

APMA Faces Today's Challenges

A candid discussion
with Jim Christina, DPM

Editor's Note: We recently sat down with Dr. Jim Christina of the APMA to chat about the state of the profession.

James R. Christina, DPM took over as Executive Director/CEO of APMA on October 24, 2015, succeeding retiring Executive Director/CEO Glenn B. Gastwirth, DPM. Dr. Christina had worked at APMA since May of 2005 as Director of Scientific Affairs. Prior to joining the APMA staff, Dr. Christina was in private practice in Rockville, MD, since 1985. He completed his undergraduate studies in 1979, graduating Magna Cum Laude with a BA in Biology from West Virginia University. He completed his podiatric studies at what was then the Pennsylvania College of Podiatric Medicine (now Temple University School of Podiatric Medicine) in 1983 and then completed two years of post-graduate surgical training in Southfield, MI and Baltimore. His second year of residency training included earning a certificate for a podiatric fellowship in foot surgery within the Division of Orthopedics at University of Maryland Hospital.

Dr. Christina was very active during his time in private practice, including serving as president of the Maryland Podiatric Medical Association, a delegate to the APMA House of Delegates from Maryland, a member of the Maryland State Board of Podiatric Examiners, and



Dr. Christina

an original member of the Joint Committee on Recognition of Specialty Boards (JCRSB). He is board certified in Foot and Ankle Surgery by the American Board of Foot and Ankle Surgery. He is a member of the American Diabetes Association and the American Public Health Association and has received both the Stephen W. Toth Distinguished Service Award and the John and Janet Carson Advocacy in Podiatric Public Health Award from the Podiatric Section of the APHA.

PM: In assuming the role of APMA executive director and CEO,

you were obviously familiar with the APMA from your tenure as director of Scientific Affairs. But what did you find most challenging in your new role?

Christina: In my new position, I suddenly had to deal with a much wider variety of constituents—staff, our Board of Trustees, state components and their leadership, members, other health professional associations and leadership (allopathic medicine, osteopathic medicine, etc.)—and it was necessary to gain their confidence and trust in my ability to be the executive director of APMA. I was very familiar internally with APMA and all of the various departments, but what I found most challenging in my new role was dealing with the human resources issues for which the CEO ultimately is responsible. APMA

has a staff of almost 60 who are incredibly dedicated, hard-working and professional, but there are always issues related to human resources that need to be addressed. I was very fortunate that I inherited an incredible staff that includes an excellent executive team with Jay Levrio, PhD, as deputy executive director and chief operating officer and Denis Russell, CPA, CAE as deputy executive director and chief business officer. We work very well together, meet regularly and work through discussions about all issues affecting the association.

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Working with the state components and their leadership, I had to make sure that the relationship was collaborative and that they understood that I was accessible and interested in seeing every state component succeed and thrive. I've worked toward that goal by attending as many state and regional meetings as possible and meeting with leadership to discuss issues and concerns.

With the allopathic and osteopathic medical associations, I made sure to introduce myself and let it be known that APMA was available and willing to work on issues common to all healthcare practitioners. This outreach has led to collaborative relationships with the AMA, AOA, SVS, AAOS, AOFAS, AAFP, and many others, and can only help to advance APMA's mission and stature of our members. In particular, our outreach to AAOS and AOFAS was a key factor in getting our VA Provider Equity Act passed.

PM: What is your core philosophy about APMA?

Christina: We are a member organization, so I stress to our staff

benefit of its members and the health of the public."

PM: What are some of the primary issues facing the profession today?

Christina: We have the same demographic challenges that allopathic, osteopathic, and frankly any skilled occupation faces—we are an

several years. To that end, our 2018 APMA House of Delegates passed resolution 9-18 directing APMA to "dedicate such resources and personnel as it deems necessary to increase the number of qualified applicants to podiatric medical schools."

In response to that resolution, APMA has drafted a student recruitment plan (posted on the APMA

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aging population. The peak of the baby boom was in 1957, so those individuals turned 60 last year. As those in our profession retire, we will be challenged to make sure that we have an adequate supply of podiatrists to meet the needs of the population. Combine those demographics with the increase in diabetes and obesity, as well as those baby-boomers who want to stay fit and active into their 60s, 70s, and even 80s, and you can be sure that there will always be a demand for the comprehensive foot and ankle services that podiatric physicians

website at www.apma.org/recruitmentplan) and has provided that plan to APMA delegates, colleges of podiatric medicine, members, state components, and additional stakeholders within the profession. APMA has added additional staff with responsibilities for student recruitment and dedicated \$50,000 to conduct market research that will provide a comprehensive understanding of the pre-healthcare student demographic. A research firm has been hired, and their research efforts have begun. Based on this market research, APMA will develop effective recruitment tools and tactics. This effort will require additional support funding from all of the stakeholders involved, as well as an active grassroots effort among our members to recruit qualified students to apply to our podiatric medical schools. I urge every member to sign up to be a DPM mentor at www.dpmnetwork.org.

Finally, the issue of appropriate reimbursement for the services podiatrists provide continues to be a challenge. This problem is not unique to podiatric medicine but affects our allopathic and osteopathic colleagues as well. Public and private payers alike are working to contain costs while maintaining quality. This effort has resulted in value-based payment methodologies that, to date, have caused a reduction in quality care as providers are immersed in their computer systems rather than their face-

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“We are a member organization, so I stress to our staff that we are here to provide service to our members.”

that we are here to provide service to our members. I am always a little amused when I speak to a member on the phone or reply to an email and they say something to the effect of, “I am surprised to hear from you.” That is what we are here for—to respond to our members' needs, whether it is advocacy, regulatory issues, or government-mandated programs to avoid payment reductions or achieve incentive payments. That is why we exist, and it is clear in our mission statement: “APMA advances and advocates for the specialty of podiatric medicine and surgery for the

and surgeons provide.

