

PODIATRIC MEDICAL AND SURGICAL SERVICES

1. SUMMARY OF MAJOR CHANGES:

a. Field Advisory Committee has been changed to Field Advisory Board (FAB).

b. Removed and relocated the following appendices to the National Podiatry Program SharePoint website at <https://dvagov.sharepoint.com/sites/vhascco/podiatry/Shared%20Documents/Forms/AllItems.aspx>. **NOTE:** *This is an internal Department of Veterans Affairs (VA) website that is not available to the public.*

(1) Appendix A (Foot Care Risk Categories).

(2) Appendix B (Workload Standards).

(3) Appendix C (Graduate and Post Graduate Education and Training).

(4) Appendix D (Recruitment, Appointment and Promotion).

(5) Appendix E (Credentialing, Privileging and Ongoing Practice Evaluation).

(6) Appendix F (Facility Resources).

(7) Appendix G (Field Advisory Committee, Podiatry Service).

2. RELATED ISSUES: VHA Directive 1410, Prevention of Amputation in Veterans Everywhere (PAVE), dated June 30, 2022; VHA Directive 1159, VHA Specialty Care Program Office and National Programs, dated March 9, 2022.

3. POLICY OWNER: The Specialty Care Program Office (11SPEC) is responsible for the contents of this directive. Questions may be addressed to the National Podiatry Program at VHA11SPEC21PodiatryActions@va.gov or 216-231-3286.

4. RESCISSION: VHA Directive 1122, Podiatric Medical and Surgical Services, dated February 2, 2018, is rescinded.

5. RECERTIFICATION: This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of December 2027. This directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective on publication.

December 29, 2022

VHA DIRECTIVE 1122

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Erica M. Scavella, MD, FACP, FACHE
Assistant Under Secretary for Health
for Clinical Services/CMO

NOTE: All references herein to the VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on January 3, 2023.

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PODIATRIC MEDICAL AND SURGICAL SERVICES

1. POLICY

It is Veterans Health Administration (VHA) policy that each Department of Veterans Affairs (VA) medical facility provide podiatric medical and surgical services to all eligible Veterans, and that such services may be provided either at the VA medical facility or in the community. This policy establishes standards for the provision of foot and ankle care to Veterans. **AUTHORITY:** 38 U.S.C. § 7301(b); and 38 C.F.R. § 17.38.

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Clinical Services.** The Assistant Under Secretary for Health for Clinical Services is responsible for supporting the Specialty Care Program Office (SCPO) with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Network (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Chief Officer, Specialty Care Program Office.** The Chief Officer, SCPO is responsible for:

(1) Supporting the Podiatric Medical Director, National Podiatry Program, in executing this directive.

(2) Ensuring sufficient resources for the implementation and compliance of this directive.

(3) Concurring on the appointment of the Chair for the Field Advisory Board (FAB), National Podiatry Program by the Podiatric Medical Director, National Podiatry Program.

e. **Podiatric Medical Director, National Podiatry Program.** The Podiatric Medical Director, National Podiatry Program, is responsible for:

(1) Administering the overall National Podiatry Program, including high-level oversight of this directive and VHA Directive 1410, Prevention of Amputation in Veterans Everywhere (PAVE) Program, dated June 30, 2022.

(2) Establishing performance metrics including but not limited to podiatry reports on Access and Utilization, Productivity, Telehealth and Patient Satisfaction. They can be found on the National Podiatry SharePoint website at <https://dvagov.sharepoint.com/sites/vhascco/podiatry/Shared%20Documents>. **NOTE:** *This is an internal VA website that is not available to the public.*

(3) Monitoring reports (e.g., Access and Utilization, Productivity, Telehealth, Patient Satisfaction) from the Corporate Data Warehouse (CDW).

