The companies and organizations listed at the end of this report are the sponsors for this year's Annual Practice Survey. They have made it possible for PM *to collect, organize, and disseminate the formidable amount of data used to create this once-a-year analysis of the profession. Please support them by emailing, calling, or visiting their websites.*

PM's 34rd Annual Survey

Managing Positive Practice Growth

DPMs surveyed reported gross and net income increases while funnelling significantly more into equipment, lab expenses, and retirement savings.

BY STEPHANIE KLOOS DONOGHUE

Despite the challenges faced by podiatrists—from health care reform and managed care to documentation mandates and increased competition from other physicians—the news was positive for respondents of *Podiatry Management*'s 34th Annual Survey. For the first time in three years, both solo and partnership/group respondents reported significant increases in both net and gross incomes. This edition, which included responses from 923 DPMs nationwide, paints a picture of positive practice growth: more patients; larger, more well-equipped offices; slightly higher fees; and a boost in savings for respondents' retirement.

Survey data indicates that technology influenced not only how doctors examined patients but also how they reached out to them. The proliferation of electronic communication—such as the use of e-correspondence via patient portals and the impact of mobile devices—continued to impact patient management and made for more efficient use of staff. Doctors invested significantly more in equipment, perhaps using new high-tech instruments due to Medicare mandates as well as to improve patient outcomes while taking advantage of still historically low business loan interest rates.

The post-recession rise in consumer confidence may have stimulated the growth in custom orthotics purchases, while doctors' own surge in optimism may have contributed to the jumps in spending for office supplies, education and advertising.

On the following pages are a rundown and analysis of *PM*'s latest survey results.

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Survey (from page 81)

RESPONDENT CHARACTERISTICS & TRENDS

Same States in the Top Five

The largest percentage of respondents practiced in New York, followed by California, Florida, New Jersey, and Pennsylvania. In our previous survey, these same states made our top five. Our state breakdown nearly matched the U.S. Bureau of Labor Statistics (BLS) listing of states with the most podiatrists during our survey period (2015).

Looking at population trends, the U.S. Census Bureau (USCB) cited a higher rate of population growth in the South and West in 2014-2015 (rising 1.2 percent each) compared to the Northeast and Midwest (growing only 0.2 percent each). California, Texas, Florida, New York, and Illinois were the top five most populous states during our survey period; highest growth (by population numbers) was reported in Texas, Florida, and California.

Practice Locations Data Nearly Identical

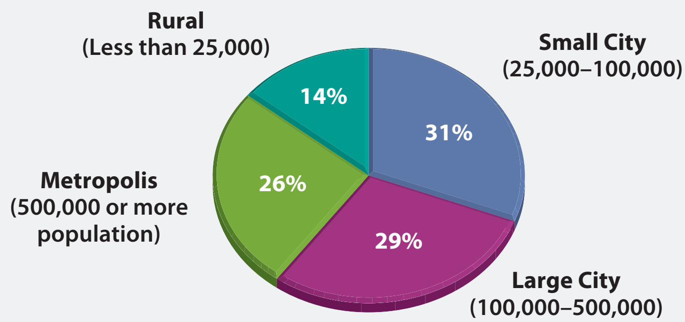
The breakdown of location size remained very similar to our previous report. Respondents practicing in a small city (population of 25,000 to 100,000) or metropolis (population of more than 500,000) remained the same at 31 percent and 26 percent, respectively. There was a slight increase in percentage of doctors working in a large city (population of 100,000 to 500,000), rising to 29 percent from 27 percent. The percentage of DPMs working in rural areas (population of less than 25,000) dropped from 16 percent to 14 percent.

According to the U.S. Department of Agriculture Economic Research Service (USDA), the number of people living in nonmetropolitan counties remained essentially unchanged year-to-year after several years of population losses. The USDA attributes the improvement to gains in rural employment growth and suggests that the erosion of population in these areas may be ending. If so, we expect rural DPM participation to increase in the future.