This ties into a related challenge that the profession has in making sure that we have an adequate number of qualified applicants to our colleges of podiatric medicine. To meet this need, APMA has successfully promoted career awareness since 2011 and has collaborated with the American Association of Colleges of Podiatric Medicine for the past two years (following a student recruitment summit in 2016). However, the number of qualified applicants to the colleges of podiatric medicine has continued to decline over the past

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to-face interactions with patients. APMA continues to fight to ensure that patients have access to the care that our members provide and that

ally does offer something for every member, no matter what their interests. There are abundant surgical lectures and workshops, updates on dermatology, wound care from A to Z, biomechanics, and much

is available to help them survive in today's practice environment. We have done extensive webinars on coding and MIPS; these are always recorded and members can view them free of charge at their convenience. There are so many tools that members can use, but we also understand the challenge of having the time to actually visit the website and find what they need. If a member cannot remember their login information (user name is member number and password is member last name unless they have changed the password), they simply need to contact us at 800-ASK-APMA to get the details to access the member-only information on the website.

We also face the same challenge that most membership organizations face in enfranchising younger members. The Baby Boomers and the Millennials are very different generations with different motivations and values. Delivering resources that cater to both those audiences is certainly a challenge, and convincing the Millennials that membership matters is a challenge, as well. In APMA's case, our more established members and our younger members also tend to have different practice settings and dif-

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our members are compensated fairly for providing that care.

PM: What would you say to a student who is considering a career in podiatric medicine and surgery?

Christina: Students need to know that services for foot and ankle care in the future will continue to be in high demand and, in fact, will probably increase. They also need to understand the potential diversity that a career in podiatry offers. Podiatry really allows physicians to tailor their careers to their individual desires and needs. Podiatrists can be employed or be their own boss, work in large or small groups, multi-specialty groups, hospital settings, HMOs, or the military or VA. Our practices can include general podiatry, sports medicine, wound care, surgery, or a combination of these. The challenge of reimbursement will always be present, but that is true for all healthcare providers, and the opportunities for a podiatric physician and surgeon are expansive.

PM: What two things would you want every APMA member to do?

Christina: First, recruit one qualified student to apply to podiatric medical school. Second, at least once, attend the APMA Annual Scientific Meeting. This seems to be one of the best-kept secrets in our profession. I frequently hear from first-time attendees that they had no idea about the variety of topics the meeting covers or the expertise of the faculty or the scope of the exhibit hall. The meeting re-

more. The coding program on Sunday morning is always delivered to a packed lecture hall, and there is always a risk management program that includes a discount for PICA policyholders on their insurance premium. It is an incredible value in terms of price, always offers at least 25 hours of continuing education, and takes place in great locations. In 2019, we will be in Salt Lake City, and I encourage every member to consider attending.

PM: What hurdles do you face in working with the APMA membership?

Christina: Communicating with members and getting them to

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know all of the resources that we have available to them is a significant challenge and frustration. We communicate by many different methods—print, email, webinars, video, in-person meetings, and social media. We have redesigned our website recently to make it even more attractive and easy to use. There is an unbelievable number of resources available on our website. I think if every member took just 10 minutes to go to www.apma.org and search around a little, they would be amazed by the information that

different perceptions of the profession, which creates even more marked differences in their needs from their professional organization.

As a result, APMA has placed a significant focus on understanding our young physicians and catering to their needs. We have young physicians on most of our APMA committees, and those representatives also participate in the Young Physicians' Leadership Panel. We create programming and resources specifically for young physicians, from

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our Young Physicians' Institute each fall to our *Your APMA* publication to educational resources like our Residency Education Resource Center. We're working to develop a suite of resources that specifically addresses the challenges young physicians face as they transition from their education and training into practice. And we're keeping close tabs on their needs with regular surveying and data collection. I encourage our young physicians to visit www.apma.org/youngphysicians to learn more. They can also follow our member Facebook page @APMAmembers.

PM: *What do you consider your biggest accomplishment to date?*

Christina: I cannot take full credit for any accomplishment—it is always a team effort—but the recent

passage of the VA Provider Equity Act as part of the VA MISSION ACT was a huge win for our veterans, and a win for our members in the VA as they are now in the same pay classification as their allopathic and osteopathic colleagues and eligible for promotions to administrative positions. This was also a great win for our entire profession in terms of parity. It is an accomplishment that is a result of the combined efforts of our staff, our Board of Trustees, our APMAPAC Board, our Legislative Committee, and all of our members who worked at the grassroots level, contributed to the PAC, and used our eAdvocacy website. We also owe a great debt to Rep. Brad Wenstrup, DPM (R-OH) for his dedicated effort. To get legislation passed through Congress and signed into law is an incredible accomplishment and even more remarkable considering the size of our profession. It demonstrates that through per-

sistence, hard work, and team effort, great things can be accomplished. Our profession is stronger together, and we need to continue to work as a unified profession to achieve all of our goals.

PM: *What is your wish list for the future of the profession?*

Christina:

- An abundant supply of qualified applicants to our colleges of podiatric medicine.
- Passage of our HELLPP Act.
- State practice acts that allow our members to practice to the full scope of their education and training.
- Continued availability of residency programs for all qualified graduates from podiatric medical schools.
- Recognition as physicians by our allopathic and osteopathic colleagues acknowledging the comparability of our education and training. **PM**