

Richard Viehe, D.P.M., APMA's New President

Re-Thinking Podiatry's Future

By Steven G. Shalot, D.P.M.

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Richard Blake Viehe (pronounced "vee"), D.P.M. takes over the helm of the APMA this year as its president. He brings with him many years of experience of service to podiatry beginning with his local podiatry association in Orange County, CA, and rising to the national level as a member of the APMA Board of Trustees.

He has maintained a private practice, served as a residency director, and maintained an active community and family life. PM delved into many topics in this month's interview. Medicare, student enrollment and debt, the M.D. degree, the Podiatry Guild, and insurance issues are sure to keep his year a busy one. In this interview, we also probed his views on the length of term of the APMA presidency.

Dr. Viehe is also an avid skier, tennis player, traveler, and instrument-Rated Pilot. This president is most certainly a practitioner-advocate, and the "doctor out there in the trenches" can feel assured that he or she certainly has a friend in Washington in Richard Viehe.

Podiatry Management: In your estimation, what are the major issues facing the podiatric profession today?

Richard Viehe, D.P.M.: There are a lot of issues. I guess one of the major ones would be the student enrollment concern facing our colleges. Another issue would be that of the decline in reimbursement for podiatric medical services. Right in line with that would be conditions of participation in managed care plans, and the Medicare cutbacks. I think those are some of the major issues of concern to most practitioners.

PM: As far as the cutbacks in Medicare, are there any states that seem to be hit harder than others?

Viehe: Well, there are certain codes that seem to be more widely used than others in some states, and they may see a bigger cutback because of the use of them. Theoretically, it's supposed to be equal across the board, and there has been some general cutting of

reimbursement rates. There is also a little local carrier variability depending on the region and who the carrier is. There may be some differences in interpretation of payment.

PM: With the issues that you've outlined, how does the APMA, under your leadership, intend to address them?

Viehe: In the area of student enrollment, we already have a functioning group that's been working in the APMA under the guidance of Dr. Robertozzi. He is doing a superb job of working with the American Association of Colleges of Podiatric Medicine (AACPM). His group has been working pretty aggressively to promote podiatry. There are a whole series of activities his group has undertaken.

People are optimistic that the positive effects of his efforts will be seen with an increase in the number of applicants to the colleges. There is also a little cyclical variability with the number of applicants, and just as with the economy in general, it goes through peaks and valleys. Hopefully, we're at a trough now, and we'll see a rise in the number of applicants to the podiatry colleges. It's difficult to predict the future, but the APMA and Dr. Robertozzi's committee has worked pretty hard to try to enhance the enrollment.

PM: Are any schools that you're aware of in danger of closing at this time or in the near future?

Viehe: I do know that the class size is considerably reduced in a number of the colleges, especially the first and second years, but I have not heard that any of the colleges are impacted to the extent that they may be forced to close. However, I can only imagine that the present condition must create tremendous economic pressure and dislocation.

PM: Recently, we've seen the joining of podiatric colleges with other, larger institutions, such as Temple University, and the California school with Touro College. Some individuals, such as Dr. Lawrence Harkless, have long advocated the incorporation of a podiatry school within the domain of a state university. How do you feel about these solutions to the current economic crunch?

Viehe: Well, it has long been one of the objectives of the APMA to encourage such affiliations. Some of the studies, such as Project 2000, have proposed that be accomplished. You mentioned a couple. I know that the New York College has affiliated itself with other institutions; the Barry University is part of a health

science center, and the Iowa school is part of one. So I'd say that there's been a lot of movement in that direction in the last couple of years. The Scholl College is now part of Finch University College of Medicine. That list pretty much covers everybody.

PM: What about the problem of student debt? That is something that doesn't seem to be going away or show any signs of being resolved any time soon. From the perspective of APMA President, what can you do to help them?

Viehe: That is indeed a problem and probably no other issue has a higher priority. The whole question is multi-faceted and there is no simple solution. Its been going on for a long time. When I graduated from CCPM in 1971, I had considerable student debt as well, and I can personally relate to those things. The absolute dollars are higher now, but I don't know if it's higher now than the percentage of income or other variables was back then.