We also expect to see growth in the number of doctors working in suburban areas (just outside of major cities) due to nationwide population trends. A recently released report by the Urban Land Institute's Terwilliger Center for Housing indicates that "U.S. suburbs are positioned to thrive in the decades ahead." It reports that currently in the 50 largest metropolitan areas, suburbs account for 79 percent of the population. The report notes suburban residents' higher income than those in urban areas as well as greater affordability in suburbs

Continued on page 84

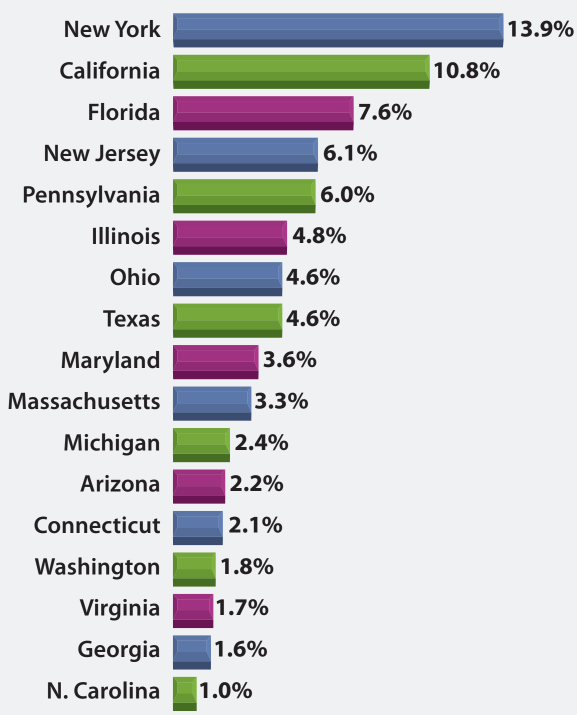
Practice Location



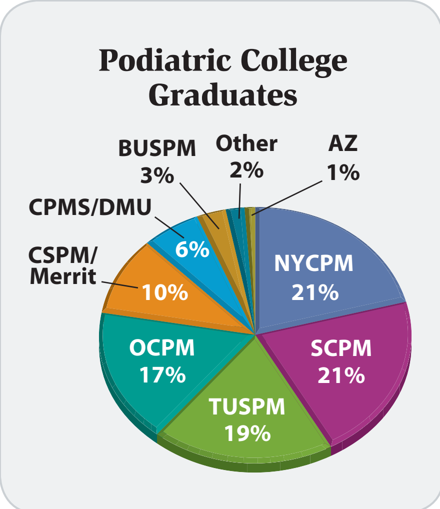
We expect to see growth in the number of doctors working in suburban areas (just outside of major cities) due to nationwide population trends.

State of Practice

Distribution of respondents—top states



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



Survey (from page 82)

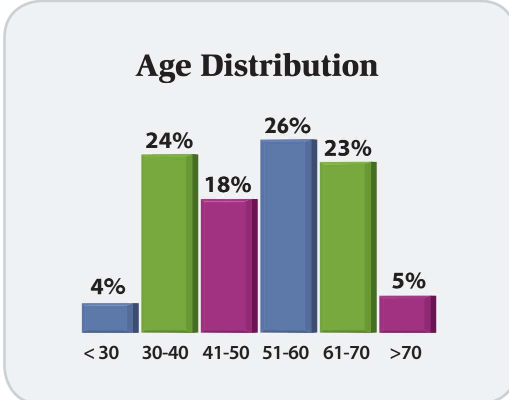
than their neighboring cities. As doctors plan to start, build and expand practices in suburbs, it may be useful to note that the report indicates that American suburbs are increasingly racially and ethnically diverse.

