

Facing Down Podiatry's Biggest Threats

Insurance reimbursement cuts and getting younger members involved top the list.

BY JEN MCCAFFERY

William Long was on active duty in the U.S. Coast Guard, considering his next steps. His wife's uncle knew Long wanted to go into medicine and called him about a foot problem. But at the time, Long, then 28, didn't know that podiatry even existed. It wasn't until Long received a brochure in the mail about podiatry that he learned about the profession. Soon after, he shadowed a Navy podiatrist and then one in his hometown.

"That's where I fell in love with podiatry," says Long, DPM, who now practices in Simpsonville,

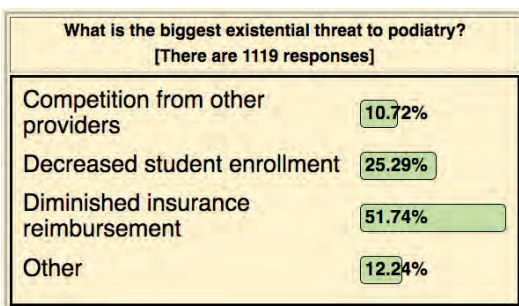


Figure 1

SC. "I had a year left on my Coast Guard contract, applied to Temple, and here I am."

The need for better visibility for podiatry is one of the biggest challenges facing the profession, says Long, who is a member of the American Podiatric Medical Associ-

ation's Board of Trustees. While the opportunities for students to join the profession have never been greater, practitioners say the podiatry profession faces some major obstacles.

Last year, a *PM News* Quick Poll (Figure 1) revealed that 51.74 percent

of 1,119 respondents saw diminished insurance reimbursement as the greatest existential threat to podiatry. Decreased student enrollment came in second with 25.29 percent,

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Dr. Long

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followed by “Other” and competition from other doctors. But podiatrists also see paths forward for the profession in the face of the challenges, as long as there’s collective effort.

“We are a small but mighty profession, filled with amazing individuals who consistently move our profession forward, but we need all of us to make this happen,” writes Bob M. Sage, DPM, who is based in Beloit, WI. “Unfortunately, we are too small to let someone else do the work. We are too small to have someone else pay the bill. When we work together no task is too difficult.”



Dr. Steinfeld

Insurance Woes

Insurance reimbursements that don’t keep up with inflation have long been a challenge for podiatrists. Every year, the U.S. Centers for Medicare and Medicaid Services (CMS) comes out with a fee schedule. In

and payments were very logical and fair,” says Kornfeld, who practices in Manhattan and Long Island, N.Y. “We were able to run practices on 20 to 25 patients a day and make a great living.”

“We are a small, but mighty profession, filled with amazing individuals who consistently move our profession forward, but we need all of us to make this happen,”—Sage

Then came managed care. Kornfeld initially saw promise and signed up for a range of plans. But it didn’t take long before fees started getting slashed, he says. Managed care also made it challenging to easily attend to patients, to get prior authorizations for imaging studies, and to make referrals to specialists, he says. “In the year 2000, I decided that I wasn’t going to put up with it anymore,” Kornfeld says. “I was up to more than 50 patients daily



Dr. Tomczak

fewer patients, with a lot less angst, stress, and hassle.”

The sheer amount of paperwork is another issue that’s a perennial challenge for podiatrists. Jeffrey Kass, DPM, who is based in Forest Hills,

NY, says that “while not specific to podiatry, ‘documentation burnout’ could make anyone flee the medical profession, regardless of specialty or lack thereof.”

A Unified Front

With just about 16,000 podiatrists practicing in the United States, the profession is small, like a family. As with all families, though, sometimes there are disagreements.

Rod Tomczak, DPM, MD, EdD, says that the greatest threat to podiatry is podiatrists themselves. “It seems like there is always an intra-podiatry conflict of some kind,” writes Tomczak, who is based in Columbus, Ohio. “More often than not, the strife revolves around surgery, board certification, and extent of privileges. We of vintage age remember the intra-podiatry lawsuit: one group of podiatrists suing another group of podiatrists.”