(4) Monitoring the National Podiatry Program to identify potential areas for national guidance or technical assistance. **NOTE:** *This is done by requesting reports (e.g., Access and Utilization, Productivity, Telehealth, Patient Satisfaction). These reports are generated by the Office of the Podiatric Medical Director using VHA data servers from the CDW.*

(5) Serving as VHA's point of contact for questions submitted to and received from the American Podiatric Medical Association (APMA), the American Association of Colleges of Podiatric Medicine (AACPM) and the Council of Teaching Hospitals (COTH).

(6) Appointing representatives from the VA podiatry field to serve on FAB, National Podiatry Program according to the National Podiatry Program FAB Charter. **NOTE:** *The National Podiatry Program FAB Charter can be found at https://dvagov.sharepoint.com/:f:/r/sites/VhaSCPO/FAB_VISN_Groups/PODIATRY/Charters?csf=1&web=1&e=e8fmZ2. This is an internal VA website that is not available to the public.*

(7) Serving as the Manager, FAB, National Podiatry Program. See paragraph 2.f. for more information on this role.

(8) Appointing the FAB Chair with the concurrence of the Chief Officer, SCPO. **NOTE:** *FAB Chair responsibilities can be found in the National Podiatry Program FAB Charter at https://dvagov.sharepoint.com/:f:/r/sites/VhaSCPO/FAB_VISN_Groups/PODIATRY/Charters?csf=1&web=1&e=e8fmZ2. This is an internal VA website that is not available to the public.*

(9) Serving as the Director for oversight of the Prevention of Amputations in Veterans Everywhere (PAVE) program. **NOTE:** *See VHA Directive 1410.*

(10) Applying to the Council on Podiatric Medical Education (CPME) for accreditation to run the podiatry continuing medical education (CME) program which provides free continuing education credits to the podiatry field. **NOTE:** *This is necessary as Employee Education System is not a CPME-approved provider.*

f. **Manager, Field Advisory Board, National Podiatry Program.** **NOTE:** *The Podiatric Medical Director, National Podiatry Program serves as the Manager, FAB, National Podiatry Program. The structure and scope of FAB are described in the National Podiatry Program FAB Charter at https://dvagov.sharepoint.com/:f:/r/sites/VhaSCPO/FAB_VISN_Groups/PODIATRY/Charters?csf=1&web=1&e=e8fmZ2. This is an internal VA website that is not available to the public.* The Manager, FAB, National Podiatry Program is responsible for:

(1) Working with the FAB Chair to develop meeting agendas and guidance on national program development, national policy, strategic planning and quality assurance related to podiatry.

(2) Assessing the educational and training needs of the National Podiatry Program. **NOTE:** *Such assessments are ongoing by FAB and quarterly findings and recommendations are included in FAB minutes to the Manager, FAB, National Podiatry Program.*

(3) Assessing the professional development needs of the National Podiatry Program for the CME program. This includes reviewing post-program surveys (e.g., evaluation forms completed by CME attendees), reviewing the requirements for sponsors of podiatric CME to ensure approval and evaluating any other data that is considered appropriate for this purpose. **NOTE:** *Such assessments must be ongoing and an annual planning session for upcoming programs must be held.*

(4) Reviewing CME activities (e.g., appropriate content, acceptable delivery) for quality.

(5) Planning for educational activities (e.g., lectures, workshops, small group discussions).

g. **Veterans Integrated Services Network Director.** The VISN Director is responsible for ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Determining appropriate organizational placement of podiatric physicians. **NOTE:** *Placement is VA medical facility-specific and based on Veterans' needs.*

(3) Assessing whether existing resources are used as efficiently as possible to meet clinical demands related to podiatric medical and surgical services. **NOTE:** *Physical and human resources may vary at each VA medical facility.*

