

Dr. Kraus: Harmony. We often hear the cliché that there's strength in numbers. Cliché or not, we're a small profession, and it's true. I really wish that all of the factions of our profession could come together and work with APMA toward our common goal of making practice life for podiatric physicians the best that it can be while allowing those same podiatrists to provide quality care for their patients.

I am blessed to have the opportunity to give back to the profession I love, and I thank *Podiatry Management* for the platform to reach members of our profession. Remember: Together is key! **PM**