But given that some other medical specialties have more practitioners, it’s essential for podiatry to speak with a unified voice, Steinfeld says.

“The important thing is to really look at the big picture,” says Steinfeld. “And realize that because we’re so small, the only way that things are going to go our way is if we act together.”

It’s through membership in organizations like the American Podiatric Medical Association and through donating to national and

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“While not specific to podiatry, ‘documentation burnout’ could make anyone flee the medical profession, regardless of specialty or lack thereof.”—Kass

FY 2024, they proposed more than a four percent cut, which the presidential administration cut down to about two and a half percent.

“The fees that we are governed by have been reduced almost consistently over my entire career,” says Don Steinfeld, DPM, who practices in Farmingdale, N.J. “And that’s just not sustainable. I don’t know which straw will break the camel’s back. But the camel’s back is sagging.”

Declining reimbursements have caused some practitioners to forego insurance altogether. When Robert Kornfeld, DPM, opened his private practice in 1982, insurance reimbursements weren’t part of the calculus. “We had indemnity insurance,

and my income was offset by huge expenses. I said, I’m done. I’m going to see if I can develop a direct-pay practice.”



Dr. Kornfeld

It took his practice about a year and a half to recover because he dropped out of everything all at once. He no longer performs surgery, focuses on functional medicine, and doesn’t accept reimbursements from insurance or federal programs. “My expenses went from 70 percent to 20 percent,” he says. “And I wound up making a much better living on far

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state political action groups that podiatrists can have more influence with legislators.

“Our profession and our futures are tied in intimately with the degree to which we access the power that controls our destiny,” Steinfeld says.



Dr. Maleski

For example, he pointed to a recent item in *PM News* about podiatrists in Mississippi advocating for a new law to expand their practice to include treatment of the ankle. Mississippi is one of only two states in which podiatrists don't have what's known as “ankle privileges,” which would allow them to treat conditions like broken ankles and Achilles tendonitis.

Opposition from Orthopedists

But the state's podiatrists are facing opposition from the Mississippi Orthopaedic Society.

It's in situations like that where political clout is essential, Steinfeld

sees the biggest threat to podiatry as the fact that “we are still not considered physicians in all senses of the word. All of the other issues with intramural bickering, insurance problems, etc. are not specific to podiatry.”

“The greatest existential threat to our profession is the lack of a national practice act license uniting the profession.”—Wood

says. He points to New Jersey, where 30 years ago, optometrists lobbied for more privileges, while he says ophthalmologists weren't willing to stand up and be heard.

“As a result, the voice of optometry was heard above theirs,” Steinfeld says. “Which led to expansion of privileges for optometrists like my wife.”

Richard M. Maleski, DPM, RPh,

Maleski, who is based in Pittsburgh, PA., notes that all medical disciplines face these issues, and they all fight each other and many “eat their young,” not just podiatry.

“But until we can be recognized as physicians legally, we will never be able to fully participate in all aspects of the healthcare industry,” he writes.

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William Wood, DPM, MPH, echoes this concern, writing that: “The greatest existential threat to our profession is the lack of a national practice act license uniting the profession.”

That said, some advocacy has already paid off for podiatrists, Sage notes. For example, he wrote that APMA “has been doing its best to put more money in the pockets of our members” by making sure they were considered essential during the shutdown and by allowing them to bill like the rest of their colleagues by time and risk.

Other victories include the passage of the VA Parity bill, which put podiatrists in the same pay category as other physicians, getting rid of the CMS policy that prohibited permanent removal procedures on the same toenail, and stopping the Cigna -25 and Aetna -59 modifier denials.

“Younger practitioners are the ones mostly who are looking to expand their horizons and gain new privileges. But they need to understand that the only way that’s going to happen is with political clout.”—Steinfeld

But it’s important for that advocacy to come from some of the newer members of the profession as well. “Younger practitioners are the ones mostly who are looking to expand their horizons and gain new privileges,” Steinfeld says. “But they need to understand that the only way that’s going to happen is with political clout.”