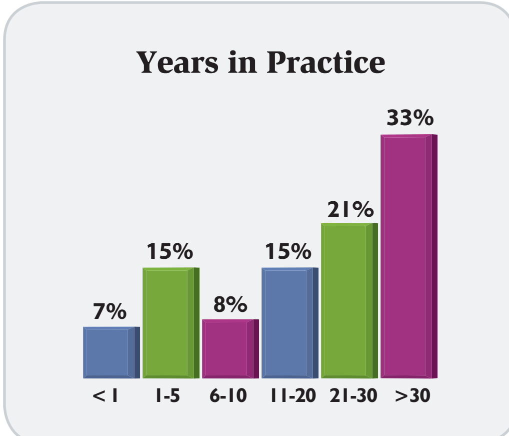
Similar Mix of DPMs by Years in Practice

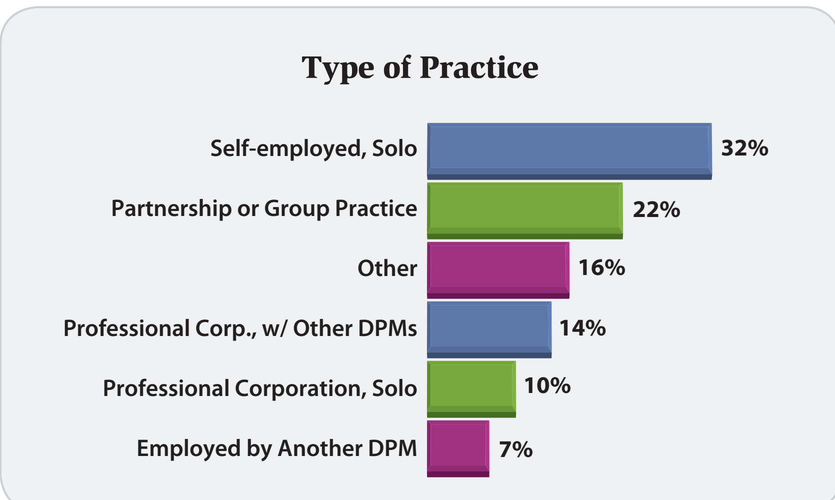
The breakdown of respondents by number of years in practice nearly mirrored our results from the previous survey. For instance, 22 percent of respondents were in practice five years or less, which was the same result as our previous survey. The only significant changes were in the percentage of new doctors as well as those approaching retirement. Specifically, the percentage of doctors surveyed in practice less than one year dropped from 10 percent to 7 percent in our most recent survey. Meanwhile, the percentage of doctors in practice more than 30 years rose from 29 percent to 33 percent. This latter change may reflect the need—or desire—for respondents to postpone retirement. Reasons might have included having inadequate funds to retire before the 30-year mark; the inability to find a practice buyer at a price that would maintain the seller's quality of life; and/or a doctor's desire to remain active in anticipation of living longer than previous generations.

Percentage of Partnership/ Group Respondents Bounces Back Up

Solo practice remained the dominant practice type, with 42 percent of those surveyed either self-employed or in solo professional corporations. However, this was a drop of 7 percentage points compared to last year. A higher percentage of doctors year-to-year were in partnership/group practice or in a professional corporation with other DPMs: 36 percent vs. 29 percent in our previous survey. These may include traditional offices housing multiple podiatrists as well as group practices "without walls", which share a tax ID number and administrative and management costs but run as independent practices in separate locations. The rise in multi-disciplinary groups—different specialties housed under one roof—and supergroups likely was reflected here.







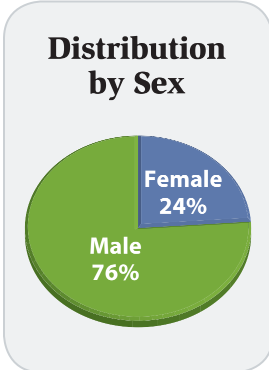
Only once in the past 16 years (2014) did we hit this high a percentage of DPMs in multi-doctor practices. The benefits of such arrangements have been well documented in this magazine, including: cost savings and efficiencies of shared staff, equipment, and office space; the ability to specialize and consult with other doctors in-house; managed care organizations' (MCOs') preference to sign on larger practices for their mix of specialties, patient hours, etc.; larger budgets for marketing and advertising, expanding the practice's reach; economies of scale for office supplies coupled with better negotiation positions for supplier pricing; and more pooled capital for expansion and upgrades.

