



# Facing Podiatry's Challenges and Opportunities

Meet APMA President David G. Edwards, DPM.

**D**uring the 99th APMA House of Delegates meeting in March, David G. Edwards, DPM, of Logan, UT, assumed the office of president of the association.

Dr. Edwards graduated from the then-California College of Podiatric Medicine in San Francisco. He completed residency training at the New Mexico VA Health Care System in Albuquerque in association with the University of New Mexico and is board-certified in foot and ankle surgery by the American Board of Foot and Ankle Surgery. He has been a member of the APMA Board of Trustees since 2008 and served two terms as president of the Utah Podiatric Medical Association.

Dr. Edwards was in private practice, both as a solo practitioner and within multispecialty orthopedic groups for more than 30 years. He has now modified his practice for the duration of his presidency, working on a part-time basis doing diabetic at-risk care, and as the medical director for a national company that provides care via coaching for chronic conditions such as diabetes and hypertension.

PM recently spoke with Dr. Edwards about his plans for his presidency and APMA's priorities for the profession.

**PM:** APMA recently changed its logo and added a tagline, "advancing foot and ankle medicine and surgery." You were closely involved



Dr. Edwards

*in that project. Tell our readers about how and why those changes came about.*

**Dr. Edwards:** I was chair of the working group that examined the outcomes from a very extensive brand audit. APMA conducted that audit because we had heard anecdotally that the APMA name might not be as representative as it could be of its members. In particular, there was a concern that younger physicians did not identify with the term podiatrist and that we needed to add "surgeon" or "surgery" to the name of the organization.

Ultimately, the data didn't lead us in that direction. We learned that the APMA name carries important weight with legislators and other health-care organizations, and that there wasn't a strong consensus among our members about how they identify themselves professionally—whether as "podiatrists," "foot and ankle surgeons," or some other term. But we did get very clear direction about how we can improve the way we serve young physicians.

I think we've done a great job trying to increase young physician leadership at the local, state, and national levels. Our House of Delegates is to be applauded for its decision in March to adopt some very positive changes to the APMA Bylaws that should help to enfranchise more young physicians in the House of Delegates and the Board of Trustees.

I'm also excited about the resources in the Young Physician Transition Series ([www.apma.org/ypts](http://www.apma.org/ypts)). I urge our young members to become familiar with it. It's a suite of resources available on the APMA website that directly addresses the needs young members expressed in the brand audit, as well as our educational needs surveys.

Another thing that is extremely important is what we continue to do in regarding the Educational Foundation and the scholarships we give students. Last year, we provided

*Continued on page 74*



*Dr. Edwards (from page 73)*

more than \$400,000 in scholarships to 324 deserving students.

**PM:** *What would you say to those who say APMA is focused on younger physicians and has lost sight of its more established membership?*

**Dr. Edwards:** APMA is always working to deliver value to members at every stage of their careers. In just the past year, APMA prevented the implementation of a bill that would have affected podiatrists' ability to fabricate and dispense custom orthotics. We achieved victory on the Anthem proposal that would have reduced E/M reimbursements by 50 percent when billed with the -25 modifier. Using the APMA Registry to help avoid MIPS penalties saves the cost of using another qualified clinical data registry (\$300 to \$600) and avoids MIPS penalties upwards of \$4,500. We're also building an EHR that will be a tremendous resource to members. These are tangible benefits of membership for our established members in practice that far outweigh the cost of dues.

We are part of the changing landscape of medicine, and no one else in that landscape cares about podiatrists the way APMA does. When I was part of a multispecialty musculoskeletal group, I was president of the Utah Podiatric Medical Association (UPMA), and one of my partners was president of the state orthopedic organization. During that time, the University of Utah orthopedic department went through a methodical process of eliminating our surgical privileging, which greatly affected our residency program. In reaching out to my partner, I realized that even if someone was my partner and friend, he wouldn't advocate for me like another podiatrist, and that's what APMA is all about. I hear from podiatrists, "I'm old and it doesn't matter anymore," or "I'm employed; membership doesn't matter." We need to recognize how important APMA is and the impact this organization has not only for members, but for the entire profession.

**PM:** *In your inaugural speech, you spoke about the influence of our collective past. In a profession that is always working toward a goal for the future, why look back?*

**Dr. Edwards:** I believe we as an organization need to be cognizant of the past. The past is so important, particularly in a profession like ours. We can't forget our roots and the pioneers who laid our foundation. That pioneer ancestry is in our podiatry DNA.