Need for New Voices

The lack of younger podiatrists involved in advocacy is another challenge that podiatry faces. Some of that may come down to smaller numbers overall. While the number of colleges that teach podiatric medicine has expanded to 11, student enrollment has decreased.

“As a profession, we are increasing schools, that’s great,” Long says. “We opened a new school in Pennsylvania, we opened a new school in Texas. But we need to fill those seats.” When Long attended Temple University, there were about 80 to 90 students in his class. Now class size is generally about 45 to 50, he says.

The prospect of graduating with potentially hundreds of thousands of dollars in student loans can be a deterrent to students entering the profession. “They want to know that, hey, look, if I invest that much time, that I will be able to take care of myself and to pay off those student loans when I get out, as well as have a

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job,” Long says.

As the chair of the APMA’s legislative committee, he says they are always looking for bills that ensure that if student loans are repaid for medical students, podiatry students are also taken care of. That said, while some younger podiatrists are worried about student loans, others are more concerned about practicing podiatry to their full potential, Long says.

Now every student of podiatric medicine will have a residency program and be surgically trained. But younger podiatrists need to be vocal about legislation to ensure the best future for the profession. One of the

**“I’m Mr. Optimistic.
So I don’t see problems. I see room for
solving things.”—Long**

biggest issues is changing the physician classification for Medicare from R3 (DPM) to R1 (MD/DO) and making sure podiatrists aren’t left out of those bills, Long says.

Maleski thinks the fact that podiatrists are not currently classified as physicians is the main reason podiatry schools are not attracting more students.

“Although many, if not most of us, are considered true ‘doctors’ by our patients and MD/DO colleagues in our communities individually, we must be able to be legally classified as equals as an entire profession before we can expect to be reimbursed equally or be in positions of leadership as other physicians are,” Maleski writes.

It’s going to take more than two or three podiatrists to get legislation enacted. Steinfeld, who is in his mid-60s, says that when he goes to podiatry meetings, most of the attendees are around his age.

“The younger practitioners may be a bit too removed from the fights that have gotten them where they are,” Steinfeld says. “They stand on the shoulders of giants. They’re so high up, they don’t see the giants anymore. The younger practitioners have great educations, they have amazing abilities. But if they think that’s going to grow the profession, they should think again, unless they support podiatry as a whole.”

It’s essential to have younger members of the profession participate when APMA goes to the House of Delegates in March. “Because that’s who legislators want to see,” Long says. “They know that they’re going to be for a longer time frame. So if we can just increase our pool, I think that resolves a lot of problems.”

At the same time, it’s also important for established podiatrists to listen to the concerns of younger members of the profession. “I’m 47. I’ve been practicing for 10 years,” Long says. “Sometimes I feel out of touch with

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some of the younger members. It's getting out there and talking to them and seeing what their true concerns are."

That may require some new approaches. Circling back to raising the profile of podiatry in general, Long says it's important for podiatrists to reach out to students as early as middle school to teach them about the benefits of podiatry and increase student enrollment. He notes that APMA has PowerPoint presentations that members can easily download for presentations and encourages podiatrists to allow students to shadow them.

But the most effective way to recruit new students is likely from the newer members of the profession, he says. "I shadowed a lot of doctors. And I loved it, but it might be changing now because now we're more into technology and everybody's on social media. That's the way to attract the students. We need to change our game plan."

Increasing the profile of podiatry with the general public helps too. Even a reality TV show like *My Feet Are Killing Me*, which features two podiatric surgeons treating challenging cases, helps people understand what podiatrists do.

But despite the challenges the profession faces, there's reason to be hopeful about the future. "If we grow our profession, I don't think we have a problem," Long says. "I'm Mr. Optimistic. So I don't see problems. I see room for solving things." **PM**



Jen McCaffery is a veteran health journalist who has worked for *Popular Science*, *Prevention*, and *Reader's Digest* and has contributed to *The New York Times*.

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