The percentage of doctors who were employed by another DPM dropped from 8 percent last year to 7 percent this year, while those in "other" settings (e.g., academia, hos-

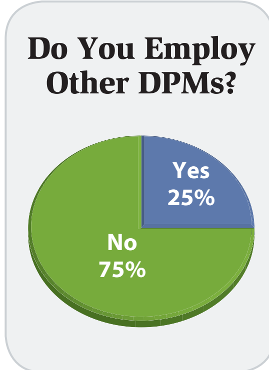
Continued on page 85

Survey *(from page 84)*

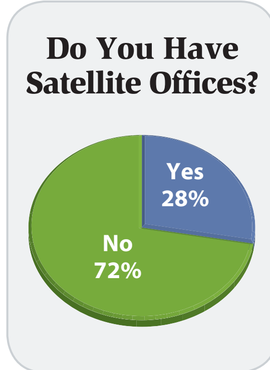
pitals, outpatient care centers, nursing homes, etc.) rose from 14 percent previously to 16 percent in our most recent survey. It's likely that at least some of the younger doctors surveyed eschewed solo practice and joined hospitals, supergroups, and other settings to gain experience until solo or partnership arrangements became feasible.



Distribution by Sex



Do You Employ Other DPMs?



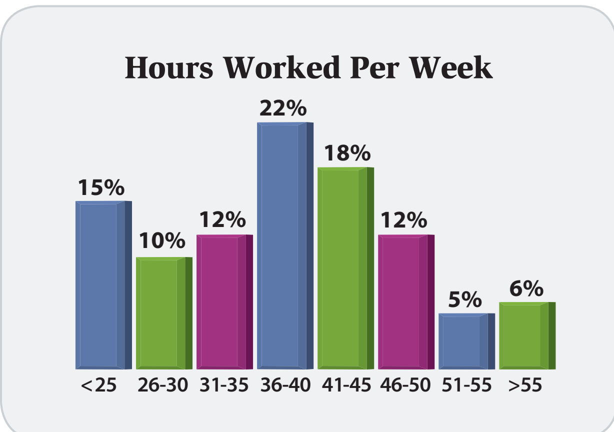
Do You Have Satellite Offices?

Satellite offices have become more and more feasible in recent years due to the impact of technology on managing multiple locations.

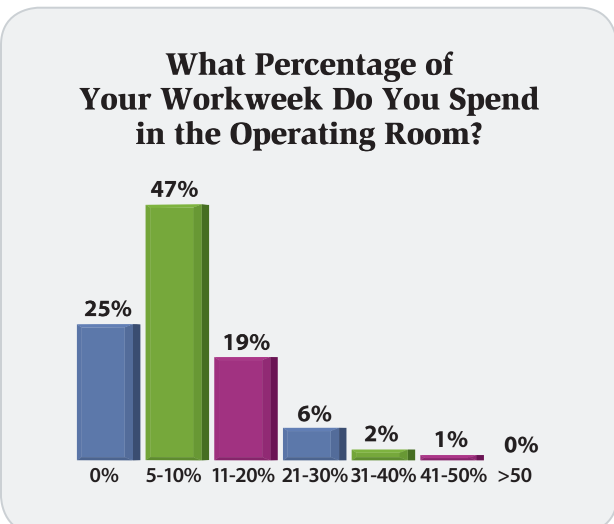
Little Change in Satellite Office Data

There was little variation in the percentage of doctors who had a satellite office, up a mere 1 percent to 28 percent of respondents in our latest survey. While the majority (57 percent) of those with additional offices had only one, 24 percent reported two satellite offices, 9 percent had three, and 10 percent indicated four or more.

