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## PODIATRIC **ECONOMICS**

# PM's 36th Annual Survey: **Money Management 2.0**



In the new era of emerging technologies and shrinking reimbursements, DPMs surveyed combat the challenges of lower incomes with cost cutting and selective spending.

BY STEPHANIE KLOOS DONOGHUE

**D**PMs did more with less as evidenced by data collected for *Podiatry Management's* 36th Annual Survey. The 1,138 respondents reported lower median gross and net incomes overall, perhaps related to the larger percentage of *new* doctors surveyed. Meanwhile, our respondent pool as a whole appeared to tackle big expenses head-on. They cut spending on their three most costly items: salaries, office space and student loans. At the same time, they invested in areas that could have a long-term, positive impact: equipment, advertising and products for sale. And they boosted pensions—especially for their staffs.

What's more, a larger percentage of doctors worked in partnership/group practices than in our previous survey. These team members outearned their solo colleagues by \$26,000.

Diabetes was more prevalent in respondents' practices, and a higher percentage of patients required wound care. Perhaps due to low reimbursements, DPMs surveyed relied less on managed care organizations (MCOs) for both patients and income.

Technology appeared to drive change in multiple aspects of practice, from diabetes management to treatment devices. Tech is positioned to play an even bigger role in how doctors practice in the future. Clinical care, staffing, deliveries, and even how fast new medications come to market are expected to evolve with emerging advances such as artificial intelligence (AI) and robotics.

Here is a breakdown of the survey data, including an analysis of its significance and trends that may impact the profession in the future.

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Survey (from page 83)

## CHARACTERISTICS OF RESPONDENTS & TRENDS

### New York Still on Top; Texas Moves up

As it did in our previous survey, New York remained the state with the highest percentage of respondents, with 15.6 percent of DPMs practicing there. The top five list included doctors from Florida (8 percent), New Jersey (7.7 percent), Texas (7.6 percent) and California (7.2 percent). All were in the top five previously except for Texas, which replaced Pennsylvania (now in sixth place with 5.1 percent of respondents).

Our survey responses mirrored national data and age-related population trends. According to the U.S. Census Bureau (USCB), the top five most populous states in 2017 (our survey year) were California, Texas, Florida, New York, and Pennsylvania. This USCB lineup was similar to last year except that Illinois was in fifth place and Pennsylvania was in sixth. In addition, three of our five top states in terms of respondents had the highest population *growth* in the nation compared to 2016: Texas, Florida and California.

USCB data also indicates that the 65-and-older age group—a key target market for podiatrists—grew 3.2 percent despite a less than 1 percent growth rate for all age groups nationally. Data filtered by state and age uncovered the top five states with populations of 65+: California, Florida, Texas, New York, and Pennsylvania. The next five states were Illinois, Ohio,

Michigan, North Carolina, and New Jersey. Interestingly, our participation from respondents in the latter five states increased slightly from 19.6 percent in our previous survey to 21.4 percent this year. Perhaps this is an indication that the larger proportion of new DPMs surveyed (see “More New Doctors Surveyed” below) were drawn to states that had a higher-than-average potential for practice growth.

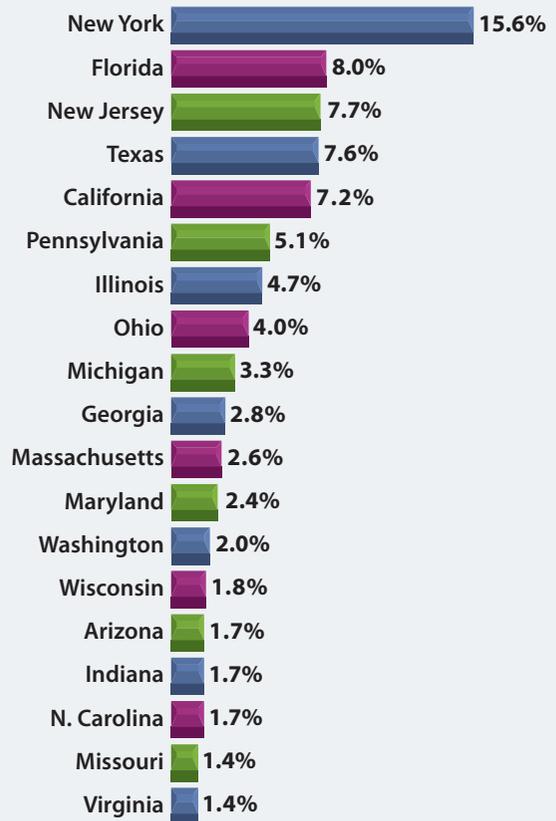
Regionally, the migration South that we have covered in previous reports continued during the latest survey period. Southern states as a group ranked highest in terms of population increase by both percentage and number of residents (all age groups combined). In second place for growth was the West, followed by the Midwest and the Northeast.

### Small Cities Continue to Reign

The percentage of doctors in small cities (population of 25,000

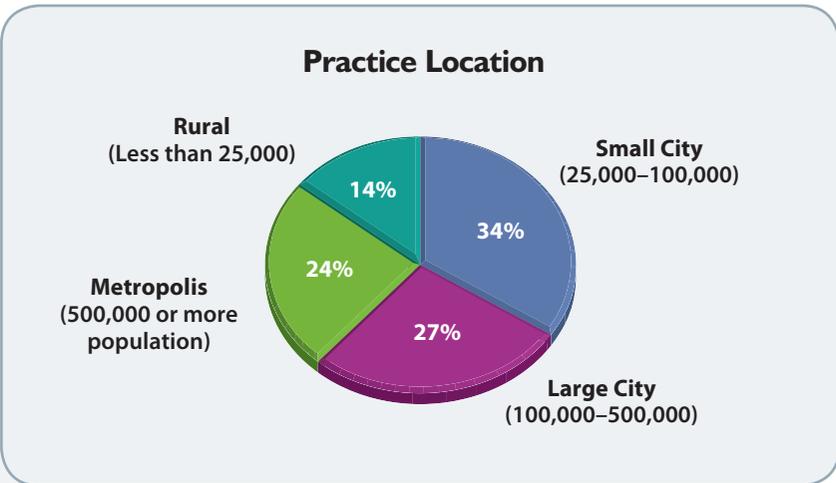
### State of Practice

Distribution of respondents—top states



to 100,000) jumped four percentage points to 34 percent of the respondents. Meanwhile, participation dropped for doctors in the other three practice locations—metropolises at 24 percent (population of more than 500,000), down from 26 percent; large cities at 27 percent (population of 100,000 to 500,000), down from 28 percent; and rural areas at 14 percent (population of less than 25,000), down from 16 percent.

Based upon reports from a variety of sources, we may see a shift of doctors practicing in more dense-  
*Continued on page 86*



**Note:** Chart numbers may not equal 100% due to rounding.



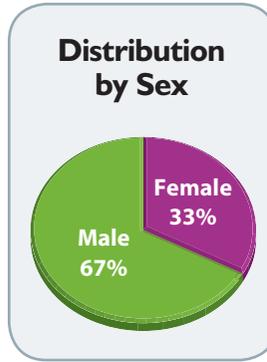
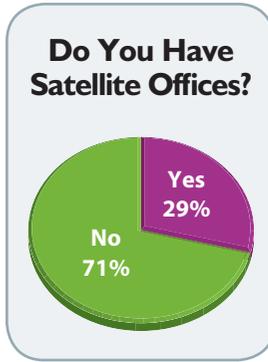
Survey (from page 84)

ly populated urban areas due to improvements in transportation, safety, and other factors. A report from the *Wall Street Journal* entitled “Life in 5G” in *The Future of Everything* (May 2018) indicates that ultrafast 5G mobile internet will create smarter and safer cities. “By combining cloud technology with real-time video and analytics, cities will be able to better manage everything from electrical grids to traffic patterns,” according to the report. “Intelligent streetlights could direct cars to empty parking spaces. And cities will be able to better track and reduce energy usage, improving air quality and reducing pollution.”

Already ride-on-demand services like Uber, Lyft and Via have improved accessibility for urban residents, even allowing some to eschew their own cars entirely. While widespread use of autonomous vehicles may be years away, urban planners are looking for how they can be best used. Some suggest development of underground roadways for these vehicles that allow for safe pedestrian foot traffic above ground.

Although drone deliveries in some cities have been banned by the Federal Aviation Administration due to potential hazards, companies like Amazon are working with other grounded technologies. For example, Amazon and others are using an artificial intelligence (AI) infrastructure to develop fleets of small pods for pick-up and delivery.

The resulting population shifts to the nation’s largest cities may provide new opportunities for practice start-ups and satellite offices.



### More New Doctors Surveyed

Comparing the respondent pool of this year’s survey to the previous one, a larger percentage of younger doctors responded. Thirty-one percent of doctors surveyed were in practice five years or less compared to 23 percent last year. The percentage of doctors in practice more than 20 years dropped

percent this year.

Doctors practicing in partnership/group arrangements (all types combined) grew from 35 percent last year to 43 percent in our latest survey. For the first time, we broke out the percentage of doctors in partnership/group practices into two categories: those in groups with other DPMs (24 percent), and those in multidisciplinary group practices (12 percent).

Twelve percent of those surveyed indicated that they worked in practice settings not listed here, down from 17 percent previously. Respondents listed hospitals (Veterans Administration facilities and others), primary care clinics,

## In recent years, the changing medical marketplace has been moving toward teams of physicians.

from more than half (51 percent) to 42 percent. As previously mentioned, the fact that a higher percentage of new doctors responded may account for lower income numbers cited throughout this report.

### Solo DPM Participation Continues to Drop

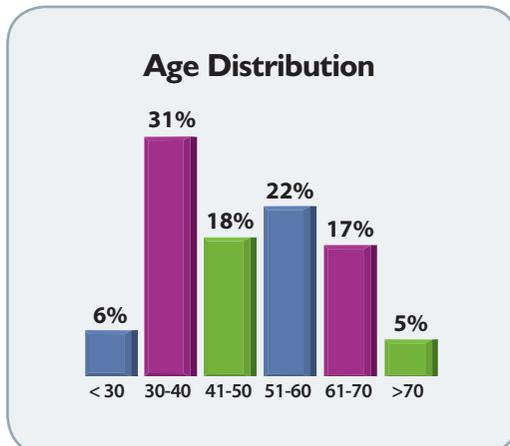
Respondents in either self-employed solo practices or in solo professional corporations dropped from 39 percent in our previous survey to 36

academia, community health centers, Indian Health Service, health maintenance organizations (HMOs), assisted living facilities and nursing homes.

Twenty-six percent of those surveyed said that they hired other DPMs, down slightly from 27 percent in our previous survey.

New cross-tabulating of type of practice setting by sex showed a significantly higher percentage of men than women were in solo practice settings: 40 percent of men were in solo practice or solo professional corporations vs. 28 percent of women working in one of those practice types. The data indicates that women were more likely than men to be employed by another podiatrist (13 percent of women vs. 7 percent of men); were partners in multidisciplinary

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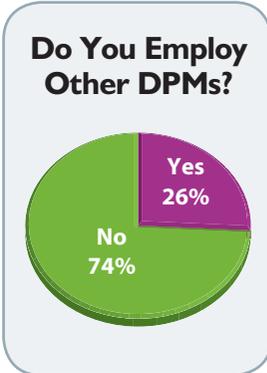
Survey (from page 86)

groups (13 percent of women vs. 11 percent of men); or worked in other practice settings, as listed previously (16 percent of women vs. 10 percent of men).

The movement away from solo practice is one we have followed since our first survey in 1984, when a whopping 83.5 percent were solo practitioners. In recent years, the changing medical marketplace has been moving toward teams of physicians. The Medicare Access and CHIP Reauthorization Act (MACRA), for example, has altered the way doctors are being reimbursed under Medicare. The new value-based payment system has driven consolidation among physician providers, particularly smaller ones, according to fiercehealthcare.com, which provides news on the health care sector.

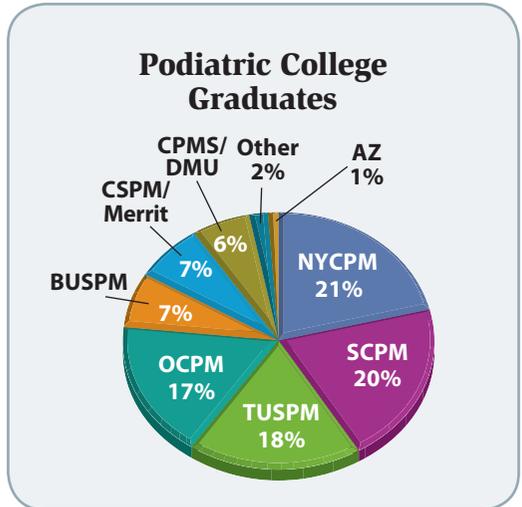
There are several ways that podiatrists benefit from banding with other doctors. From a directly economic standpoint, partnership/group practices enjoy economies of scale, improved purchasing power with vendors, a larger potential fund for marketing efforts, and a better position to negotiate managed care contracts. Indirectly, there are other benefits: expanded office hours (including consistent

coverage on nights and weekends and when DPMs go on vacation) may draw in more patients and revenue and help avoid doctor burnout, while consultation among partners might increase the available treatments/services and related revenue.



### Satellite Offices: More Than One More Common

The percentage of doctors surveyed who had satellite offices dropped just one percentage point to 29 percent of respondents. Considering that there was such a higher percentage of new doctors, this may indicate that respondents took over existing multi-location sites or may have banded together



ported the lowest percentage of respondents with satellites. Population density may have been at play here, as Northeastern doctors may have been able to open another office in fairly close proximity to the original location without cannibalizing their patient base.

## Although the number of respondents with satellite offices dropped slightly, the number of satellite offices for those who had them was actually higher than last year.

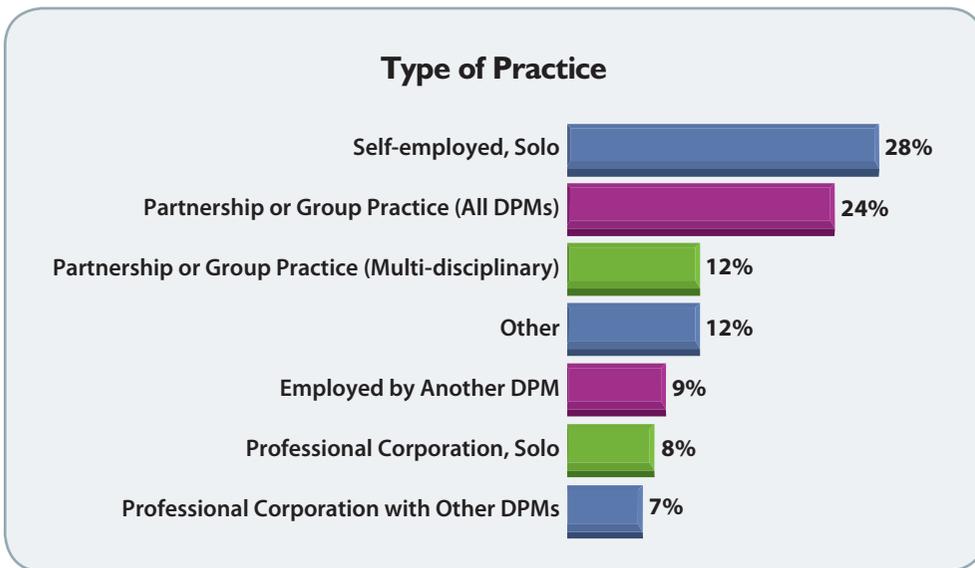
with others to expand their reach into two or more different areas.