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**“With a strong collaborative effort, we were able to not only avert [a proposed Medicare cut], but also achieve a 2-percent increase for podiatry.”**

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Think of all the individuals who truly blazed trails, and in the process planted crops for those of us who would follow to harvest! Nowhere is that more evident than in our legislative history. Dr. Seward P. Nyman helped ensure podiatry's inclusion in Medicare. Dr. Irvin O. Kanat was a pioneer in post-graduate education and training, and he was also a founder of what is now the APMA Political Action Committee. Drs. Earl Kaplan, Teddy Clarke, and Ollie Foster not only forged new trails, but also provided some fun fundraising at the KCF golf tournaments. The giants and visionaries of our past are often forgotten or under-appreciated. As I previously stated, we must remain cognizant of our past.

**PM:** *2018 was a notable year in podiatry's legislative history. What do you believe the profession needs to accomplish in the year ahead?*

**Dr. Edwards:** We need to increase the number of members participating in political advocacy; we have too few doing too much of the lifting.

Last summer, the Medicare Physician Fee Schedule proposed rule would have collapsed E/M codes with a potential for a 4-percent decrease in Part B reimbursements. With a strong collaborative effort, we were able to not only avert that

cut, but also achieve a 2-percent increase for podiatry. That 6-percent change equates to about \$7,500 per podiatrist in an average Medicare setting. That's the value of APMA right there.

We had more than 11,000 responses to our call to action on that issue, including 6,400 podiatrists; 1,500 podiatric medical students; and 3,100 non-DPM allies. What we really need to accomplish is to try to increase participation when we don't have an absolute crisis. For

example, passage of our Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act continues to be a critical goal for the profession. We need an outpouring of activism around initiatives like HELLPP.

**PM:** *We've spoken about the importance of the past. What is your focus in the present?*

**Dr. Edwards:** In the present, it's important we keep our ear to the ground. One wonderful thing about APMA is that we have resources in so many areas and can be proactive as situations evolve and change. For example, we were at a reception celebrating our VA legislative victory this summer when we became aware of the potential collapse of E/M codes. We were able to jump on that issue immediately—and emerge victorious on that front, as well.

And we're planting the seeds for the future. Student recruitment is a vital part of that, and our commitment to the evolution of this profession through education and training is critical, as well.

**PM:** *Tell us more about the student recruitment challenge and how APMA is meeting it.*

*Continued on page 76*



*Dr. Edwards (from page 74)*

**Dr. Edwards:** Like so many others, when asked how I found the profession, I respond that I had a personal experience with a podiatrist. L. Flake Rogers, DPM, was my introduction. He was a leader during my mission service for the Church of Jesus Christ of Latter-day Saints while I was in college at Utah State. Dr. Rogers' influence on me was significant. He owned his own business but had the opportunity and the satisfaction of providing needed service to his client base. Another sentiment he shared with me that resonated was that as a profession, podiatry allowed time for personal interests, family life, and God—in other words... work-life balance.

At present, our student applicant pool is challenged, threatening our ability to sustain our legacy. Allopathic medicine has two and a half applicants for every seat. It is very achievable for us to reach that ratio, but it requires a strong collective effort from all stakeholders.

APMA is leading that collective effort. We've published a plan, and we've conducted a massive market research effort among college admissions officers, current students, and prospective students—including high school students. You can find more information

at [www.apma.org/studentrecruitment](http://www.apma.org/studentrecruitment). We continue to collaborate with the American Association of Colleges of Podiatric Medicine and other stakeholders within the profession. Watch for upcoming stakeholder webinars, during which everyone interested in this effort can get the latest updates on APMA's work on this issue, as well as progress profession-wide.

I encourage all your readers to be a part of the collective solution. Go into the classrooms of the pre-health survey classes and offer to take them our message by teaching a class period. APMA is developing materials you can use to support those efforts.

I currently teach a class period each semester at Utah State University. The students are eager to learn

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more about the many possibilities that exist in medicine, and it is very satisfying to see several students from each class I teach seek shadowing opportunities. Shadowing is our secret weapon. I encourage [students] to shadow in many different specialties but reinforce that if they don't shadow a podiatrist in undergrad, they will never know what the profession has to offer. Many college students do not realize that podiatrists follow a separate educational path.

*PM: What would you ask of APMA members and non-member podiatrists?*

**Dr. Edwards:** I would ask members to read all the communications! Open your emails. You'll learn so much that will help you just by taking a look at what your association sends out. Be involved in advocacy when we reach out to you. Share your local connections; it might be your neighbor down the street who's a local legislator. We all are surprisingly greater resources than we realize.

If you are not a member, I ask you to reconsider. Membership gives you a voice with the most powerful organization advocating for this profession. And it amplifies the voices of thousands of your peers. It also delivers genuine value for your dues dollars. You can learn more at [www.apma.org/join](http://www.apma.org/join).

*PM: What else should PM readers know?*

**Dr. Edwards:** I am honored to serve as APMA president and excited about the many opportunities that lie ahead for this profession. The president of APMA is a leader for all podiatrists, and that includes those who are current members and those who are not. I hope to hear from you as we move forward together from our pioneering past and into a bold future. **PM**