The Effectiveness of Organized Podiatric Medicine

In past messages, I have discussed the success of APMA in several areas, including our educational activities, our Internet site for members and the public, surgical procedures, medical and surgical products, and scientific literature. Holding all of this together is the glue provided by APMA.

Organized podiatric medicine is highly effective; APMA boasts among the highest membership rates of all of the healing profession organizations. This is due in part to podiatric physicians' strong need to band together to achieve professional goals.

This desire to cooperate in the pursuit of professional goals demands a strong organization that can fulfill the needs of our patients and our profession. The system begins on the local level: County or regional component organizations provide a mechanism for members to learn what is happening in the local arena—local insurance policies, hospital matters, scientific lectures, lectures on medications and new drugs, the need for political activity, and other matters. The local associations are the real "grass roots" element of APMA, and it is there that new issues and new concerns first appear. The expression "all politics is local" is true in APMA as well as in government.

State components provide the next rung of organizational activity. There is great variety in the level of services provided by these organizations. Larger states often have a full-time professional staff to deal with member needs, while smaller states may have part-time employees or volunteers who serve the members.

Issues that arise in state components may be the same issues that have been dealt with in other states. Examples include the podiatric physician defined as a physician, the scope of practice as defined by state law, state antidiscrimination laws regarding hospital privileges, and antidiscrimination in payment of insurance claims. State components often deal with public education programs, cooperative programs with the American Diabetes Association, and laws requiring prompt payment of claims.

Another state issue is malpractice claims: Some states have tort reform laws and others do not. The state components also deal with the rights of podiatric physicians to perform complete histories and physicals for independent hospital admissions.

What unifies the organized activity of all practicing podiatric physicians in the country is APMA. No other organization has the resources to conduct the activities undertaken by APMA. Without this unifying force, our profession would be chaotic. Variations in state practice would create competing organizations with different loyalties.

The need for APMA and its smooth functioning become apparent. What does APMA do? To begin with, it provides a format for the presentation of new ideas regarding the practice of podiatric medicine. The House of Delegates is the ultimate authority of the Association. That is where decisions are made and procedures are established. It is truly a representative body that allows our profession to establish targets for future activity. For example, Project 2000 gave direction for the future of APMA and the education of podiatric physicians.

APMA also has specific functions that have been authorized by the House of Delegates, and the Board of Trustees implements the policies established by the House of Delegates. APMA's national committees have important functions. The Diabetes Advisory Committee deals with all matters regarding the podiatric care of patients with diabetes and relations with the American Diabetes Association. The Health Policy Committee is charged with oversight of governmental health policies (Medicare, Medicaid, Railroad Medicare, military health care, and military dependent health care). The Podiatric Research Advisory Committee was established to coordinate research in podiatric medicine.

The Legislative Committee was recently created to coordinate APMA action concerning any federal legislation. This includes evaluating the need for new legislation, determining congressional authors of bills, and working to get legislation passed. The committee may evaluate plans to amend existing legislation.

APMA's Public Education and Information Committee is charged with promoting the profession of podiatric medicine. This is accomplished with television and radio broadcasts, newspaper and magazine

articles, interviews, publications, news releases, and special projects. The *USA Today* hotline continues to be a strong and unique success after 10 years.

Other APMA national committees that serve the public and the members are the Internet, Health Systems, Membership, and Development Committees. There are additional committees and many subcommittees.

The total functioning of these committees makes APMA highly effective. The professional staff of APMA is charged with administering the policies of APMA and its committees. The staff has received numerous awards for the outstanding national service it provides.

In essence, APMA keeps organized podiatric medicine "on track."

We have arrived.

RICHARD B. VIEHE, DPM
President