Northeastern DPMs were the most likely to have one or more satellite offices, while doctors in the West re-

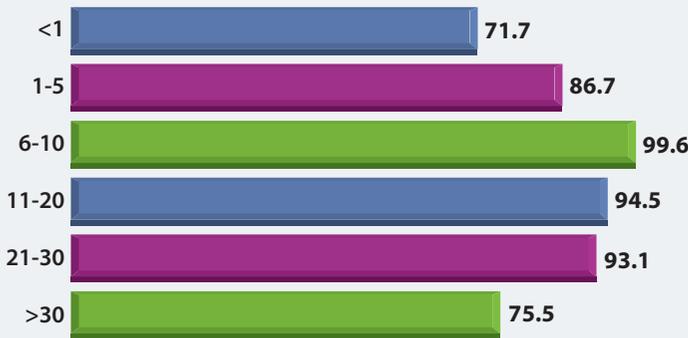
Although the number of respondents with satellite offices dropped slightly, the number of satellite offices for those who had them was actually higher than last year. For instance, the percentage of those with only one additional offices dropped from 56 percent to 54 percent, and those with two offices dipped from 21 percent to 18 percent. However, the percentage of those with three offices grew from 8 percent to 9 percent, while a whopping 20 percent said that they had four or more satellite offices, up from only 15 percent in our previous survey.

Shifts toward partnership/group practice and technological advancements may have been at

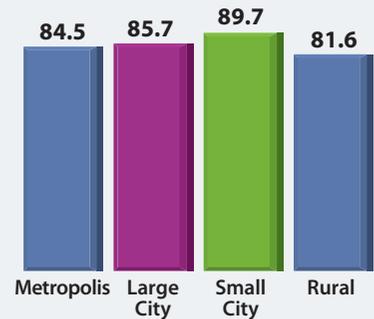
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**Average Number of Patients per Week by Years in Practice**



**Average Number of Patients per Week by Practice Location**



Survey (from page 87)

work here and may increase the prevalence and number of satellite offices in the future. With more doctors on a team, the ability to work in different locations becomes more economically viable. Technological advancements in health care—such as the expansion of telehealth, increasing internet speeds, and the downsizing/portability of instrumentation—may stimulate a boom in satellites as well. What’s more, the rise of “smart” roadways and autonomous vehicles may make multi-office practices more practical, leading to a larger number of doctors adding an additional location in the future.

**Higher Percentage of Women Respondents**

Survey participation by women jumped from 27 percent to 33 percent this year, the third reported increase in a row. The percentage of women answering the survey became more closely aligned to the male/female

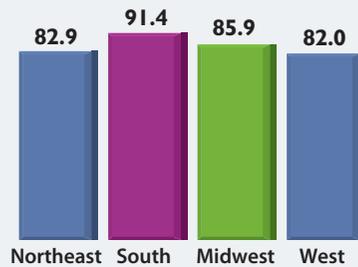
ratio of the profession as a whole. According to data from the American Association of Colleges of Podiatric Medicine, 38.6 percent of those enrolled in podiatric medical programs during the 2016-2017 year (our survey period) and 40 percent of the 2017

response rate for women to continue to move in an upward direction with future surveys.

**Fewer Patients Seen**

Respondents saw an average of 86.3 patients, down from 88.1 patients in our previous survey. The data breakdown does not show any significant change in practices with the fewest patients (50 or fewer patients), with 21 percent of those surveyed reporting these low numbers. However, there seemed to be a lower percentage of high-volume practices, with 9 percent reporting that they saw more than 150 patients this year vs. 11 percent reporting the same last year.

**Average Number of Patients per Week by Region**



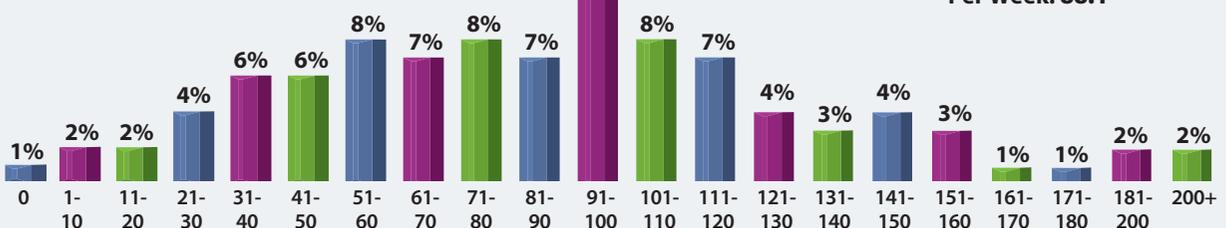
graduating classes were women. Thus the larger percentage of new DPMs surveyed likely were women.

As older, predominantly male, podiatrists retire, we expect our re-

in practice, the data indicates that patient numbers peaked at the six- to 10-year mark at 99.6 patients per week. Lowest patient numbers were

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**Patients Treated Each Week**



**Average Number of Patients Treated Per Week: 88.1**

*Survey (from page 88)*

reported by those in practice less than a year (71.7 patients per week) and those in practice more than 30 years (75.5 patients per week).

By region, Southern DPMs saw the most patients, averaging 91.4 per week. This is interesting, considering that the South came in second in terms of gross income and ranked third in terms of net income. Meanwhile, Western doctors saw the fewest, averaging 82 patients per week, yet ranked first for both gross and net income. (See Gross Income and Net Income sections for further discussion.)

Podiatrists in small cities saw the highest average number of patients—89.7 per week—while doctors in rural areas saw the fewest, at 81.6 patients per week.

Male DPMs saw considerably more patients per week than women: 90.6 compared to 77.1. This at least partially accounts for the lower income number reported by the women surveyed. Comparing last year's data to this year's,

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## **Podiatrists in small cities saw the highest average number of patients per week... while doctors in rural areas saw the fewest.**

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the patient number for women dropped by about two patients per week, while the number seen by men remained about the same.

Increasing patient numbers is a challenge covered regularly in *Podiatry Management (PM)*. In fact, this month's issue offers practical tips in "How to See More Patients Without Working More Hours" on page 69.

### **Hours Worked Similar**

Generally, the breakdown of average number of hours worked per week was similar to those reported last year, with the largest concentration of respondents working 36-40 hours per week. The only category that had more than a 1 percentage point change was for those working more than 55 hours per week, which rose from 5 percent last year to 7 percent in our most recent survey. Given the lower average number of patients, this may indicate that doctors spent more time on administrative responsibilities (including hiring/training), marketing, paperwork, and other responsibilities.

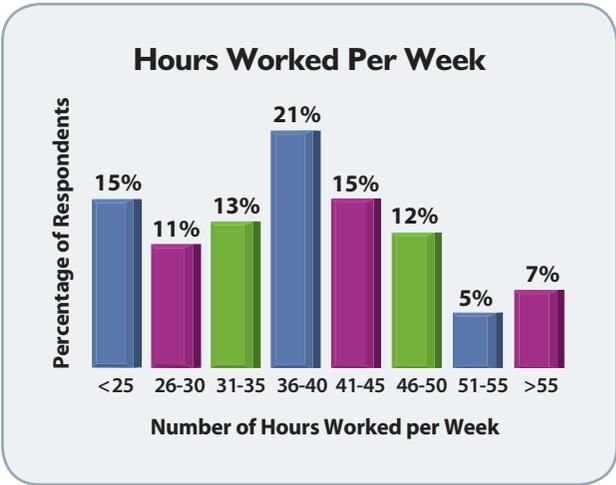
Comparing number of hours by sex, men worked an average of 37.9 hours per week while women worked 37.5 hours. Given that women saw approximately 15 percent fewer patients per week, perhaps they spent more time with each patient or they spent more time on the non-patient-related tasks previously mentioned. A higher percentage of women than men may also have been practicing on a less-than-full-time schedule.

For the first time, we cross-tabulated the number of hours worked per week by practice location. Doctors in large cities worked the longest hours, averaging 38.5 hours

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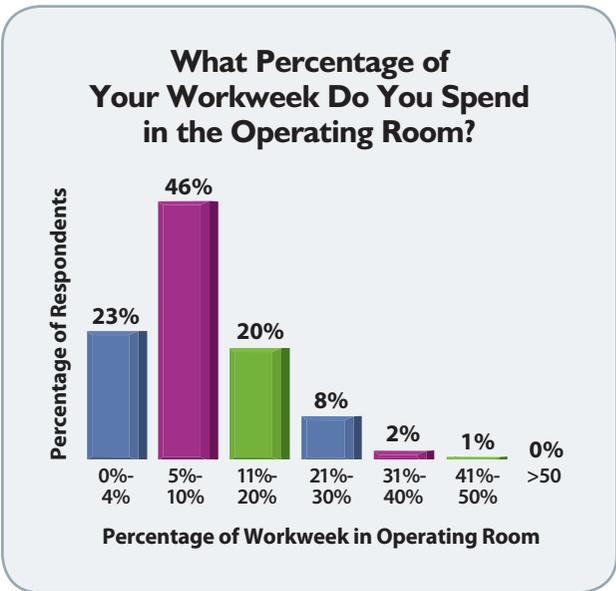
Survey (from page 89)

per week. (Given that small-city DPMs saw the most patients, this is a surprise—and may indicate that there were other responsibilities or even inefficiencies that large-city DPMs had to contend with each week.) Respondents in rural areas reported the lowest average number of hours worked at 36.8 per week.



### Slightly Less Time in Operating Room

There was a very slight decrease overall in the percentage of time each week that respondents spent in the operating room. While 23 percent said they spend no time at all in the operating room, close to half (46 percent) said that they spend 5 percent to 10 percent of their time there. Another one-fifth of those surveyed said they spend between 11 percent and 20 percent of their time in the operating room weekly.



### More Diabetic Patients

There was a slight uptick in the percentage of diabetic patients seen in respondents' practices. Nineteen percent of those surveyed said that more than half of their patients were diabetic. Last year, 16 percent reported the same percentage of diabetic patients.

Mirroring national trends on diabetes, doctors in the South saw the highest average percentage of diabetic patients of all regions at 36 percent. Midwest doctors reported the lowest at 31.9 percent.

According to study by the National Institutes of Health, 40 percent of U.S. adults in 2017 were obese—a risk

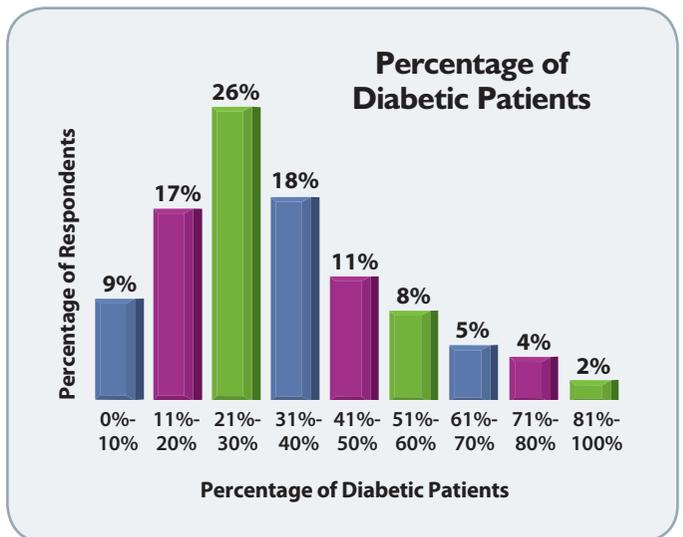
factor for Type 2 diabetes. "The State of Obesity" from the Robert Wood Johnson Foundation uncovered the states with the highest diabetes rates, with West Virginia in the top spot at 15.2 percent of all U.S. adults during our survey year. The next nine states with the highest diabetes rates (between 11.9 percent and 14.2 percent) were in

the South: Alabama, Arkansas, Kentucky, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee, and Texas. According to the Centers for Disease Control and Prevention, a record high number of Americans—40 percent, or more than 100 million adults—are living with diabetes or prediabetes. "Without significant changes, as many as 30 percent of people with prediabetes will go on to develop Type 2 diabetes," according to "The State of Obesity" report.

*Podiatry Management* brings DPMs the latest in clinical and practice management tools and techniques covering diabetes-related foot and ankle conditions. Our November/December issue presents this topic in depth with articles from some of the top clinicians in the field. Recent coverage included surgical off-loading, TCC, DFU evaluation, and biofilms. Marketing to these patients is covered as well, most recently with "Marketing Your Practice to the Diabetic Community" in *PM's* January 2019 issue.

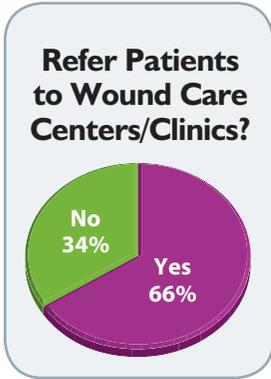
"Smart" technology is emerging as a key player in helping diabetic patients manage and monitor their condition. In 2017, the first blood sugar monitor for diabetics that does not need backup finger prick tests was approved by the U.S. Food and Drug Administration. Several Bluetooth-integrated insulin delivery pens came to market during our survey period as well, promising to help patients with dosing and monitoring. Wireless products that sync with smartphones can

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help people to manage their conditions and share their information with doctors and caregivers. New and improved products recently approved for use or are on the horizon include new insulin delivery systems, sensor-transmitter devices with alerts, and a plethora of smartphone apps.



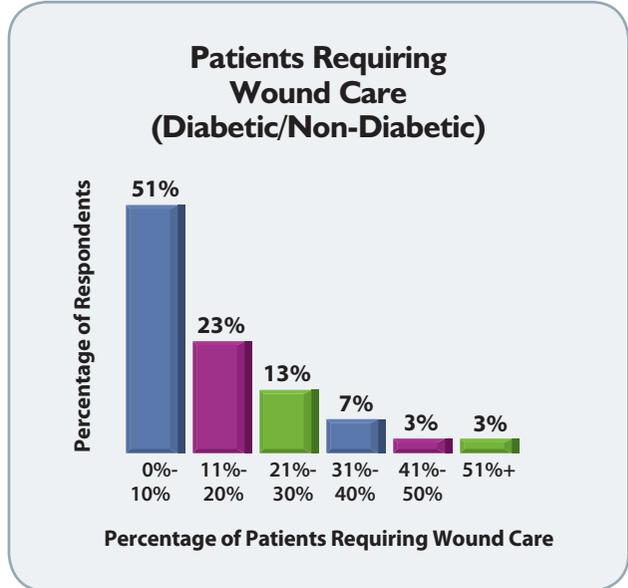
According to “Emerging Technologies for Diabetes Care” in the journal *Diabetes Technology & Therapeutics*, “AI and machine learning are being applied to diabetes management.” For example, according to the article, “AI technology from IBM Watson Health analyzes the relationship between glucose levels, food intake, insulin dosages, and other factors, and

provides therapy suggestions.”

New technologies in this area are coming to market rapidly and will be discussed in future survey reports.