Northeast respondents were more likely than any other region to have a satellite office, followed by the Southern, Midwestern, and Western doctors.



Hours Worked Per Week



What Percentage of Your Workweek Do You Spend in the Operating Room?

Satellite offices have become more and more feasible in recent years due to the impact of technology on managing multiple locations. Data can be shared over networks and managed in a cloud-based environment. Consistent training and regular communications are possible through webinars and online meetings. Even solo doctors managing multiple sites can benefit from the economies of scale for inventoried items and office supplies. If patient demand warrants it and technology improves even more, we may see an uptick in the number of satellite offices in future survey reports.

Fewer Women Respondents

For the second year in a row, the percentage of women answering our survey dropped—down a full 5 percentage points to 24 percent of our total respondents. We expect this percentage to rise over the next few years given data from the American Association of College of Podiatric Medicine. It reports that during the 2015-16 academic year, 41 percent of those entering into podiatry schools were women. Also, healthier income numbers (see Net Income section) may attract more women to enter the field—especially if the income gap continues to shrink—and may result in a higher response rate among women.

More Patients Seen

Doctors surveyed treated an average of 88.4 patients per week, up 7 percent from 82.8 percent last year. Certainly this increase is partially attributed to the larger percentage of partnership/group practices, which often can streamline the logistics of moving patients through the office. (Even slicing a few minutes off of a patient encounter can add up to more open and available appointment slots.) In addition, a lower percentage of brand-new DPMs (who typically have small practices to start) were surveyed this year. Lastly, the Affordable Care Act (ACA) was in

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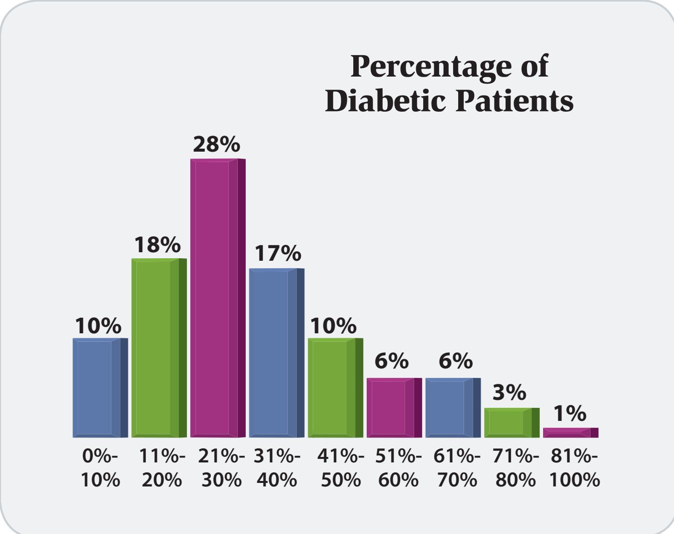

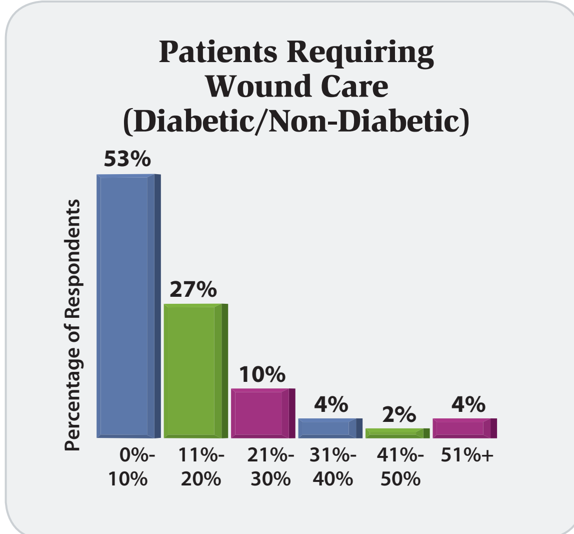

Survey *(from page 85)*

full gear during our survey period, providing access to health insurance to many for the first time. Undoubtedly, this resulted in an increase in Medicaid and non-Medicare patients.