It may seem higher because earnings were better when I graduated proportionately than they are now. Therefore, it will take longer to pay off the student loans. My original plan was to take ten years to pay mine off, and I had a lot of student loans paid off sooner than that. I've seen projections of some of our recent graduates who have very large loans, and theirs will take longer to pay off. Some of them are concerned that if they have increased debt, a mortgage and a home, etc., it may take longer to pay off the loans, period.

But, if the healthcare environment for podiatry changes for the better as I think it will, podiatrists will become busier, their practices will become stronger, and that will help with their debt situation.

PM: Relating to the above question, what about the "nay sayers" who believe there are just too many podiatrists around, and therefore this, in part, has a big role to play in the area of student debt?

Viehe: Well, if you talk to people like Leonard Levy, who has studied the needs of the American population, versus the number of podiatric graduates, he has forecasted that we will have a considerable shortage within the next decade or sooner. There are many reasons for this: We have an aging population, and one that is growing at a fast rate. There are also a large number of podiatrists who are approaching retirement age, and who will be leaving the profession.

We have smaller class sizes now. In my home state of California, we've already seen that there are a lot of podiatrists who've already left the state because of managed care issues and subsequent difficulty in practice. It seems to me that of those who have remained, their practices become busier, and they are stronger.

I think we are starting to see this trend across the country now. In a few years there is going to be a combining of those forces, where people will demand podiatric services, and there will be fewer of us to meet their needs. This is really going to put the profession in a bind.

PM: You mentioned the efforts of Dr. Robertozzi and his group. What can be done to relieve the current recruitment crisis? What are some concrete steps that can be taken?

Viehe: Well, if you look at his committee's report, you will see that the APMA has a whole series of steps that they are recommending and undertaking to relieve the small class sizes and number of applicants. Everything is pretty well laid out. Some of those objectives and techniques are probably more effective than others.

For example, they are spending a lot of time with the college recruiters. We are trying to get their attention and explain that podiatry is a good career, and that technique seems to work pretty well.

In the example of Scholl, when you combine with larger health science centers like Rush University, they will have a certain number of applicants to the medical school, and those applicants' names and their MCAT scores can be shared with the Scholl College. The same would be true in all of the other podiatry colleges that are involved like Temple. The whole application process becomes a cooperative effort in which the applicants to the other schools are made aware of podiatry as a career.

Even though the DO and MD schools have experienced a decline in the number of applicants as well, they have a much larger surplus than the podiatric colleges do. So, this surplus can be shared.

PM: Another issue facing podiatry today is that the movement towards an M.D. degree for podiatrists really seems to have gained momentum in the last year. Where do you stand on the issue of

granting future podiatry graduates an M.D. degree either by itself, or in conjunction with a D.P.M. degree?

Viehe: Well, it's a clouded issue because the practice of medicine is regulated by every state, and every state's laws are a little bit different. So what might work in one state might not work in another state. I tend to look at the larger picture in which podiatrists have had discrimination historically partly because of their degree. If their degree was changed and it gave them a better opportunity for the profession, then I would definitely be in favor of that.

However, simply granting an M.D. degree may not be sufficient, because with such an M.D. degree you may not be able to become licensed. It may take a residency, or some other additional training to satisfy the present state laws. My thought and observation is that the level of training and education in the colleges of podiatric medicine is now so sophisticated, that it is comparable, if not equal to that found in the allopathic and osteopathic schools. Therefore, the same quality of licensure should be made available to podiatrists.

PM: Could you please define what you mean by "quality?"

Viehe: Sure. In other words, the general privileges granted to an M.D. or a D.O. should be granted to a podiatrist in terms of the scope in his area. I think that podiatrists should have the clear right to do independent admissions, histories and physicals, in the care of their patients. I'm not proposing that podiatrists treat outside of their scope, but I'm saying that they should be allowed to assess their own patients. They've had the training as part of their required education, so why shouldn't they be allowed to do it? Here, I'm talking about an otherwise healthy patient who you bring into an ambulatory center for surgery, or even your own office if so equipped.

PM: Earlier, you alluded to "conditions of participation under Medicare." It seems to be tied into the M.D. question somehow, in the sense that we are looking for parity with M.D.'s as far as Medicare is concerned. Could you elaborate a little?