### Wound Care Up Slightly

Respondent data also showed a slight increase in



percent of patients (diabetic and nondiabetic) requiring wound care. About two out of three (66 percent) of those surveyed said they referred patients to wound care centers/clinics, which was unchanged from our

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previous report. Regionally, of those who referred patients to these centers, Northeast DPMs were most likely to do so, followed (in percentage order) by respondents in the South, the Midwest, and the West.

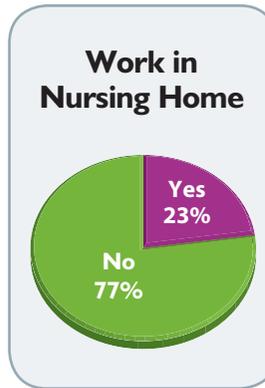
Giving the rising prevalence of chronic wounds and diabetic foot ulcers worldwide, we expect this aspect of podiatric practice to grow over the next several years. And greater interest from pharmaceutical companies to develop new treatments will likely follow, especially as some major drug patents in other clinical areas expire. In fact, a report by Transparency Market Research titled “Wound Healing Market—Global Industry Analysis, Size, Share, Growth, Trends, and Forecast, 2017-2025”

Quick Polls. It reached as high as 71 percent in the survey covering 2004 and hovered around the 70 percent mark for a few years after before dropping to current levels. Increased scrutiny by carriers, fear of audits, and the paperwork burden have been cited by those who did not participate.

PM columnist Paul Kesselman, DPM, regularly updates readers on changes related to the Medicare Diabetic Shoe Program. He anticipates a much “kinder” auditing approach and a lower percentage of audits (noting a significant drop in 2018 vs. prior to 2018). “For those readers who may have discontinued supplying therapeutic shoes, perhaps this is

**Little Change in Nursing Home Participation**

The percentage of doctors who reported working in a nursing home has seasawed in the 20-25 percent range over the past several years, edging up 1 percentage point to 23 percent in our most recent survey.



While demand for nursing homes is expected to increase given the trends in the aging population, there was a drop in the number of operational beds throughout the country during our survey period, according to the National Investment Center for Seniors Housing and Care. Its report entitled, “U.S. Skilled Nursing Occupancy Rate Continues to Slide,” indicates that “the sector has faced pressure over the last few years from policy changes related to reimbursements and a shift to a value-based health care system.” The report also noted these factors influencing lower occupancy rates: 1) increasingly, patients go to outpatient facilities, rehabilitation centers, or straight home; and 2) assisted living facilities have become better able to care for residents who might have previously been cared for in a skilled nursing facility.

Research supports the notion that older people increasingly want to age in place. AARP’s “Home and Community Preferences Survey” of adults age 50+ revealed that 77 percent agree with the statement, “I’d really like to remain in my community as long as possible,” and that 36 percent planned to modify their homes to enable them to stay as they aged. Technological advancements may enable seniors to remain in their homes as well, with the possibility of robotic companions in the not-too-distant future. The Apple Watch Series 4 is already available, providing a Proactive Health Monitor that includes sensors for fall detection, an emergency SOS system, and heart rate monitoring that lets the wear-

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**More than half (53 percent) of those surveyed participated in the Medicare Diabetic Shoe Program.**

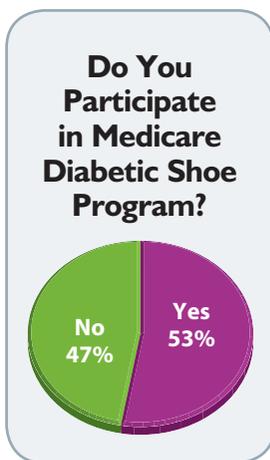
suggests that the increasing patient pool for chronic wounds is likely to spur the demand for wound healing products through 2025.

Doctors can keep abreast of new wound treatments and technologies in nearly every issue of PM but most especially the August issue, which covers this area in depth. PM also publishes new concepts and studies in the field in its Clinical Innovations section.

**Participation in the Medicare Diabetic Shoe Program**

More than half (53 percent) of those surveyed participated in the Medicare Diabetic Shoe Program. This rate has remained fairly constant (± 5 percent) over the past eight years on both the Annual Survey and podiatry.com

the time to consider re-instituting a therapeutic shoe program in their practice,” he wrote in “What’s New in 2019 for DME (and Medical) Providers?” in the January 2019 issue. Some shoe companies have developed programs to make the decision to participate easier, providing complimentary assistance and forms to interested practitioners.



Besides providing a service to Medicare patients and providing supplemental income, participation in the program may also serve as a practice builder through referrals and from supplying these patients with other devices, such as toe fillers and AFOs. With the aging population and more active elderly patient base, we anticipate no shortage of patients for this program.

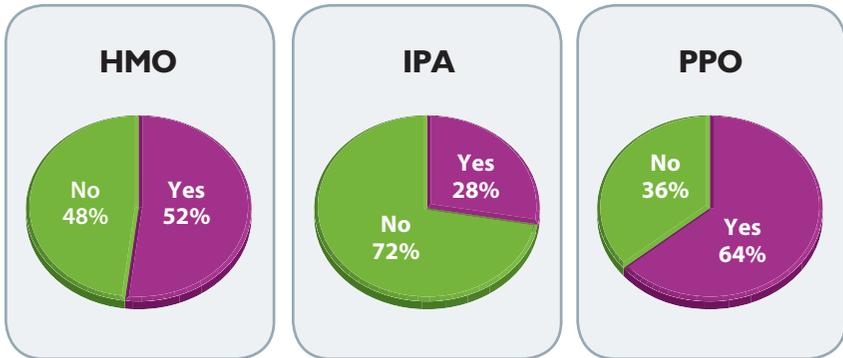
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er know if it detects something of concern. Apple, Google, Amazon, Microsoft and others are focusing on digital health, and we will watch for devices that impact the podiatrist's elderly patients over the next few years.

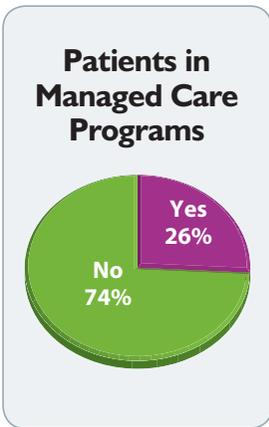
### Fewer DPMs Join MCO Panels and ACOs

A lower percentage of doctors participated in all three types of MCO panels, comparing last year's to this year's results. Respondents who were on preferred provider organization (PPO) panels dropped from 67 percent to 64 percent. The percentage of doctors who joined HMO panels dipped from 54 percent to 52 percent. Those reporting their involvement with independent practice associations (IPAs) dropped from 30 percent to 28 percent. Doctors surveyed participated in a total of 4.3 programs, down from 4.5 panels in our previous survey. Last year, 29 percent of respondents said they participated in more than five MCO programs. This

## MANAGED CARE GROUP PARTICIPATION



year, that response dropped to 25 percent.



Not surprisingly, the average number of MCO patients seen by respondents also fell, accounting for 26 percent of patients seen vs. 28 percent last year. While 19 percent of respondents said that the majority of their patients were from MCOs last year, only 16 percent reported the same this year.

Slightly less income was earned from MCO patients: 23 percent this year vs. 24 percent in our previous survey. In fact, 45 percent of doctors surveyed said that MCO patients

accounted for 10 percent or less of their income.

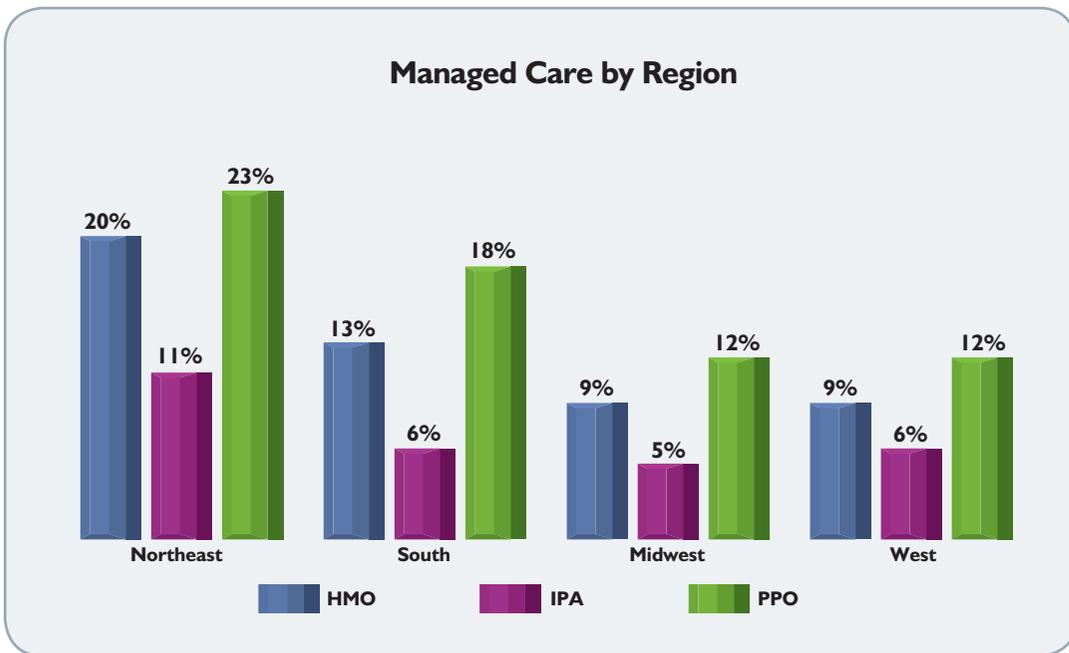
A factor contributing to this drop may be the larger percentage of new doctors who may have lacked the experience or credentials required (such as Board Certification) to join some plans. Perhaps DPMs of all ages have become better armed with the financial savvy to conduct cost-benefit ratios on contracts before they signed. Doctors have recognized the potential and hidden costs when 26 percent of their patients accounted for just 23 percent of their income.

In an analysis of MCO participation by number of years in practice, the data indicates that older practitioners relied on MCOs for a higher percentage of their income than new practitioners. In fact, the percentage of income from MCOs increased in every subsequent years-in-practice category from year one onward, peaking at 33 percent of income for doctors in practice more than 30 years.

Northeastern DPMs by far had the highest percentage of participation in all MCO types compared to

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### Managed Care by Region



Survey (from page 93)

the other three regions. Southern doctors were second in terms of percentage who participated in all types.

Participation in accountable care organizations (ACOs) by respondents dropped 2 percent to 27 percent of our most recent respondents.

### Percentage of Uninsured Increased

From 2016 to 2017, the percentage of nonelderly individuals who lacked health insurance rose by nearly 700,000, to 27.4 million people, reversing some of the coverage gains achieved under the Affordable Care Act, according to data by the Kaiser Family Foundation. The states with the highest percentage of uninsured were in the South and West, and Hispanics and blacks had significantly higher uninsured rates (19 percent and 11 percent, respectively) than whites and Asians (each at 7 percent). As we anticipated in our last report, the predicted cuts to Obamacare spearheaded by the Trump administration did indeed result in a reversal of the downward movement that started in 2011.

### APMA Membership: Stats and Impact

The percentage of doctors surveyed who were members of the American Podiatric Medical Association (APMA) dropped from 78 percent last year to 76 percent in our most recent survey.

APMA membership offers many benefits for both new and seasoned DPMs. The organization provides practice management, reimbursement and educational resources, plus public health information that doctors can use in community outreach and education. Tools help doctors with coding, reimbursement, compliance, state laws and regulations, and hospital privileges and

credentialing. In addition, the organization provides a “Monday Minute” to keep members abreast of the week’s most important topics and has an active Twitter feed that provides tips and information for consumers. The “Find a Podiatrist” section allows prospective patients to search by location for members’ practices.

The Young Physicians Program, for DPMs who graduated within the past 10 years, offers a myriad of benefits, including a career center for finding available jobs and practices, a coding and

APMA banded together with podiatric colleges and other organizations to combat this threat. The APMA was part of the team that forged the passage of the VA Provider Equity Act as part of the VA Mission Act—with podiatrists in the VA now defined as physicians and surgeons in the Department of Veterans Affairs. The APMA is also working to increase the number of qualified applicants for podiatric medical schools.

### Lower Percentage of Board Certified Respondents

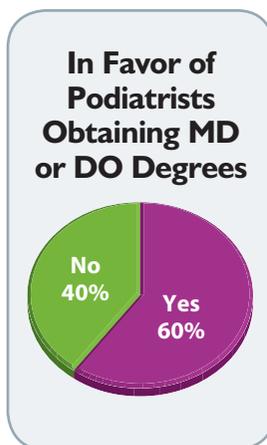
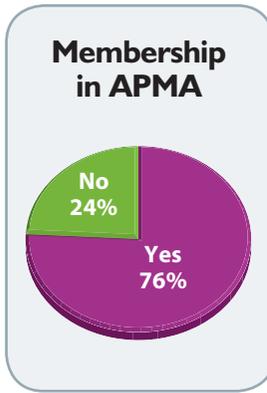
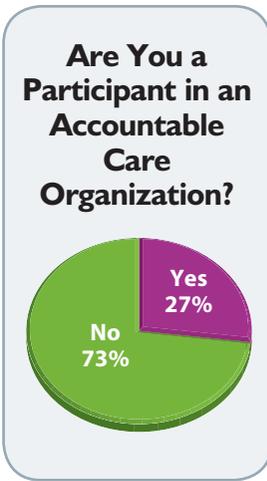
The percentage of Board Certified DPMs dropped from 75 percent last year to 68 percent in our most recent survey. While Board Certification is an important criteria for doctors to obtain spots on MCO panels, some of our respondents may not have had the time or inclination, given the demands of startup and their need to focus on practice growth.

Board Certification provides a credential for which prospective patients may search, especially if they are looking for a podiatrist in a particular area of specialization. Areas covered by certifying boards include primary podiatric medicine, podiatric orthopedics, lower extremity medicine and surgery, rearfoot and reconstructive surgery, prevention and treatment of diabetic foot wounds, and diabetic footwear. We may see an uptick in Board Certification with the recent offering of Board Certification in minimally invasive foot and ankle surgery by the American Board of Multiple Specialties in Podiatry.

### Interest in Degree Change Drops Slightly

A smaller percentage of doctors expressed interest in obtaining MD or DO degrees. In our most recent survey, 60 percent were in favor of the change vs. 62

*Continued on page 97*



reimbursements module, and its own publication and event. The Young Physicians Transitions series provides resources “from student debt management to coding” and “serves as a member-only resource created to meet the unique needs of young physicians through each year of transition from residency to practitioner,” according to apma.org.

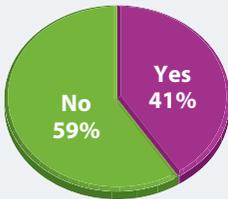
Advocacy on Capitol Hill is perhaps the key benefit of APMA membership. The organization has been instrumental in several recent initiatives. When the Centers for Medicare & Medicaid Services proposed to segregate podiatry by creating separate E/M codes for DPMs, the

Survey (from page 94)

percent last year. Undoubtedly, the larger percentage of new doctors may have impacted this shift, especially with inexperienced doctors who may have not yet faced many limitations or roadblocks because of their DPM credential.