(4) Ensuring that vulnerable Veterans in “at risk” groups are identified based on paragraph 3.a. **NOTE:** *“At risk” groups are defined in VHA Directive 1410 and can be found on the Podiatry SharePoint website at <https://dvagov.sharepoint.com/sites/vhascco/podiatry/Shared%20Documents>. This is an internal VA website that is not available to the public.*

i. **VA Medical Facility Chief, Podiatric Medical and Surgical Service.** **NOTE:** *In VA medical facilities with no Chief, Podiatric Medical and Surgical Service these responsibilities are assigned to the Lead Podiatrist. For those that have no Lead Podiatrist, the default is the Associate Chief of Staff (ACOS) for Surgery. In VA medical facilities with no ACOS for Surgery, these responsibilities are assigned to the chief of the service line within which the Podiatric Medical and Surgical Service reports. The VA medical facility Chief, Podiatric Medical and Surgical Service is responsible for:*

(1) Interpreting and communicating the interpretation of national policies or procedures to the National Podiatry Program (via email to VHA11SPEC21PodiatryActions@va.gov) for clarification.

(2) Ensuring quality care is delivered to patients by:

(a) Participating in system-wide efforts to ensure access to care for podiatric patients.

(b) Reviewing quarterly metrics reports (e.g., Access and Utilization, Productivity, Telehealth, Patient Satisfaction) and engaging in continuous improvement of all operations within Podiatric Medical and Surgical Service.

(c) Developing, updating and communicating processes (across the VA health care system) that improve access to quality care and that are based on best practices that are published by organizations such as VHA, The Joint Commission, APMA, American College of Foot and Ankle Surgeons and AACPM, all of which have documented standards applicable to the practice of podiatric medical and surgical services. **NOTE:** *Some examples of processes that improve access to quality care include community care eligibility, infection prevention and control, clinical pathways.*

(d) Assisting the VA medical facility Director in ensuring that existing resources are used as efficiently as possible to meet clinical demands. **NOTE:** *Physical and human resources may vary at each VA medical facility.*

(e) Ensuring that VA podiatric physicians are familiar with the content and provisions of this directive.

(f) Ensuring that VA podiatric physicians maintain licensure, certification and privileging requirements as required in VHA Handbook 1100.19, Credentialing and

Privileging, dated October 15, 2012, and VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021.

(g) Ensuring the quality of the overall affiliated education and podiatry residency and fellowship training programs. **NOTE:** *This is done in collaboration with the VA medical facility Designated Education Officer by ensuring all CPME requirements; VHA Directive 1400.01, Supervision of Physician, Dental, Optometry, Chiropractic and Podiatry Residents, dated November 7, 2019; and VHA Handbook 1400.08, Education of Associated Health Professions, dated February 26, 2016, are followed.*

(h) Ensuring that the affiliated graduate or post-graduate education programs comply with the policies of the respective accrediting and certifying body (i.e., CPME). **NOTE:** *CPME policies are found at <https://www.cpme.org/>.*

3. MANAGEMENT OF PEDAL KERATOSES, ONYCHOMYCOSIS AND OTHER NAIL DISORDERS

a. **Identifying Veterans in At-Risk Groups.** To define eligibility criteria for basic foot care (i.e., pedal keratosis, onychomycosis and other common nail conditions), a classification system to identify high, moderate and lower risk Veterans to guide podiatry referrals has been established. **NOTE:** *“At risk” groups are defined in VHA Directive 1410. For the Risk Group Chart see <https://dvagov.sharepoint.com/sites/vhascco/podiatry/Shared%20Documents>. This is an internal VA website that is not available to the public.*

b. **Staffing Resources.** Staffing resources must be adequate to address foot care needs. For example, the addition of a foot hygienist or health technician as part of the podiatric clinical team can help address an increased need for basic foot care under the direction and supervision of the VA medical facility Chief, Podiatric Medical and Surgical Service, allowing the podiatric physician to treat more complex foot and ankle conditions. See Workload Standards on the Podiatry SharePoint website at <https://dvagov.sharepoint.com/sites/vhascco/podiatry/Shared%20Documents>. **NOTE:** *This is an internal VA website that is not available to the public.*

c. **Education.** Education on foot care is utilized for individual Veterans as a part of a total interdisciplinary approach to preventive care.

d. **Podiatric Surgical Care.** Podiatric surgical care, when required, is provided in accordance with individual delineation and VA medical facility privileges and is performed in the appropriate setting utilizing appropriate anesthesia services.

