

The Devaluation of the Podiatric Physician

By Franklin Kase, DPM

Dr. Kase is past president of the California Podiatric Medical Association.

This editorial only references health plans that offer podiatric physicians non-negotiable contracts, i.e., take it or leave it. In addition to being non-negotiable, these referenced health plan contracts contain provisions and fee schedules that are clearly discriminatory toward podiatric physicians in that they have specific requirements by which only podiatric physicians have to abide, and they offer lower fee reimbursements (podiatry fees) for services similar to that which may otherwise be provided by an MD or DO provider (general physician).

In California, as in many other states, our profession has been fighting discrimination by health plans and hospitals through various methods. We have sought to educate medical directors and policy administrators about the value that doctors of podiatric medicine provide to their patients. They have also been educated as to the similarity of education and training that a podiatric physician undergoes through medical school and residency as compared to that of a general physician. We have been extremely successful in this educational process in that most health insurance plans have, over time, eliminated their policies of discrimination toward DPM's, and have in their place created uniform policies that contain preauthorization requirements and fee schedules which apply equally to MD's, DO's and DPM's.

Our goal has always been to gain acceptance by health plans and the healthcare system that we are specialty medical providers and should be afforded the same rights, responsibilities and privileges, within our scope of practice, as are MD's and DO's.

Unfortunately, despite our valiant efforts to educate all of these medical directors and policy administrators, there are still some health plans that brazenly admit that they offer contracts which pay podiatric physicians a lower fee schedule (podiatry fees) than they do MD's and DO's. They state this is because of our degree and because of the fact that DPM's are willing to accept lower fees than their MD and DO counterparts. MultiPlan is such a PPO that has recently purchased Private Health Care Systems and has offered podiatric physicians in the United States a fee schedule which is 30% lower than that which they are offering to general physicians. This is intolerable and an affront to all members of our profession.

60% of RBRVS?

Another instance which exemplifies this disparate situation involves a recent experience I had when I was requested to write a letter of recommendation for one of our

very well-educated and trained colleagues to gain entrance into a regional health plan. As I know this colleague very well, I was more than happy to write such a letter. In addition, I decided to call the health plan's provider relations department, and determine whether or not the plan was in need of additional podiatric physicians and what kind of fee schedule they were using for reimbursement. When the contract manager answered the phone and I introduced myself, he said to me, "I know of you, Dr. Kase. I don't believe that you would be interested in being a member of our plan, as I don't think you would accept our "podiatry fee schedule."

He explained to me that for podiatric physicians, his health plan offers a fee schedule that is 60% of CMS Medicare RBRVS. I was quite surprised - as anyone who is in private practice knows, 60% of CMS Medicare RBRVS is very low, and it would be very difficult to sustain a practice on such a low reimbursement rate. I then proceeded to ask him if he offered similar contracts with such low fee reimbursements to his orthopedists, dermatologists, and other specialty medical providers. He said to me, "Absolutely not! There is no MD or DO provider that I know that would accept anything less than 100% of CMS Medicare RBRVS."

I asked, "Why do you offer podiatric physicians such a low rate?"

He explained, "Because they will accept it, and it's good business for us to do this."

I proceeded to explain to him that it really was not a good business practice for his plan to underpay podiatric physicians for the foot and ankle services which they provide to his subscribers. I stated that his plan is in the business of providing quality care to patients and achieving high levels of patient satisfaction and successful outcomes in an expedient fashion; that if the podiatric physician receives inadequate compensation for the foot and ankle care he/she provides to these patients, then he/she would be hard-pressed to meet these objectives, as he/she may actually lose money rather than even marginally profit from seeing the patient. If the podiatric physician saw a large volume of these patients, the practice could fail quickly and patient access would suffer.

He told me, "I never thought of this situation in this manner and I will present this analysis to my supervisors and get back to you."

These specific examples illustrate the importance of the podiatric physician's responsibility to evaluate, review and scrutinize any contract and/or policy that contains discriminatory provisions and fee reimbursement schedules. It is important to understand the deleterious impact that accepting this contract may have on the ability to deliver cost-effective, optimal patient care. It is important to remember that we are specialists of medicine with training and education similar to that of MD and DO providers of similar lower extremity services. We deserve to be treated and regarded by all health entities in a parity manner.

If we continue to accept contracts containing lower paying fee schedules (podiatry fees) and unacceptable discriminatory provisions, then we are sinking our profession into a quagmire that affects not only us, but will affect the students and residents who follow us. It is time to look in the mirror, hold our heads up high and proud, and recognize that we bring great value to the healthcare system, and specifically, to our patients. We can no longer accept non-negotiable contracts that contain discriminatory policies, provisions, and fee schedule reimbursements that are different for MD's, DO's. Thus, we deserve that health plans recognize and treat us in the exact same manner as they do any other

medical specialist. It is our responsibility to make this profession the best it can possibly be for ourselves, for future podiatric physicians, and for our deserving patients. Only parity recognition in all aspects of healthcare will allow us to achieve these essential goals.