The pros and cons of a degree change continue to be discussed online in PM News and in the Letters section of this magazine.

### Do You Have Back Problems?



### Back and Respiratory Problems: Starting Younger?

A slightly smaller percentage of doctors surveyed said they experienced either back or respiratory problems compared to our previous report. Forty-one percent had back problems (down from 42 percent), while 8 percent had respiratory issues (down from 9 percent). These numbers seem high given the high percentage of new DPMs surveyed compared to last year and the expectation that younger doctors would not yet be experiencing these issues.

### Do You Have Respiratory Problems?



With a growing number of podiatrists performing both in-office and hospital-based surgical procedures, the risk for pain and/or injury among DPMs may be increasing. Perhaps compared to their predecessors, new clinicians are performing

more surgery, exposing them to these problems earlier in their careers. Several international studies cite this problem, indicating that back pain is prevalent among surgeons of all specialties.

Where and when possible, equipment vendors continue to respond with tweaks in features to eliminate potential injury. Chair vendors, for example, have addressed back problems by designing examination chairs with ease of patient ingress and egress and multiple controls for the most comfortable, ergonomic positioning for both doctor and patient.

### Do You Grind Nails?



Continued on page 98

Survey (from page 97)

## FEES, MEDICARE & AUDITS

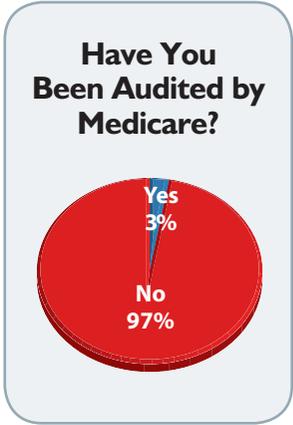
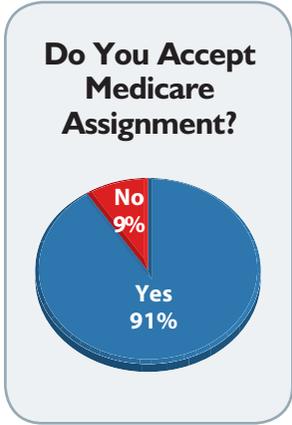
The fees listed were down overall by 2 percent vs. our previous survey, primarily due to reductions in higher-cost procedures, such as bunion (radical), hammertoe, and orthotics. Meanwhile, doctors surveyed charged between 1 percent and 4 percent more for the three service levels listed (initial exam, initial exam (Level 3), and subsequent visit) as well as for ingrown (partial). They charged 6 percent more for x-rays and injections. Note that the fees listed in the accompanying charts were the average amounts doctors charged and were not necessarily what they were paid.

A review of the U.S. Bureau of Labor Statistics (BLS) Consumer Price Index for our period showed a 1.8 percent drop in the cost for physicians' services nationwide, mirroring our survey results.

In our survey's comments section, a number of employed DPMs said that they had no control over fee setting. Others remarked that charges listed were rarely paid and that MCO-contracted amounts were a fraction of those listed here. Several newer practitioners said they were still wrestling with fee setting and were looking for resources for assistance.

### Medicare Participation and Audits

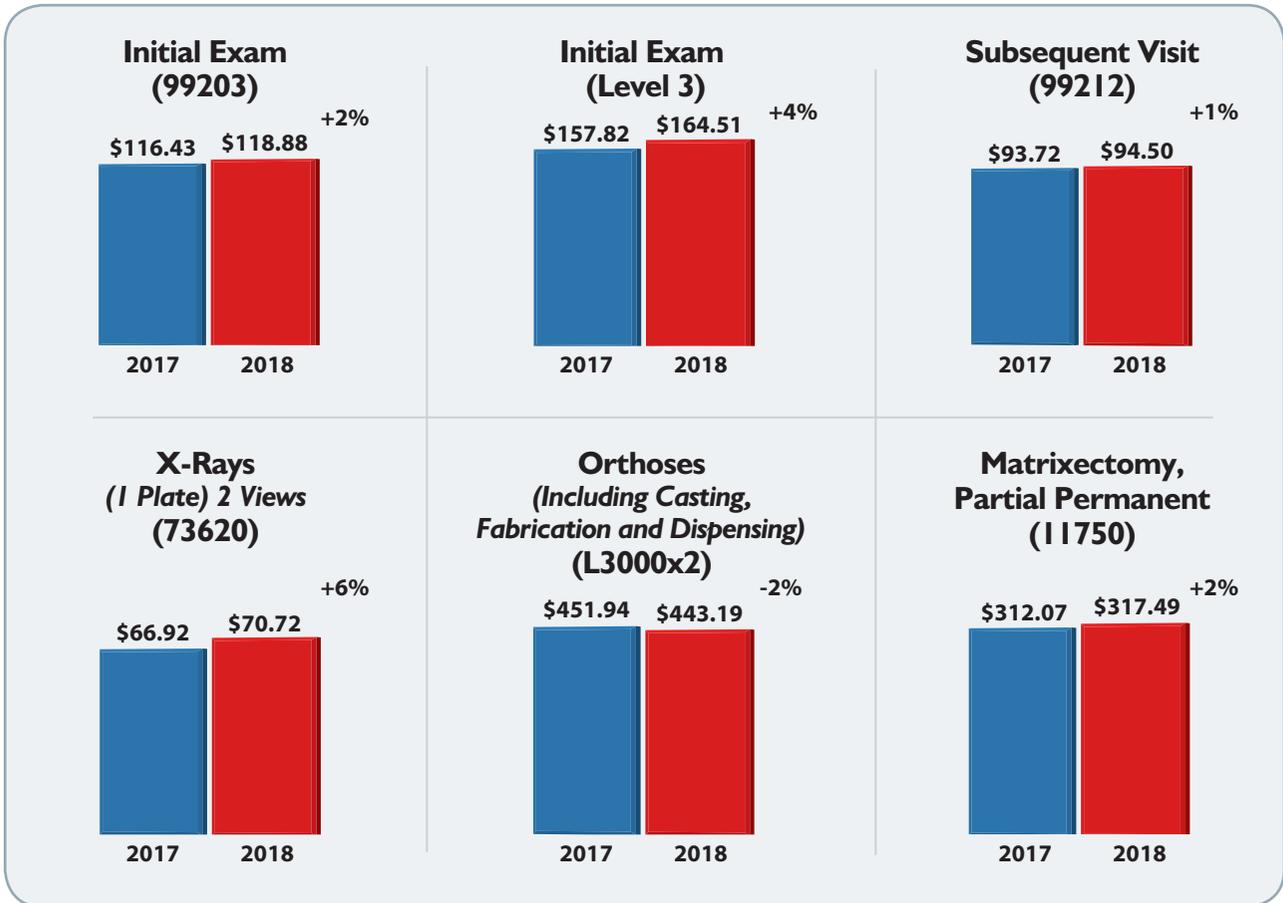
The percentage of respondents who accepted Medicare seesawed back to 91 percent in our most recent



survey from 92 percent last year and 91 percent the year before.

The percentage of those who were audited by Medicare dropped *Continued on page 99*

## FEES



# PODIATRIC ECONOMICS

Survey (from page 98)

from 5 percent last year to 3 percent in our most recent survey. Despite this drop, the amounts required to pay back were generally higher. Fifteen percent of those audited paid back more than \$10,000; that was up from 10 percent of those audited in our previous survey. Twenty-nine percent were required to pay back \$1,001

*Continued on page 100*

## FEES

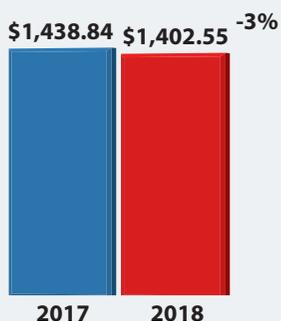
### Injection, Small Joint/Bursa (20600)



### Hammertoe Surgery (28285)



### Bunionectomy with Osteotomy (28296)



Survey (from page 99)

to \$10,000 (up from 13 percent). The remaining 57 percent were required to pay back \$1,000 or less.

Medicare fraud continues to be a major issue facing all of medicine. According to the U.S. Department of Justice, the Federal Government won or negotiated over \$2.4 billion in health care fraud judgments and settlements for the fiscal year ending July 1, 2017.

## GROSS INCOME

Solo DPMs surveyed reported a 6 percent decrease in median gross income compared to our previous survey, dropping to \$242,000. Dragging down this amount may have been the high percentage of solo doctors with revenues under \$100,000: 17 percent in our most recent survey vs. 12 percent last year. This seems to be another impact of the larger new-doctor respondent pool.

Gross income for partnership/group practitioners (the individual doctor's share of total revenue) dropped 7 percent to \$193,000. Note that this figure is considerably lower than solo practitioners because partnership/group DPMs generally split expenses among all doctors.

Regionally, for all practice types

combined, the highest median gross income was reported in the West at \$206,500 (a less than 1 percent drop

chasing organizations at significant discounts—a boon especially for practitioners who sold over-the-counter

## Besides belt-tightening...some practitioners may have started to purchase medical supplies and DMEs from group purchasing organizations at significant discounts.

from last year). Given that the West saw the fewest number of patients per week, perhaps Western practitioners collected more per patient. (Their low participation in MCOs—which may pay lower-than-average fees—bears this out as well.) Next by dollar amount was the South with a median gross income of \$197,000 (down 8 percent), then the North Central region at \$191,500 (down 5 percent) and the East at \$182,750 (down 7 percent).

## EXPENSES & TRENDS

While the BLS reported an inflation rate in 2017 of 2.1 percent, doctors surveyed spent 4 percent less overall for the expenses listed below. Besides belt-tightening in certain expense categories, some practitioners may have started to purchase medical supplies and DMEs from group pur-

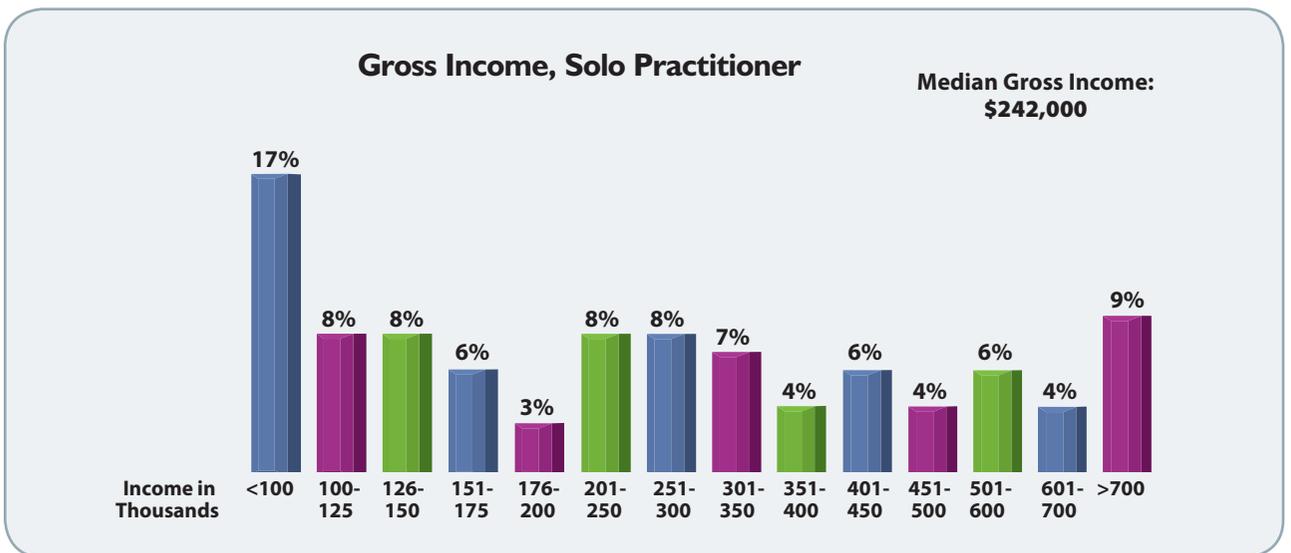
(OTC) items in-office. Another potential cost-saving tactic might have been the use of professional employer organizations (PEOs), which handle a combination of services such as human resources (payroll, administering benefits, tax reporting), government compliance assistance, and more. By taking these tasks out of the office, PEOs may boost practice productivity by freeing up time for doctor and staff to see more patients.

Given the challenges doctors face to shore up net income, we expect more services to enter the marketplace whose mission is to help doctors cut costs. We also anticipate an increase in suppliers providing free or low-cost services to make practices more efficient—a win-win for both the companies and the practitioners.

Here is an analysis of respondents' major practice expenditures.

- **Gross Salary Payments**—Gross salary payments averaged \$96,962, a drop of 2 percent from our previous

*Continued on page 102*



**Cumulative Gross Income, Solo Practitioner**



Survey (from page 100)

survey. This decrease is worthy of note considering the tightening job market during our survey period, the trend toward job mobility (which historically results in wage hikes), and rising minimum wage requirements. In fact, according to the BLS, the mean annual wage for medical assistants rose 2.2 percent to \$33,580 during our survey period.

One factor that may account for a lower number here includes the higher percentage of respondents in new practices, which generally have had smaller staffs in their lean start-up phase. Some doctors may have provided new or enhanced benefits in lieu of higher salaries, such as flexible work schedules, additional vacation time, and performance bonuses.

Emerging virtual assistant technology may play a role in the office of the future, impacting staffing costs especially for larger practices. Already Google Assistant, Amazon’s Alexa, and Apple’s Siri can handle simple tasks in the consumer’s household. Over the next decade, we anticipate AI to take the form of robots for both personal and office use. We foresee repetitive office tasks being managed by staff but performed by smart devices. AI could assist doctors in diagnosis and treatment. Data handling, privacy, security, and trust are among the issues facing purveyors of these technologies, especially as they enter medical practices. According to “Intelligent Machines Will Be Our Teachers” in the previously cited *The Future of Everything*, AI already has capabilities with promise for practice use, such as taking over “many rote cognitive tasks that require human judgment, strategic planning, or creativity. Whether browsing millions of legal documents or scrutinizing CT scans, machines can now do much expert work faster and more precisely than their human creators.”

- **Office Space**—Respondents spent \$24,595 on office space, down 7 percent from our previous survey. This reflects the presumably smaller space used by new DPMs as well as the fact that our larger percentage of

*Continued on page 104*

Survey (from page 102)

partnership/group respondents split this cost.