4. TRAINING

The following training is **required** for all non-podiatrist foot hygienists or health technicians who elect to provide basic foot care: Talent Management System 28493 Basic Foot Care Training. **NOTE:** *This requirement does not include health professions trainees (HPTs).*

5. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

6. BACKGROUND

a. Veterans often have health care needs which are more complex than those of the general population. Concurrent systemic diseases such as diabetes, peripheral vascular disease, end stage renal disease and arthritis place Veterans at increased risk for limb-threatening consequences. One such consequence is the inability to walk. The ability of Veterans to walk has a profound influence on their physical and psychological condition including quality of life.

b. Nationally, the VHA Podiatric Medical and Surgical Service includes approximately 600 full and part-time podiatric physicians located in 133 VA medical facilities (exclusive of Community-Based Outpatient Clinics). The remaining VA medical facilities provide podiatric care through consultant staff or community care. Additionally, there are three types of HPTs: podiatric medical students, podiatric medical and surgical residents and podiatric fellows. VHA is the single largest provider of health professions training in the United States.

c. A growing number of Veterans are presenting to VA medical facilities for basic foot care and management of painful conditions of their feet. Common ailments include mechanically induced keratosis (corns and calluses) and a variety of nail disorders. Medicare may not cover treatment for these conditions because its guidelines define medical necessity using a set of restrictive clinical criteria (class findings) that determine eligibility for treatment. Typically, only those patients considered to be at high risk for developing serious foot complications (ulcers or amputation) are covered by Medicare for ongoing, regularly scheduled preventive services. **NOTE:** See VHA Directive 1410 and the Podiatry SharePoint website at <https://dva.gov.sharepoint.com/sites/vhascco/podiatry/Shared%20Documents>. This is an internal VA website that is not available to the public.

d. VHA has taken an expanded view of medical necessity, to include those Veterans who are visually, cognitively or physically impaired; Veterans who have severe hand deformity and arthritis; and those on chronic anticoagulation therapy which compromises their ability to maintain proper foot care. It is well established that aging adds a degree of peripheral vascular compromise and a reduction in immune response. Wounds may take longer to heal in elderly Veterans. This cohort of “at risk” Veterans should not be using sharp instruments on their own feet as the potential for self-inflicted injury is high.

e. The implications of an aging Veteran population as well as an influx of Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn Veterans suggests an increased need for basic foot care as well as care for more complex medical and surgical conditions of the foot.

7. DEFINITIONS

Corporate Data Warehouse. For the purposes of this directive, CDW is where VA data is stored for retrieval and use in system reports.

8. REFERENCES

- a. 38 U.S.C. § 7301(b).
- b. 38 C.F.R. § 17.38.
- c. VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021.
- d. VHA Directive 1400.01, Supervision of Physician, Dental, Optometry, Chiropractic and Podiatry Residents, dated November 7, 2019.
- e. VHA Directive 1410, Prevention of Amputation in Veterans Everywhere (PAVE) Program, dated June 30, 2022.
- f. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.
- g. VHA Handbook 1400.08, Education of Associated Health Professions, dated February 26, 2016.
- h. Council on Podiatric Medical Education Website, <https://www.cpme.org/>.
- i. National Podiatry Program Website, <http://vaww.specialtycare.va.gov/programs/podiatry.asp>. **NOTE:** This is an internal VA website that is not available to the public.
- j. National Podiatry SharePoint Website, <https://dvagov.sharepoint.com/sites/vhascco/podiatry/Shared%20Documents>. **NOTE:** This is an internal VA website that is not available to the public.
- k. National Podiatry Program Field Advisory Board Charter, https://dvagov.sharepoint.com/:f:/r/sites/VhaSCPO/FAB_VISN_Groups/PODIATRY/Charters?csf=1&web=1&e=e8fmZ2. **NOTE:** This is an internal VA website that is not available to the public.