Viehe: Yes, these "conditions" may restrict our privileges. This is a serious issue for the APMA to work on. Our Health Policy Committee and our Legislative Committee, as well as our Health Systems Committee are all working very hard on this issue of conditions of participation. If we can get that changed, we've

already got the support of the Joint Commission, I believe this profession will move ahead rapidly.

PM: A while back, our magazine had published a piece on the "Podiatry Guild." There appears to be some disappointment as far as the lack of perceived benefits from the Guild. Do you share this sentiment, and why or why not?

Viehe: I've heard that the Guild has provided some assistance in some states in dealing with insurance and Medicare, but it hasn't been widespread. I hear that there's greater disappointment than the reverse of that, because a lot of members pay their dues and are not aware of any benefit. They feel the Guild hasn't really gone to bat for them. The AFL-CIO has not been strong and extremely helpful. It was originally hoped that it would be because of the sheer numbers of, and the strength of, the parent union. I'm not sure exactly why it has not been as effective as was hoped, because, in theory, it really should have been.

PM: What percentage of members' APMA dues goes towards the support of the Guild, and what exactly to the best of your knowledge is the money being used for?

Viehe: Well, I'm a member here in California, and I haven't checked my dues statement lately, but I know it was a hundred dollars or something close to that figure. As far as the use of funds, that's the "\$64,000 question." I haven't heard any satisfactory answers. Everything I've read doesn't give a full explanation of that, and my talks with union representatives have not yielded any answers either.

PM: A recent poll conducted in a previous issue of our magazine indicated that over 90% of podiatrists surveyed were in favor of having the right to "opt out of Medicare." What is your opinion on this issue, and what does the APMA plan to do?

Viehe: I think it's outrageous that we're denied the opportunity to make that decision, which is granted to M.D.'s and D.O.'s. The APMA has been working on this issue; the issue has been raised with Medicare repeatedly and continues to be a matter of discussion. Legislation may need to be introduced, this continues to be an impediment for a lot of our members, and I therefore believe it needs to be addressed and corrected.

PM: What would you most like your administration to be remembered for?

VIEHE: As I mentioned before, I would consider my term in office to a success if we were able to reverse the conditions of participation and get that corrected.

PM: Do you feel that the term of the APMA President is too short, limited to just one year?

Viehe: You'd have to put it into context. The term of the presidency I think should be lengthened, but the service on the Board seems to be too long. There have been people who have been on the Board for thirteen years. Other organizations have the president serve two or three years, and I think that by the time you've got the process pretty well learned, you're out of office! We may have to re-think our terms of office and see if there isn't a better arrangement.

PM: What can be done to increase APMA membership among established practitioners?

Viehe: The APMA is incredibly strong in terms of the amount of practicing podiatrists being members. We can't pinpoint it exactly, but it seems as though 80% or better of practicing podiatrists are APMA members, and that level is very high when you compare us to the AMA where there numbers are under 30%. So, we really are a very strong profession.

Firstly, we are a single profession, and we've always been kind of a minority profession. I think we feel a greater sense of cohesiveness, and because a greater number of podiatrists feel discriminated against, they feel there is strength in working together as a group. Just take a look at our accomplishments over the period of years; the care that we provide for our members - all these things seem to work together to make membership in the APMA a rewarding experience.

For example, the new presence we have on the Internet is very strong. We were just rated among the top ten health-related Web sites by the AARP. There is a member locator service available on the APMA Web site. If you're not a member, it's difficult for your patients to find you. There is a reduced fee at most of the CME meetings across the country for APMA membership. Just in general, if you want to know what's going on in your profession, then APMA membership is essential.

PM: What were your personal motivations for jumping into the political arena of your profession? How did you get started?

Viehe: Well, it's a strange thing, but one of my residency teachers, Dr. Albert Perlstein, planted the seed in my head. I remember him saying to me "If you just wanna sit in your office all the time, and see patients and go to the hospital, you'll become a "stale person." If you want a say in where your profession's going, you should become involved in the politics and join your association."

I felt that made good sense to me. If you really want to participate in setting the outcome for your profession's future, then it takes some personal involvement. My service, my giving back to the profession has been a very enjoyable part of my life, which started up in the middle seventies, on the local county level, and has been going ever since, through the state and now national levels.

PM: Thank you Dr. Viehe, and Best Wishes on your term in office.