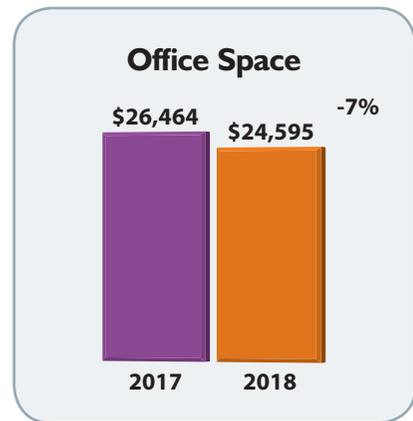
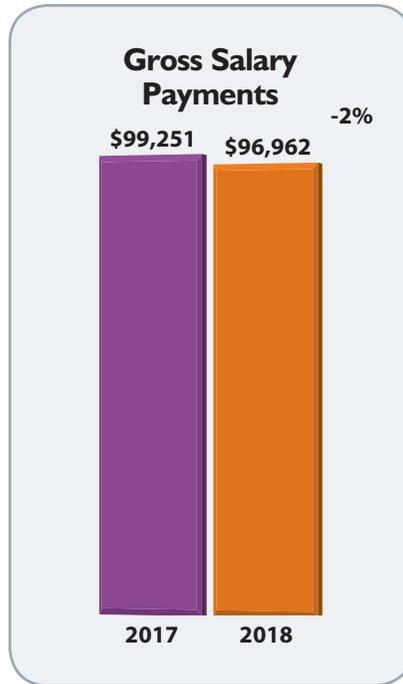
The national vacancy rate for medical office buildings fell to an all-time low in 2017, according to “U.S. Research Report: 2018 Healthcare Marketplace” by Colliers International. The report indicates that while medical office rents increased an average of just 1 percent overall, some markets with low vacancy rates saw much higher rent increases. Markets that saw the strongest rent growth were Boston (+17.1 percent), San Diego (+6 percent), and Seattle (+5.7 percent). The report further indicates that five states that appear on top of our survey—California, Florida, New York, Pennsylvania and Texas—“dominated the construction pipeline with a combined total of 63.8 million square feet in current and planned projects.” The growing inventory of available medical office space in those states is good news for podiatrists looking to start or move a practice, open a satellite office, or even negotiate a new lease.

- **Fixed Equipment Expenses**—Spending on equipment for the practice rose 3 percent to \$4,474.

**Among our respondents, 69 percent said that they incorporated digital x-ray technology in their practices, up from 65 percent in our previous survey.**

While new practices likely reported high expenses in this category as they equip their offices for the first time, new technology may have attracted seasoned DPMs to new technologies and upgrades. The Internal Revenue Service Section 179 expensing (for buying, financing, or leasing qualifying equipment, vehicles, and/or software), allowing full deductibility up to \$510,000 in 2017, may have been a deciding factor in new equipment purchases. We may see an uptick in equipment purchases in the next few surveys if we learn of any impending tax law changes that eliminate or reduce these deductions.

## YOUR OVERHEAD EXPENSES



Among our respondents, 69 percent said that they incorporated digital x-ray technology in their practices, up from 65 percent in our previous survey. Another 20 percent indicated that they planned to incorporate digital x-rays within the next two years. Inter-

Apple’s iPhone X pushed prices up to nearly \$1,000 or more, while phones by Samsung, Google, and LG were priced at \$800+. Since our survey period, demand has softened somewhat for expensive smartphones, so developers are banking on innovative technological breakthroughs to boost future sales. One technology being explored is a smartphone with a big display that folds up like a book. This type of device could be useful particularly in medical practices and for doctors with satellite offices, as these may combine the features of a smartphone and tablet while improving portability.

In the future, robotic technology as previously described will likely add to equipment (and maintenance) costs. Besides providing staffing benefits, robotic technology may be used clinically as well, as discussed in the journal *Nature*. In “Small-scale soft-bodied robot with multimodal locomotion,” researchers described how small robots made of silicone rubber and embedded with magnetic particles that “can non-invasively access confined, enclosed spaces may enable applications...in health care, such as targeted drug delivery and minimally invasive surgery.” Experts predict this technology may be only seven or eight years away.

- **Computer Service/Maintenance and the Internet**—The cost for computer service/maintenance and the internet was \$3,487, down 11 percent vs. our previous survey.

In some markets, competition among internet providers has in-

*Continued on page 105*

*Survey (from page 104)*

creased, perhaps providing lower-cost services for some practices. With lower revenue, some doctors may have curtailed spending on new computer

cluded EHR updates/upgrades and an investment in cybersecurity. Since patient data is a prime target of hackers, and opportunists are becoming more sophisticated in their attacks, we foresee this area becoming a larger

order to take advantage of equipment and communication capabilities. In some municipalities, local governments have helped set up broadband networks. According to some reports, this has led to incumbent providers upgrading the service in these areas.

Ultra-fast 5G mobile internet is already in some major U.S. cities and is anticipated to become available nationwide by 2020, according to the previously cited “Life in 5G”. “5G has the potential to dramatically reshape our lives, from leisure pursuits to emergency medical treatments,” according to the report. Device connectivity may impact not only computer-based functions but also such practice-related benefits as worldwide collaboration and consultation and communication between pieces of equipment in the office.

Meanwhile, the 10G initiative—cable’s ramp up to 10 gigabits-per-second speeds—is in the works by U.S.

*Continued on page 106*

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## **Since patient data is a prime target of hackers, and opportunists are becoming more sophisticated...we foresee this area becoming a larger cost for practitioners.**

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equipment during 2017. This may be one of the first years for seamless integration of electronic health records (EHR), with previous costs representing the changeover from paper records. In addition, improved remote computer access may have reduced the cost of maintenance among those surveyed, with technician travel no longer needed for every problem.

Undoubtedly, this category in-

cost for practitioners over time. “The value to thieves of a health care data record is 50 times that of a credit card record,” according to “Your Practice Can and Should Be Cyber Secure” in *PM*’s October 2018 issue.

Increasing data speed has been the driver of many new technologies, with businesses moving toward high-speed fiber and cable and away from slower providers such as satellite in

Survey (from page 105)

cable operators including Comcast, Charter, Cox, Mediacom, and Midco.

Its impact on practice reportedly will not likely be felt, however, for another two to three years.

- **Utilities**—Payments for electrici-

ty/gas, water, telephone services, and the like were \$4,824, or 15 percent lower than respondents paid last year.

Our percentage drop may reflect the larger percentage of new doctors, who may have had smaller spaces with reduced energy and heating/cooling requirements. Our larger segment of partnership/group DPMs was certainly a factor, as these doctors generally split overhead costs among all partners. The increased use of smart or programmable thermostats in some offices may have reduced energy bills as well, as many utilities have been offering rebates with purchase of these devices.

This significant drop is surprising considering that there were increases nationally in the cost for some utilities. According to the BLS, for example, the cost for electricity rose 2.6 percent between 2016 and 2017, while gas service increased 4.7 percent.

One aspect of energy consumption that may impact rates moving forward is the movement away from coal in the U.S. The Energy Information Administration reported that coal consumption has dropped off in recent years and is being replaced by carbon-free power. The conversion may result in some short-term price increases but may ultimately reduce consumer costs, as indicated in “Utilities Speed Up Their Retreat From Coal” by *The Wall Street Journal*. The drop in wind, solar and natural gas costs—along with the environmental issues with coal-fired powered plants—has accelerated this shift, despite the Trump administration’s attempt to revive the coal industry. What does this all mean to the practice owner? Perhaps some higher rates in the near term with a lowering of rates as utilities pay off their conversion costs and technologies improve.

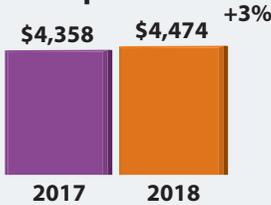
Water costs nationally varied during our survey year, depending upon practice location. For example, the price for water service in some arid California communities topped \$500 per month due to the costs and logistics of buying their water from outside sources. Meanwhile, some Long Island, New York, areas reported rates in the \$50 range due to their abundance of ground water.

Looking ahead, pending mergers

*Continued on page 108*

## YOUR OVERHEAD EXPENSES

### Fixed Equipment Expenses



### Bio/Pathology Laboratory Expenses



### Student Loan Repayment



### Laboratory Expenses (Orthotic)



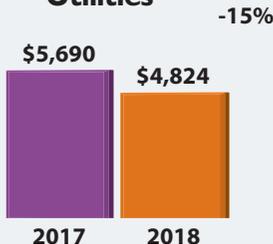
### Pension Contribution for Staff



### Pension Contribution for Self



### Utilities



### Educational Expenses



Survey (from page 106)

like the one between Connecticut Water Service, Inc., and SJW Group could result in higher rates. However, large, publicly traded utilities may be in a better position to handle aging water systems than municipalities, which own most water utilities in the U.S. The aging water infrastructure, especially those in the largest and oldest U.S. cities, may also be aided by new technologies. For instance, we may see 5G-connected sensors that can detect and fix leaks before breaks occur, reducing major costs associated with water main breaks.

Competition among telephone service providers may have led to lower bills for both landline and mobile phone service, with some carriers offering significant savings for contract signups. Lower-cost voice-over internet Protocol phone systems have expanded in use for businesses as well. “VoIP is the foundation of today’s business phone providers, and cloud delivery means you get access to easy deployment and the richest set of... features ever,” according to a review

of the latest providers from *PC Magazine* (pcmag.com).

- **Educational Expenses**—Educational expenses dropped slightly (by 1 percent) to \$2,463. We anticipated a bigger drop considering a large portion of our respondent pool just graduated and are busy starting practices. It is

continuing education. By attending meetings and conferences, doctors can participate live in group discussions and hands-on clinics. Topics range from clinical to practice management, including such areas as minimally invasive surgery, regenerative medicine, limb salvage and preservation, wound treatments, and risk manage-

## Besides attending off-site venues, doctors can take advantage of webinars, website-based training, and mobile apps.

likely that many sought Board Certification or perhaps pursued education on topics related to practice startup. According to the Accreditation Council for Continuing Medical Education, the total number of continuing medical education (CME) hours increased by 4 percent during our survey period to more than 1 million hours of instruction for all health care professionals combined.

CME choices for podiatrists abound for both in-office and off-site

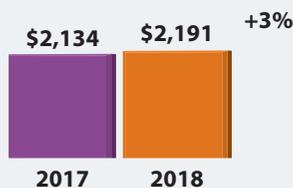
ment. Besides attending off-site venues, doctors can take advantage of webinars, website-based training, and mobile apps. Some associations offer discounted CME for their members. *Podiatry Management’s* continuing medical education series is one example of a low-cost way to attain CME.

Staff education and certification may have been included as part of doctors’ educational expenses. While

*Continued on page 109*

## YOUR OVERHEAD EXPENSES

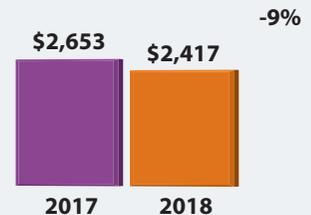
### Professional Dues



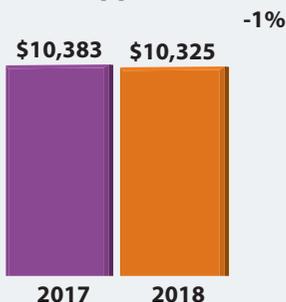
### Office Supplies (Non-Medical)



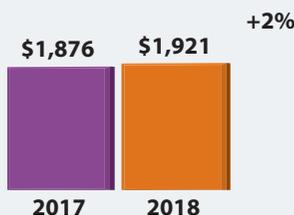
### Non-Malpractice Insurance



### Disposable Medical Supplies



### Cleaning & Office Maintenance



### Legal & Accounting Expenses



Survey (from page 108)

DPMs may typically budget for staff training annually, the larger percentage of doctors starting new practices in our most recent survey may have needed to set aside higher-than-average funds for training inexperienced staff.



- **Professional Dues**—Doctors surveyed spent 3 percent more on association dues, averaging \$2,191 in our latest report. This change might be related to our larger segment of new DPMs—who may not have had time to join organizations yet—and the lower percentage of APMA members.

As previously mentioned, association memberships can provide a plethora of benefits. The benefits of the APMA have already been discussed. Regional groups focus on issues facing specific states and provide access to up-to-the-minute changes in policies or regulations. Associations also provide access to like-minded clinicians in their particular area of interest, be it minimally invasive foot and ankle surgery, wound healing, lower extremity surgery, foot and ankle dermatology, sports medicine, and other areas. Both the American Academy of Podiatric Practice Management and the Institute for Podiatric Excellence & Development focus primarily on practice management and share tips and strategies among members.

- **Professional Liability**—The cost for professional malpractice insurance was \$9,705, an increase of 3 percent.

According to a report from *Forbes* entitled “Why Doctor Malpractice Premiums Stopped Rising,” which includes data from *Medical Liability Monitor*, there was a combination of factors that kept premiums from rising dramatically. These included a lower claims frequency, medical liability reforms, well-capitalized carriers, and a shift to outpatient care.

Factors in the future that could impact rates include the increasing use of social networking and smartphones; the participation in ACOs, which may increase a practitioner’s malpractice exposure; increased use of digital technology, including telemedicine and robotics; and the opioid crisis, which has already taken its toll on average life expectancies and is impacting liability exposure for all medical specialties.

- **Non-Malpractice Insurance**—The cost for insurance related to the practice, such as general liability, fire, theft, flood, practice-related automobile, and business interruption insurance dropped 9 percent to \$2,417.

According to the Insurance Information Institute, property/casualty premiums increased 4.6 percent between 2016 and 2017. We assume that our respondents’ lower average was due to the lower percentage of new doctors with smaller offices, and perhaps the more efficient use of space (see “Office Supplies (Non-Medical)” below). The larger percentage of partnership/group respondents paid only a fraction of these insurance premiums. In addition, some doctors in all practice settings may have re-evaluated their existing insurance policies, switched carriers, removed unnecessary coverages and/or increased deductibles.

Factors that may impact this cost in future surveys include increased competition in the insurance marketplace, as some carriers that previously focused solely on consumer underwriting start focusing on business policies. New competitors may mean lower premiums for businesses. On the other hand, 2017 was an active and expensive year for insurers due to major hurricanes (see “Other Expenses” below), and insurance companies may have to boost premiums to recoup losses. In addition, increased data threats

*Continued on page 110*

Survey (from page 109)

may push some to increase their cybersecurity protection, especially as their practices grow.

• **Legal and Accounting Fees—**

The average cost for lawyers and accountants among respondents surveyed grew 18 percent vs. last year to \$3,833. At least some of this increase can be attributed to the higher percentage of new DPMs, who likely needed legal help with business formation, employee contracts, office leases, mortgages, equipment and supplier leases/contracts, and other needs related to a new job or practice.

We expect accounting costs to edge up in future surveys, given the Internal Revenue Service's more streamlined approach to audits and the tax law changes that took effect in the year following our latest survey. *PM* often covers tax issues from a personal and/or professional standpoint, including the article "Who's Afraid of an IRS Audit?" in this issue on page 77.

• **Pension Contributions—**

Doctors contributed more for both their personal and staff pensions after reporting a dip in our previous survey. For themselves, doctors contributed 4 percent more than our previous survey into their pensions, averaging \$11,422 per respondent. Respondents boosted contributions to staff by 32 percent, jumping to \$3,196 in our latest report.

Podiatry was "on trend" with its increase in retirement contributions. According to a Bankrate poll of employed Americans, 23 percent boosted retirement savings in 2017—the third consecutive year in a row that they increased savings. Other factors that may have influenced doctors to increase pensions include: the positive economic outlook; potential tax law changes that might make future contributions less tax friendly; and, for staff, the tight employment market in which DPMs were competing for top-notch staff.

While both doctor and staff pensions were up, these contributions were still below our pre-Recession high of \$12,500 for doctors and \$4,745 for staff.

• **Student Loan Repayment—**

With our higher percentage of new-doctor respondents, we anticipated a jump in average cost for student loan repayments. However, DPMs surveyed reported a 14 percent drop in this expense, averaging \$17,031.

