

October 30, 2020

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Washington, DC 20420

To Whom It May Concern:

On behalf of the American Podiatric Medical Association, the American College of Foot & Ankle Surgeons, and the Federal Services Podiatric Medical Association I want to thank you for the opportunity to provide a response regarding the Veterans Health Administration (VHA) Physician, Dentist & Podiatrist Steering Committee's evaluation of the current data regarding changes in specialty alignment and pay ranges for physicians, dentists, and podiatrists.

The Mission Act was signed into law **in an effort to improve Veteran access to care by resolving longstanding discriminatory policies at VHA**, specifically with respect to the treatment of medical and surgical podiatrists. The Congressional authors of the law intended to end the discriminatory practice of under-valuing the contributions of medical and surgical podiatrists by requiring VHA to address salary caps which prevented the hiring of well qualified medical and, more importantly, surgical podiatrists into VHA. Adding podiatrists to the Physician, Dentist and Podiatrist Pay Tables has been a great first step in addressing this historical oversight, however surgical podiatrists are still significantly undervalued relative to both their colleagues in private practice as well as in comparison to every other surgical specialty in the VA – all of whom, with the exception of Oral Surgery (Table 3), are in Table 4. Even within Table 1, both medical and surgical podiatrists have been shown to be the lowest paid specialists in every percentile.

Q1: What suggestions do you have regarding the specialty alignment for any of the pay tables?

Podiatry (Surgery-Forefoot, Rearfoot/Ankle, Advanced Rearfoot/Ankle) belongs in Table 4.

Base salary information is identical across all Physician, Dentist, and Podiatrist Pay Tables. Changing the table for surgical podiatrists does not change the minimum VHA is required to provide in compensation, however it does afford local decisionmakers with the flexibility they need in making employment offers to recruit highly trained surgical podiatrists.

Veterans treated at VHA facilities are of significantly higher risk and complexity compared to the private sector, secondary to disease processes prevalent amongst them (diabetes mellitus, peripheral vascular disease, arthritic conditions, active duty trauma, among others) which are often service-connected conditions. The skillset necessary to successfully complete complex surgical procedures such as below the ankle amputations, or total ankle replacements, and the critical need on the part of the healthcare provider to understand all of the complexities inherent to the VA patient population, are attained through more than a decade of specialized medical and surgical education and training as well as through hands-on experience working for VHA. If VHA continues to ignore the advancements that have occurred in the profession of podiatric medicine and surgery, and the contributions of podiatrists with long-term employment at VHA, it may soon find itself with a dearth of well qualified providers of foot and ankle care.

VHA's own documentation for the pay table that is currently being utilized states at the end of the list of specialty/assignments for Table 1: "All other specialties or assignments not requiring a specific specialty training or certification." Given that today's podiatric surgeons are required to complete a minimum of three (3) years of specialty residency training in order to practice, it stands to reason that podiatric surgeons should be placed in Table 4 with all of their surgical colleagues who are privileged to do the same work.

Q2: What suggestions do you have regarding other additional specialties or subspecialties that should be identified in the pay tables?

APMA has no position on placement of other specialties or subspecialties within the pay tables.

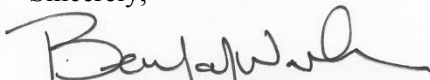
Q3. Are there any other comments or suggestions regarding the pay system you would like to share?

APMA has no further comments on the pay system.

By making the right decision to place podiatrists in the appropriate table, recruitment and retention of well qualified, experienced podiatric surgeons will benefit the veterans enrolled in the VHA and also those who are yet in the field, placing their lives on the line for our country. The majority of battle wounds today are sustained to the extremities. VHA medical and surgical podiatrists perform nearly all of the medical and surgical care on the foot and ankle. Let us provide our veterans with the very best care.

Thank you again for the opportunity to provide comments on the VHA Physician, Dentist and Podiatrist Pay Table Steering Committee's evaluation of the current data regarding changes in specialty alignment and pay ranges for physicians, dentists, and podiatrists. Should you have any questions or need clarification on any of the information contained in this letter please do not hesitate to reach out to me for assistance.

Sincerely,



Benjamin J. Wallper

Director, Legislative Advocacy & APMAPAC