Interest rates edged up during the year covered by our most recent survey after hitting a 10-year low. DPMs may have responded to the higher rates (and the threat of even higher ones) by consolidating their loans at a fixed rate and perhaps extending payback timelines to lower monthly premiums. This tactic may have made cash available for new doctors to get their practices off the ground. In addition, some doctors may have taken advantage of the Federal gov-

ernment's Public Service Loan Forgiveness program, which offers significant debt relief for doctors working in nonprofit or government institutions.

ernment's Public Service Loan Forgiveness program, which offers significant debt relief for doctors working in nonprofit or government institutions. Earlier in this report, could have also impacted this cost. Doctors in new practices may have stocked their practice inventory of disposable medical supplies for the first time. The cost for disposable medical supplies was relatively flat, down 1 percent to \$10,325. Fewer patients were seen overall, which may have kept these practice costs in check despite price increases. Doctors may have also used the previously mentioned group purchasing organizations for these items, or may have purchased them through membership-based warehouse stores, such as Sam's Club, Costco, and BJ's Wholesale Club at a significant discount from standard retail prices.

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## In keeping with the movement to add new technology to podiatric practices, the percentage of doctors who used foot measuring technology rose from 19 percent to 25 percent.

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ernment's Public Service Loan Forgiveness program, which offers significant debt relief for doctors working in nonprofit or government institutions.

Medical school data sheds some light on the student loan crisis faced by general medicine. According to "What Medical Schools Are Doing to Reduce Student Debt" in *U.S. News and World Report*, med school graduates who borrowed finished their degrees with \$170,000 (public institutions) and \$180,000 (private schools), on average, in student loans. Similar burdens faced by today's podiatry school graduates are certainly one reason for the recruitment crisis that the profession now faces.

We expect doctors to report bigger payments over the next one to three years or more given the rate interest increases we have seen over the past 18 months.

• **Bio/Pathology Lab Expenses and Disposable Medical Supplies—**

Bio/pathology lab expenses rose from \$395 to \$694—a 76 percent increase that may be a correction after the large drop reported in our previous survey. The higher percentage of wound care patients, as mentioned

earlier in this report, could have also impacted this cost. Doctors in new practices may have stocked their practice inventory of disposable medical supplies for the first time.

Doctors surveyed sent out 3.1 pairs of true custom orthotics to an outside lab each week, down from 3.5 pairs in our previous survey. Respondents dispensed 3.4 pairs of prefab orthotics weekly, down from 3.8 pairs.

Again, we point to the new practices and lower patient numbers as impacting the number of pairs and amount spent here. Competition from companies selling custom orthotics, such as those advertised by Costco and other emerging competitors (see "How Should We React When We Find Out Costco Is Selling Custom Orthotics" in the Letters section of *PM*'s September 2018 issue), may impact future survey numbers.

In keeping with the movement to add new technology to podiatric practices, the percentage of doctors who used foot measuring technology rose from 19 percent last year to 25 percent in our most recent survey. An additional 8 percent said that they were considering adding this technology within the next 12 months.

*Continued on page 112*

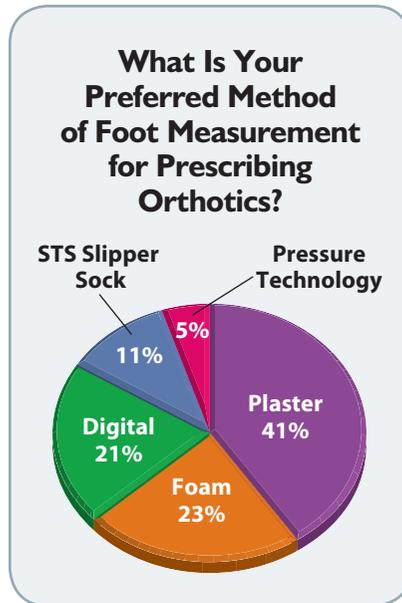
Survey (from page 110)

The top preferred method of foot measurement was plaster, used by 41 percent of those surveyed, down from 47 percent last year. Foam was the next most widely used method at 23 percent of respondents, down from 25 percent. The big increase was in the percentage of DPMs who used digital (optical or laser) devices for foot measurement: 21 percent vs. 16 percent when comparing our most recent data to last year's. Eleven percent used STS Slipper Sock (up from 9 percent), and 5 percent used pressure technology (up from 3 percent).

Doctors surveyed prescribed four gauntlet AFOs per month, the most of the AFO types listed. Functional hinged AFOs (Richie type) came in second at 2.5 per month, followed by solid AFOs (2.4 per month) and dorsiflex assist AFOs (two per month).

When performing off-loading procedures, doctors surveyed most often used a post-op shoe/boot/walker (75 percent). TCC was used by 14 percent, while 11 percent modified the patient's existing footwear.

Utilization of 3D printing is becoming more widespread internationally as device and material costs drop, soft-



(unchanged at 17 percent).

While there have been some significant technological changes in footwear over the past decade, sensor technology will provide “shoes that diagnose,” according to Andrew Carle, of the Department of Health Administration and Policy at George Mason University. In an *AARP Bulletin* report entitled “Clothes That Heal,” Carle predicted that in the future, ‘smart shoes’ will use sensors to track body weight, heart rate, blood pressure and

### What Brand of Athletic Footwear Do You Prescribe/Recommend the Most?

	2017	2018
<b>New Balance</b>	44%	46%
<b>Asics</b>	23%	24%
<b>Brooks</b>	17%	17%
<b>Apex</b>	2%	2%
<b>Saucony</b>	2%	1%
<b>Nike</b>	1%	1%
<b>Mizuno</b>	1%	0%
<b>Others</b>	9%	9%

Our large segment of millennial practitioners may have embraced green business practices given the data that supports their concern for the environment. The Shelton Energy Pulse 2016 from the Shelton Group indicated that in 2016, 63 percent of millennials claimed to be anxious about climate change compared to 46 percent of all other age cohorts. Studies by Nielsen and others indicate that millennials look for brands that have a proven record of social responsibility and environmental friendliness.

Major brick-and-mortar office supply retailers have been facing stiff competition from Amazon and other online purveyors of office supplies. In response, companies such as Staples and Office Depot have used more aggressive online marketing tactics, points programs, couponing, free shipping with minimum purchase, and other strategies to hold onto their core customer base. We will watch to see how recent store closings impact pricing and customer loyalty.

Easy, convenient ordering and ultra-fast delivery allow doctors to reduce inventory and staff costs (reducing the time needed to place orders). What's more, doctors can trim their storage space and cut insurance premiums associated with stockpiling their office supplies. With the evolving delivery systems mentioned earlier—potentially same-day drone or pod delivery, for example—we expect doctors'

*Continued on page 113*

## Easy, convenient ordering and ultra-fast delivery allow doctors to reduce inventory and staff costs (reducing the time needed to place orders).

ware improves and more markets for its use are identified. Already we see great promise in the prosthetic space, and we anticipate expanded use for both orthotics and AFOs. This may mean greater competition (see Costco above, which uses this technology) but also may drive down costs and increase turnaround times for doctors prescribing these devices.

New Balance was the top brand of athletic footwear prescribed or recommended by respondents for the seventh year in a row. Forty-six percent of those surveyed said they recommend it most (up from 44 percent), followed by Asics (up 1 percent to 24 percent) and Brooks

activity, sending data and alerts to the wearer or a caregiver.

• **Office Supplies (Non-Medical)**—Doctors spent \$5,275 for non-medical office supplies, which was 9 percent less than our previous survey. Products may have included copy paper and printed forms, ink/toner, writing instruments, and the like. Given the growing emphasis on “green” business practices, doctors surveyed may have looked to reduce or eliminate paper output with EHR and non- or reduced-paper patient communications. Patient portals can allow for dissemination of patient information without printing at all.

*Survey (from page 112)*

just-in-time inventory systems to reduce costs even more.

Practice management experts suggest that those with automatic purchasing programs check prices periodically to ensure that they are still getting the best deals. Even switching vendors within the Amazon marketplace can cut costs.

- **Products for Sale**—The amount spent on products for sale rose 18 percent from our last survey to \$3,922 this year.

Overall, there was a slight increase in the percentage of income derived from the sale of products from respondents' offices. In fact, 7 percent said that more than one-fifth of their income came from these products, a jump from 5 percent of respondents last year.

The percentage of doctors who dispensed OTC products from their

offices rose slightly to 67 percent, up from 66 percent in our last report. Another 9 percent of doctors surveyed planned on dispensing OTC products from their offices in the next 12 months. There was a bigger jump in the percentage of doctors who dispensed Rx products from their offices: 23 percent vs. 18 percent. Four percent more said that they planned on dispensing prescription products over the next 12 months.

The income derived from these products was generally small (the vast majority attributed less than 10 percent of their income to these sales). However, a higher percentage of doctors than last year reported as high as 20 percent to 30 percent or more of their income came from OTC products. Undoubtedly, in-office product sales prevented some incomes from dropping even further than reported.

Besides the revenue benefit, OTC sales offer patient convenience and improved compliance, allowing the

doctors to explain and demonstrate product use. The doctor's recommendations can provide peace of mind to patients viewing a confusing array of products online or in a drugstore. Some manufacturers offer doctors assistance as well, providing not only in-office kiosks but direct-to-patient shipping programs that simplify re-ordering and tie the patient to the practice. What's more, today's newer doctors may have designed their spaces to incorporate a carefully culled array of products to send the message to waiting patients that their needs can be met in the office. Products sold might have included nail polishes, prefabricated inserts and arch supports, socks/stockings/hosiery, creams/lotions, topical antifungals, and DME items. Some companies even offer private labeling.

- **Advertising**—The total amount spent on advertising for all media in-

*Continued on page 114*

Survey (from page 113)

creased 13 percent this year vs. last, averaging \$3,799. Practice opening announcements from our larger new-doctor segment may be one reason for this increase. Some social media platforms have made it more difficult to reach patients without paying for access, which may have increased overall costs as well.

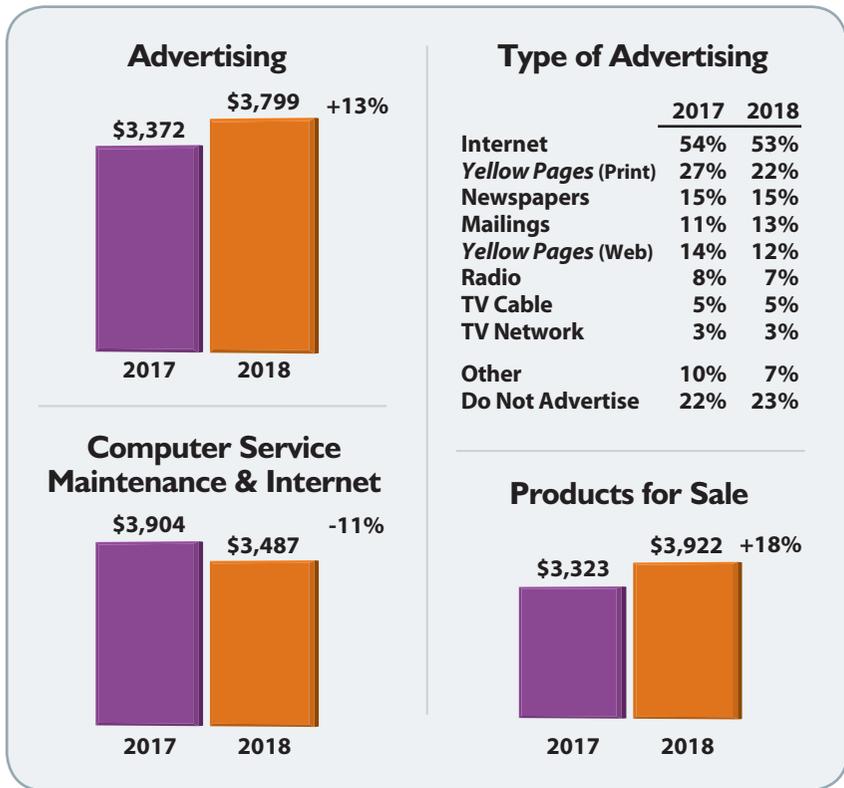
Here's a breakdown of some of the most-used advertising media.

- *Yellow Pages (print and web)*—Twenty-two percent of doctors who advertised used print Yellow Pages, down from 27 percent last year. There has been a fairly consistent drop year-to-year in the percentage of doctors who used print Yellow Pages to advertise their practices. Just 15 years ago, nearly all of those who advertised (99 percent) said that they used print Yellow pages.

For many practices, Yellow Pages may not provide an adequate return on investment. The exception would be practices with an elderly population that is not tech savvy or doctors practicing in an area that has spotty connectivity. Otherwise, prospective patients might use Google to search for a local DPM, then look at his or her reviews and website.

Web Yellow Pages usage by advertising doctors dropped from 14 percent last year to 12 percent in our most recent survey. Perhaps the drop was not as dramatic as the print version because of the high-tech nature of the medium and its accessibility via computer, tablet, or smartphone. Some web yellow pages offer mapping

## YOUR OVERHEAD EXPENSES



technology and even the use of a doctor's photo.

- *Internet*—More than half (53 percent) of doctors who advertised used the internet (that is, paid promotion), a 1 percent drop from last year. Again, jumping back 15 years, the impact of the web is apparent: only 13 percent of doctors who advertised at that time used the internet.

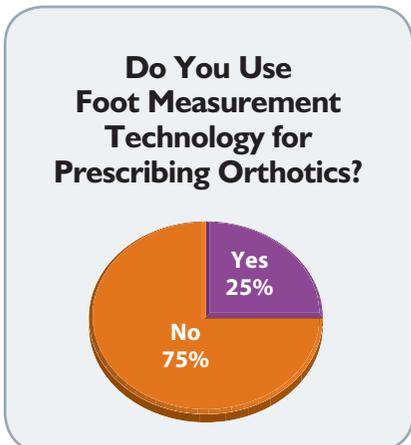
In our most recent survey, 77 percent of those who advertised had

a practice website, which was unchanged from our previous survey. Nearly half of those surveyed were on Facebook (49 percent), up from 46 percent in our last report. Twitter use increased slightly from 13 percent to 14 percent. Among the social media platforms listed, only LinkedIn usage dropped: now 20 percent of respondents who advertised, down from 22 percent last year. In our next survey, we may add Instagram, since it is becoming more widely used among physicians.

The costs associated with internet advertising may have included investments in expert help with search engine optimization, aiming to have their practice websites show up in the top search results based on patient queries. In addition, respondents may have focused on their online reviews and/or revamped their website to be mobile-responsive.

Some doctors may have used banner ads on local website and/or couponing on such sites as Groupon and LivingSocial. While “organic

*Continued on page 115*



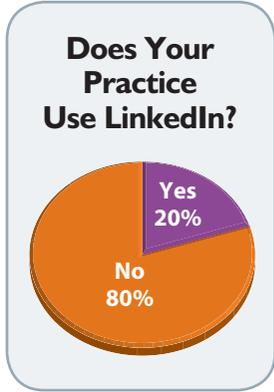
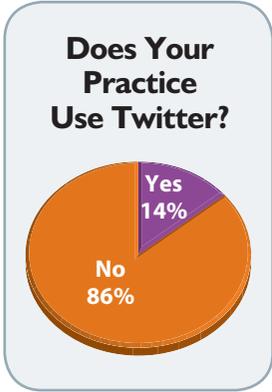
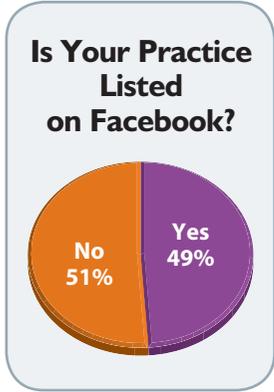
Survey (from page 114)

reach”—unpaid postings—can be effective, “pay-to-play” advertising on Facebook, Instagram, and other sites allows doctors to target specific demographics. Some DPMs may have created podcasts—digital audio files, often used in a series—to inform and educate their patients. Video was also used, sometimes shot professionally but also created on some of the latest smartphones boasting great color accuracy, brilliant details, and high-quality results in various lighting conditions.

Up until recently, internet advertising was focused primarily on young to early middle-aged consumers. However, doctors may consider targeting older folks as they increasingly embrace technology. According to Pew Research Center, “there has been significant growth in tech adoption in recent years among older generations—particularly Gen Xers and Baby Boomers.” Its report, entitled “Millennials stand out for their technology use, but older generations also embrace digital life,” indicates that smartphone ownership among Baby Boomers (those born between 1946 and 1964) grew from 25 percent in 2011 to 67 percent in 2018. In addition, 52 percent of Baby Boomers said they owned a tablet, and 57 percent used social media. With the oldest of these consumers now in their 70s, doctors may consider reshaping their marketing plans.

In the future, AI may be used in practice marketing to target potential patients. It is already being used in some large businesses; we’ll watch for potential impacts on the profession in future reports.

Right now, the biggest issues faced by doctors using social



media are the “trust gap” and privacy complaints that have dominated the headlines. Breaches of personal data, such as the much-publicized Facebook data scandal, can reduce the effectiveness of doctors’ marketing efforts. We expect these issues to continue, especially as more online tools become available and hackers improve their ability to break into networks.

An interesting note is that according to Magna, the research arm of media buying firm IPG Mediabrands, 2017 was the first year advertisers spent more on digital advertising than traditional television. We have no doubt that digital ad spending will continue to reach new heights.

- *Newspapers*—Fifteen percent of those who advertised used newspapers, the same percentage as last year.

With more and more newspapers folding, and existing publications shrinking their page counts, we would have expected this percentage to drop. In fact, according to Pew Research Center, daily newspaper circulation in the U.S. dropped 11 percent from 2016

to 2017. However, the influx of so many new practitioners may have bolstered the use of newspapers for advertising, as these doctors invest in media that targets their specific location and demographics. Given that a high percentage of patients age 65 and older need podiatric care, newspapers remain a strong way to connect to

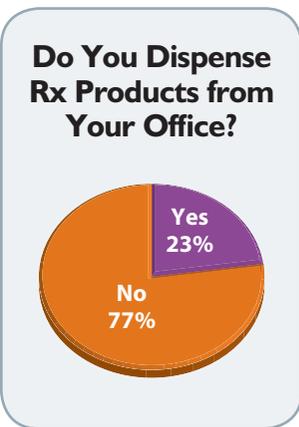
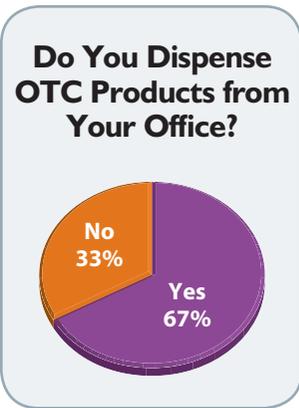
this population. Also, many dailies offer an online version, so doctors get a one-two punch with their supplied content or advertising.

Weekly newspapers remain one of the strongest ways to connect with a local audience. Often they include health sections where DPMs can not only advertise but may be able to contribute consumer-related podiatric content as well.

- *Mailings*—Thirteen percent of doctors who advertised used mailings, up from 11 percent last year. Again, the large percentage of new doctors may have used personalized mailings to introduce their services. Some may have sent personal letters and/or offered one-time discounts via coupon packets like Valpak. Data gleaned from online marketing efforts may have allowed some doctors to customize content.

Strategies for success in using mailings include using the recipient’s name often, as well as using color, size (bigger is better), unique paper folds, and storytelling to convey your message.

Increasing postage rates result  
*Continued on page 116*

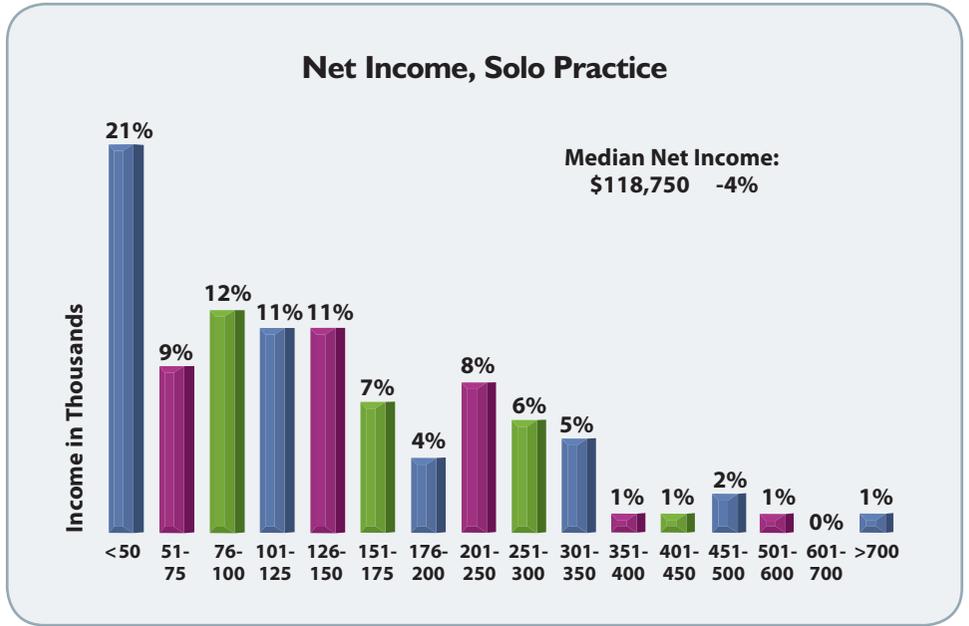


Survey (from page 115)

in higher costs for doctors using this medium for advertising. The U.S. Postal Service raised rates for one ounce by a penny or two annually over the past few years but scheduled a 5 cent jump in early 2019. We will watch for the potential impact on overall advertising costs in future surveys.

- **Radio**—Seven percent of doctors who advertised used radio, down from 8 percent last year. Partnership/group doctors may be better positioned financially to use this medium at the frequency required to be effective. Often doctors position their commercials around health care segments and/or during peak listening for their target market(s).

How effective is radio in bringing in patients? Radio network Westwood One partnered with Nielsen Catalina Solutions to determine how a product in the consumer-packaged-goods realm performed and found that radio delivered \$12 in sales for every \$1 spent on advertising. According to “Brands Need to Join the 21st Century and Tap Into Radio Advertising” in AdWeek, radio alone has a broader reach than TV and smartphones, reaching 228.5 million adults.



According to BIA Advisory Services’ 2018 *Investing In Radio® Market Report*, overall radio advertising revenues dropped 0.2 percent during

digital revenue jumped 9.7 percent. According to BIA, radio was the fifth-highest-used platform by advertisers. (Direct mail, TV, newspaper, and mo-

**Partnership/group doctors may be better positioned financially to use [radio] at the frequency required to be effective.**

our survey year. Competition from other media continues to take its toll on over-the-air revenues, which were down 2 percent. However, radio’s

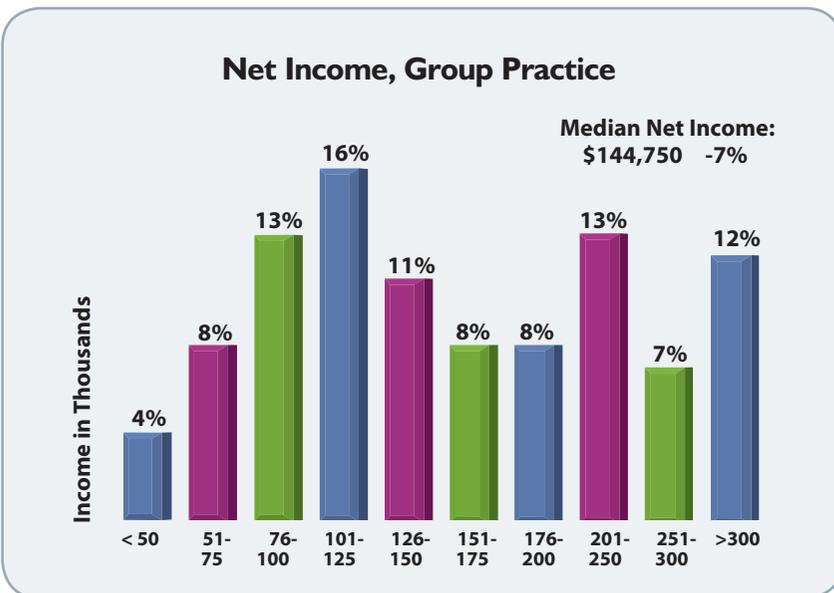
bile were the top four.)

We have yet to feel the impact of iHeartMedia’s Chapter 11 bankruptcy filing in March 2018. The owner of 850+ radio stations covers many in top-tier markets. Meanwhile, competition of streaming services like Apple Music and Spotify continue to compete for radio listenership. Syncing devices have become ubiquitous in today’s automobiles, allowing drivers to bypass over-the-air radio entirely. We will watch for the continued impact of this technology on radio advertising effectiveness and reach in future reports.

- **Television**—Network and cable television advertising percentages were unchanged from last year, just 3 percent and 5 percent of those who advertised, respectively.

Television advertisers face a more splintered audience, so adver-

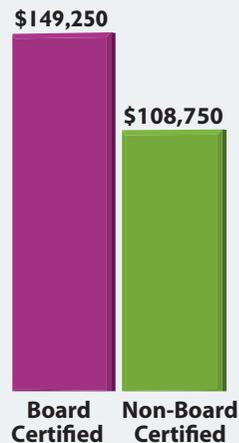
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**Median Net Income  
Years in Practice**



**Median Net Income  
Board Certified**



Survey (from page 116)

tising dollars may not reach as many eyeballs as they once did. However, in practices with higher ad budgets (perhaps supergroups and the like) that are targeting a large population of those age 65+, television may continue to pay off. Local cable allows doctors to penetrate their selected geographic area at a much lower cost than network TV.

- **Other advertising**—Among those who advertised, 7 percent used other means to do so. This year’s respondents listed a variety of vehicles, including ballpark banners, magazines, movie theaters, gym advertisements, billboards, church bulletins, calendars, Playbills, and telemarketing.

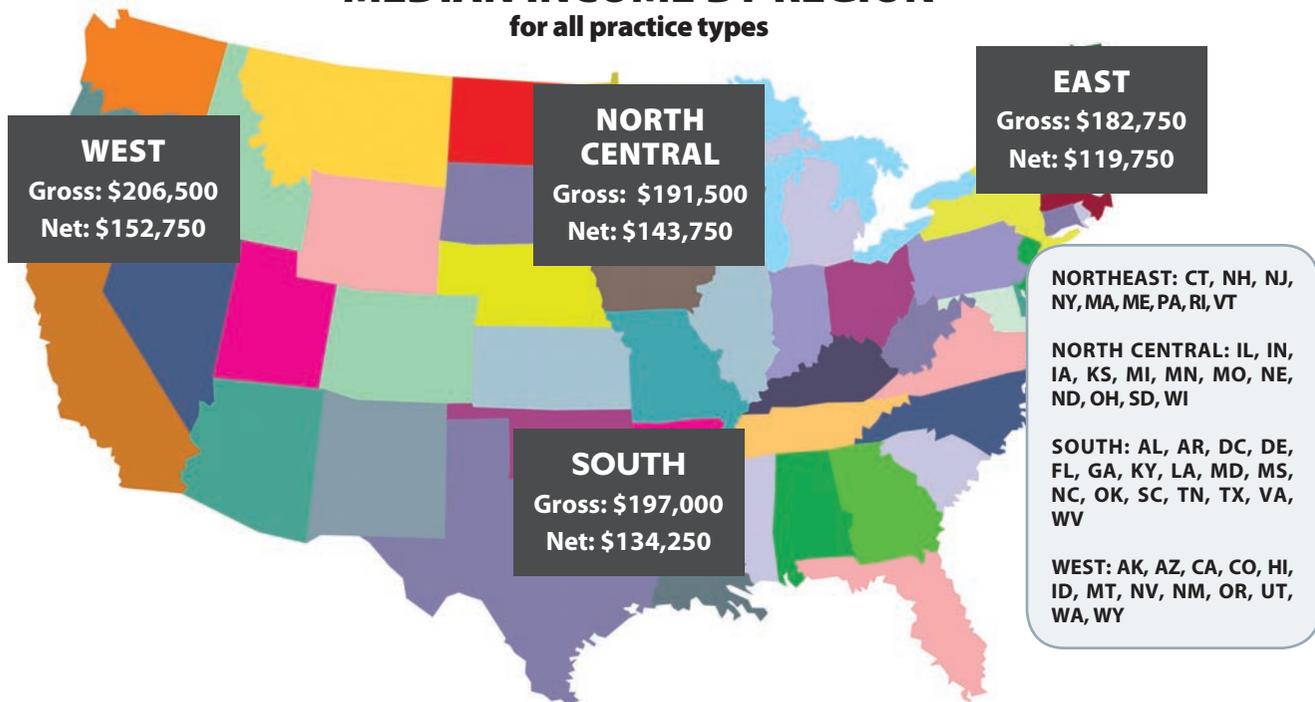
- **Cleaning and Maintenance**—Respondents spent \$1,921 on office cleaning and maintenance, up 2 per-

cent from last year. With our lower cost for office space, we presume that there was less square footage to clean and maintain, leading to lower fees. The barrage of new medical offices may have required less maintenance than older buildings as well.

- **Other Expenses**—Besides the expenses listed here, doctors surveyed had \$1,452 in additional costs. Ex-

*Continued on page 120*

**MEDIAN INCOME BY REGION  
for all practice types**



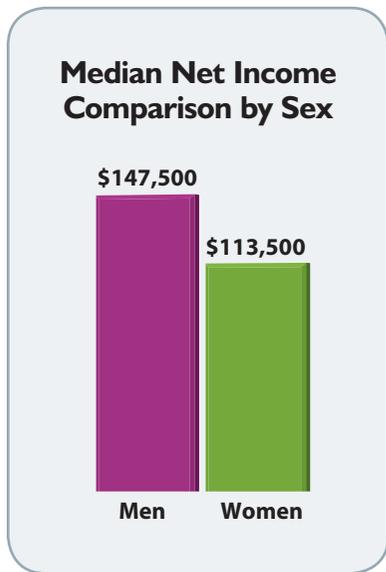
Survey (from page 118)

penses cited by this year’s respondents included those for their business automobile(s), parking, travel, bonuses, gifts, staff meetings/lunches, billing services, uniforms, merchant fees, and petty cash. Some doctors suggested that health insurance be listed as a separate line item since its cost has risen faster than other practice expenses.

Out-of-pocket payments due to hurricane damage were also noted by some respondents to our latest survey. That is no surprise given that the three biggest during the year surveyed—Harvey, Irma and Maria—were among the five costliest hurricanes in U.S. history, according to the National Oceanic and Atmospheric Administration.

## NET INCOME

The median net income for solo practitioners surveyed dropped 4 percent to \$118,750. This figure was likely weighed down by the more than one in five (21 percent) surveyed who reported a net income of less than \$50,000. Given our large percentage of new doctors, the lower net may reflect the high cost of practice startup.



While partnership/group respondents also reported a drop in median net income (down 7 percent), theirs was substantially higher than solo colleagues at \$144,750.

Cross-tabulating median net income by number of years in practice show that for all practice types, income peaked at 11-20 years in practice. In fact, older doctors’ results may have driven down the median for all practitioners surveyed. Doctors in practice 21-30 years earned 2 percent less than the same group last year, and those in practice more than 30 years netted 8 percent less than the same group last year.

Regionally for all practice types, the West fared best, reporting a median net of \$152,750, followed by the North Central region (\$143,750), the South (\$134,250), and the Northeast (\$119,750). Doctors in the North Central region kept the highest percentage of their gross income at 75.1 percent. The West’s ratio was 74 percent of gross, while the South kept 68.1 percent and the Northeast netted 65.5 percent of their gross revenues.

The income gap between men and women podiatrists

narrowed compared to our previous report. Men reported a median net income of \$147,500, while women reported \$113,500, or 77 percent of men’s earnings. The median figure for men fell 3 percent vs. last year, while women’s earnings jumped 10 percent. Despite this increase, the gap is larger than the BLS for our survey period, which reported that in the health



care practitioners and technical occupations category, women earned 80 percent of men’s earnings. (Interestingly, this category of wage earners lagged behind the 82 percent gap reported for all BLS-listed occupations.)

Membership in the APMA had a positive impact on net income. APMA members reported a median net income of \$138,500, which was 23.1 percent higher than the \$112,500 reported by non-APMA members.

Board Certification had an even bigger impact on income. Board Certified DPMs reported a median net income that was 37.2 percent higher than non-Board Certified doctors: \$149,250 vs. \$108,750, respectively.

## PRESCRIBING & IN-OFFICE DISPENSING

Our annual survey continues our long-standing process of tracking respondents’ pharmaceutical prescription patterns across applicable categories. Doctors indicated which

*Continued on page 122*

	2018	2017
<b>Voltaren Gel</b>	34%	31%
<b>Biofreeze</b>	20%	20%
<b>Lidocaine</b>	12%	10%
<b>Capsaicin</b>	6%	5%
<b>Lidoderm</b>	3%	4%
<b>Flector Patch</b>	2%	1%
<b>Emla Cream</b>	2%	1%
<b>Ben Gay</b>	2%	—
<b>Ortho-Nesic (Blaine)</b>	1%	—
<b>Others</b>	7%	11%
<b>Prescriptions per week</b>	4.3	4.7

**PRESCRIBING & DISPENSING**

**Analgesics  
(Oral)**

	<u>2018</u>	<u>2017</u>
Ibuprofen	16%	14%
Norco	11%	13%
Tylenol	11%	11%
Percocet	11%	13%
Advil	10%	7%
Hydrocodone	9%	11%
Aleve	8%	9%
Motrin	6%	6%
Tylenol #3	4%	4%
Vicodin	4%	3%
Ultram	3%	4%
Lortabs	1%	1%
Others	1%	1%
<b>Prescriptions per week</b>	<b>5.5</b>	<b>6.1</b>

**Enzymatic  
Debriding Agents**

	<u>2018</u>	<u>2017</u>
Santyl	66%	63%
Medihoney	4%	4%
Amerigel	3%	2%
Accuzyme	3%	1%
Kerasal	2%	1%
Elastase	1%	1%
Panafil	1%	2%
Others	0%	1%
<b>Prescriptions per week</b>	<b>2.8</b>	<b>3.2</b>

**Antifungal  
(Oral)**

	<u>2018</u>	<u>2017</u>
Lamisil	83%	80%
Diflucan	2%	4%
Gris-PEG	1%	2%
Others	1%	2%
<b>Prescriptions per week</b>	<b>3.6</b>	<b>4.1</b>

**Steroids  
(Topical)**

	<u>2018</u>	<u>2017</u>
Betamethasone	22%	20%
Triamcinalone	20%	18%
Hydrocortisone	16%	14%
Lotrisone	8%	7%
Topicort	8%	8%
Lidex	4%	6%
Diprolene	3%	4%
Kenalog	3%	2%
Medrol	2%	2%
Temovate	2%	3%
Aristocort	1%	1%
Others	2%	3%
<b>Prescriptions per week</b>	<b>3.0</b>	<b>3.0</b>

**Antiseptics/  
Topical Antibiotics**

	<u>2018</u>	<u>2017</u>
Bacitracin	18%	13%
Bactroban	13%	16%
Neosporin	10%	11%
Betadine	10%	12%
Triple Antibiotic	10%	7%
Mupirocin	8%	6%
Silvadene	6%	10%
Amerigel	5%	6%
Gentamicin	5%	3%
Iodosorb	2%	3%
Povidone-Iodine	2%	1%
Polysporin	2%	2%
Others	0%	2%
<b>Prescriptions per week</b>	<b>5.5</b>	<b>5.9</b>

**Graft Products  
(for Wounds)**

	<u>2018</u>	<u>2017</u>
EpiFix (Mimedx)	18%	15%
Apligraf	8%	8%
Dermagraft	7%	5%
Grafix	7%	8%
Integra	4%	5%
Oasis	2%	2%
Acell	2%	2%
Primatrix	2%	1%
Amnioexcel	1%	1%
Graft Jacket	1%	1%
Others	5%	4%
<b>Prescriptions per week</b>	<b>2.7</b>	<b>2.5</b>



Survey (from page 120)

pharmaceuticals, by brand name, they prescribed, recommended, or dispensed from their office, and which brand primarily from each category (see charts). As new drugs reach the market and become widely used, their data will be added to our charts.

In 2017, pharmaceutical companies spent \$6.1 billion on di-

rect-to-consumer advertising, a 4.6 percent drop from 2016, according to data from Kantar Media. This figure

included TV, magazine, digital, newspaper, radio, and out-of-home adver-

*Continued on page 124*

**In 2017, pharmaceutical companies spent \$6.1 billion on direct-to-consumer advertising, a 4.6 percent drop from 2016.**

## PRESCRIBING & DISPENSING

### Topical Dressings for Matrixectomies

	2018	2017
Amerigel	16%	21%
Bacitracin	15%	11%
Silvadene	10%	9%
Neosporin	9%	8%
Triple Antibiotic	9%	9%
Bactroban	7%	7%
Cortisporin Otic	5%	5%
Betadine	5%	5%
Band-Aid	3%	3%
Gauze	2%	3%
Gentamicin	2%	2%
Polymem	1%	1%
Dermagraft	1%	—
Others	1%	4%
<b>Prescriptions per week</b>	<b>5.3</b>	<b>5.3</b>

### Antibiotics (Oral)

	2018	2017
Cephalexin	27%	29%
Augmentin	20%	22%
Keflex	14%	17%
Bactrim	11%	10%
Doxycycline	7%	7%
Amoxicillin	4%	2%
Clindamycin	3%	2%
Cipro	3%	1%
Duricef	2%	2%
Ceftin	1%	1%
Levaquin	1%	—
Cleocin	1%	—
Others	1%	1%
<b>Prescriptions per week</b>	<b>4.3</b>	<b>4.6</b>

### Anti Inflammatories (Oral)

	2018	2017
Ibuprofen	17%	15%
Meloxicam	16%	18%
Naprosyn/Naproxen	12%	15%
Mobic	9%	10%
Advil	9%	6%
Aleve	8%	9%
Diclofenac	8%	5%
Duexis	7%	5%
Celebrex	2%	2%
Motrin	2%	5%
Voltaren	2%	3%
Relafen	1%	2%
Anaprox	1%	—
Feldene	1%	1%
Others	3%	3%
<b>Prescriptions per week</b>	<b>8.7</b>	<b>6.1</b>

### Antifungal (Topical) (Skin)

	2018	2017
Lamisil	16%	14%
Lotrisone	11%	10%
Naftin	10%	8%
Lotrimin	8%	8%
Loprox	8%	7%
Formula 3	7%	7%
Spectazole	6%	9%
Clarus (Bako)	5%	6%
Ecoza	3%	1%
Fungi-Foam	3%	3%
Nizoral	3%	3%
Oxistat	2%	1%
Ertaczo	2%	1%
Luzu	2%	3%
Cidacin	1%	1%
Others	9%	11%
<b>Prescriptions per week</b>	<b>6.2</b>	<b>6.4</b>

Survey (from page 122)

tising. Ad executives say television and print continue to be the media of choice, as they are used by the target audience (generally, middle-age and older adults), and they provide ample time and space to include the safety and efficacy information required by regulators.

sive and arduous testing on humans and animals. But a new technology developed at the Massachusetts Institute of Technology aims to cut that time by half and perhaps replace animal testing entirely.” Called “the body on a

prove to be useful especially for patients with Type 2 diabetes, which affects more than a single organ.

Continued on page 126

## One trend that may impact how podiatrists practice in the future is the increased speed of new drugs entering the market.

One pharmaceutical trend that may impact how podiatrists practice in the future is the increased speed of new drugs entering the market. According to “Chipping Away at Disease—and Drug Testing” (*The Future of Everything*, Nov./Dec. 2018), “Bringing a new drug to market takes roughly a decade and requires expen-

chip,” the device “is designed to show scientists how a drug affects individual organs and the body as a whole.” According to the report, it may

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## PRESCRIBING & DISPENSING

### Wart Medications

	2018	2017
Cantharidin/Cantharone	24%	19%
Salicylic Acid/Sal Acid Plaster	14%	18%
Compound W	6%	4%
Aldara	6%	6%
Duofilm	6%	7%
Mediplast	5%	5%
Canthacur	4%	5%
Efudex	3%	3%
Vircin	3%	1%
Formadon	2%	1%
Verucide	1%	2%
Lazerformalyde	1%	2%
Wartpeel	1%	1%
Durasal	1%	—
Virasal	1%	2%
Others	5%	9%
Prescriptions per week	3.3	3.5

**Most Prescribed, Recommended and/or Dispensed:**

1. Cantharidin/Cantharone
2. Salicylic Acid/Sal Acid Plaster
3. Compound W

## PRESCRIBING & DISPENSING

### Drying Agents (for Odor)

	2018	2017
Drysol	35%	33%
Betadine	13%	15%
Certain Dry	10%	10%
Bromi Lotion	4%	4%
Lazerformalyde	4%	4%
Formadon	3%	4%
Tineacide Shoe Spray	3%	2%
On Your Toes	2%	1%
Onox	1%	1%
Others	6%	5%
Prescriptions per week	3.0	3.3

**Most Prescribed, Recommended and/or Dispensed:**

1. Drysol
2. Betadine
3. Certain Dry

### Emollients/Moisturizers

	2018	2017
AmLactin	30%	23%
Lac-Hydrin	9%	10%
Urea 40%	9%	10%
Kera-42 (Bako)	6%	7%
Eucerin	6%	7%
Carmol 40	5%	4%
Cerave	4%	3%
Aquaphor	3%	3%
Amerigel	3%	2%
Gormel	3%	2%
Kamea	3%	3%
Foot Miracle	2%	4%
RevitaDerm	2%	4%
Kerasal	1%	1%
Flexitol Heel Balm	1%	1%
Fungi-Foam	1%	1%
MD Private Label	1%	—
Others	4%	4%
Prescriptions per week	6.1	6.9

**Most Prescribed, Recommended and/or Dispensed:**

1. AmLactin
2. Lac-Hydrin
3. Urea 40%

Survey (from page 124)

We expect medical marijuana applications, such as for use with diabetic peripheral neuropathy, to continue to be researched and covered in this mag-

ing a bigger role in medication management in the future, particularly as consumers become accustomed to receiving online orders—of just about anything—within a day or two. Rx home delivery companies such as GoodRx

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Data was compiled and tabulated by Thomas Lewis, MBA, of Hartsdale, NY. Lewis is a research professional with extensive experience in the planning and implementation of research programs designed to gauge audience and information delivery across all print media platforms. He currently serves as the Editor-in-Chief and Primary Media Analyst for the Housing and Urban Development Daily News Brief, TechMIS LLC. His survey research experience includes senior positions at GfK MRI, the leading print media audience research organization servicing all major publishers and media buying agencies.

Research assistance was provided by Megan Donoghue, BS, CHES, CHC.

## Amid today's opioid crisis, we anticipate further discussion of pharmaceutical alternatives to treat patients' chronic pain.

azine. In addition, amid today's opioid crisis, we anticipate further discussion of pharmaceutical alternatives to treat patients' chronic pain. The movement toward natural remedies—especially among millennials—may impact practice as patients bypass doctor intervention altogether.

Lastly, we see convenience play-

and PillPack, a subsidiary of Amazon that was acquired in 2018, are capitalizing on this trend. Large drug chains are advertising their home delivery services as well. We will follow this trend's impact on the pharmaceutical industry as a whole and, more specifically, on survey respondents who dispense Rx products from their offices. **PM**

## PRESCRIBING & DISPENSING

### Wound/Ulcer (Topical, Non-Graft)

	2018	2017
Amerigel	11%	13%
Santyl	11%	12%
Bactroban	9%	12%
Silvadene	7%	10%
Betadine	7%	5%
Medihoney	7%	5%
Iodosorb	6%	6%
Neosporin	5%	3%
Triple Antibiotic	5%	2%
Aquacel	4%	3%
Hydrogel	3%	2%
Prisma	3%	3%
Gentamicin	2%	2%
Helix	2%	1%
Regranex	2%	2%
Polymem	1%	1%
Pureaply	1%	1%
Saline	1%	—
Others	2%	3%
<b>Prescriptions per week</b>	<b>4.8</b>	<b>5.1</b>

**Most Prescribed, Recommended and/or Dispensed:**

1. Amerigel, Santyl
2. Bactroban
3. Silvadene

### Antifungal (Topical) and Keratin Debris Exfoliants (Nail)

	2018	2017
Formula 3/Formula 7	11%	11%
Penlac	11%	9%
Jublia	8%	11%
AmLactin	7%	6%
Clarus (Bako)	7%	10%
Clotrimazole	6%	8%
Urea 40%	6%	6%
Kerydin (Pharmaderm)	6%	4%
Tolcycen	5%	1%
Kerasal	4%	4%
Carmol	3%	2%
Lamisil	2%	3%
Naftin	2%	1%
Tineacide	2%	2%
Terpenicol	1%	—
Fungi-Foam	1%	—
Gordochom	1%	—
Nonyx	1%	—
RevitaDerm	1%	1%
Others	3%	5%
<b>Prescriptions per week</b>	<b>6.2</b>	<b>6.6</b>

**Most Prescribed, Recommended and/or Dispensed:**

1. Formula 3/7, Penlac
2. Jublia
3. AmLactin

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