It is worth noting that although this year's patient numbers are higher, they are significantly lower than some average counts in the early to mid 2000s, when doctors surveyed were treating nearly 100 patients per week. While increased competition from non-podiatric physicians may be one factor for this, another may be a decrease in routine/palliative care provided by some DPMs and the movement toward more time-consuming surgical and/or complex cases.

In general, we expect patient numbers to continue to move upward given several trends working in the profession's favor: the projected increase in the aging population; Baby Boomers who expect to remain active; and technology advances, which show promise for boosting patient loyalty through communication and disease management. (See further discussions of these trends elsewhere in this report.)

In general, we expect patient numbers to continue to move upward given several trends working in the profession's favor.

Cross-tabulations by number of years in practice, region, location type, and sex uncovered some interesting comparisons. For example, the average number of patients per week rose from a low point of 68.3 for brand-new practices to a peak of 97.8 for doctors in practice 21-30 years. By year six, the average practice saw more than 90 patients per week until nearing retirement (more than 30 years in practice), when the average dropped to 80.8 patients. Interestingly, the highest number of patients for the previous year's respondents was at the 11-20 year mark—a full decade earlier than this year's peak.

Regionally, doctors in the South saw the most patients per week (90.7), followed by the Midwest (89.3), West (86.1), and Northeast (84.6). Small-city doctors reported the most patients compared to other location types (92.7 patients per week), followed by large-city DPMs (87 patients), those in a metropolis

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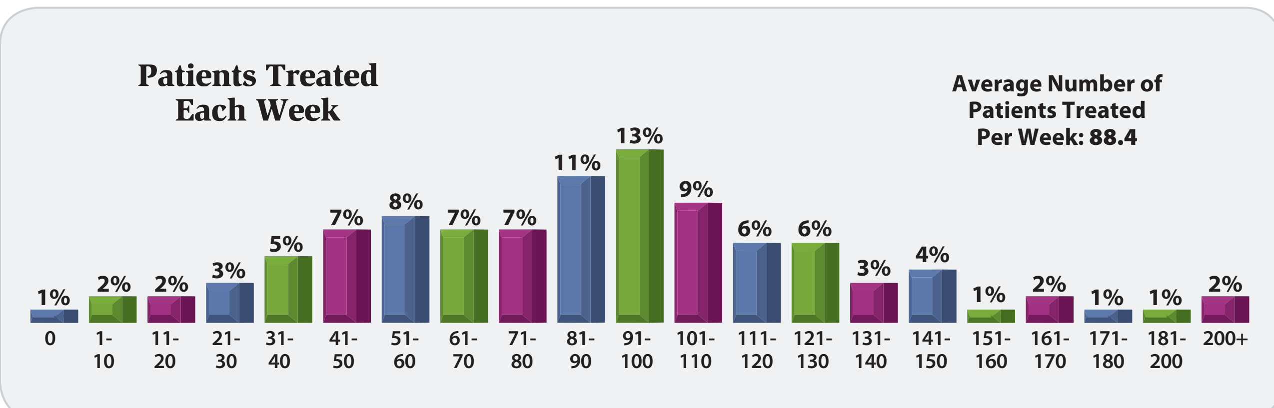


Survey *(from page 86)*

(86.8 patients) and doctors in rural settings (79.6 patients). Men saw an average of 90 patients per week vs. 80 patients seen by women.

Doctors Worked Slightly Longer Hours

Data indicates that respondents worked slightly longer hours, with 41 percent of those surveyed working more than 40 hours per week vs. 39 percent working those hours in the previous survey. This result is likely connected to the larger number of patients seen. In fact, because multi-doctor practices tend to be more efficient, it is likely that the average number of hours worked would have grown even more had a larger proportion of solo doctors been surveyed. Hours worked also include non-patient-related time as well, including staff oversight, paperwork, and other tasks, including managing increasingly more complicated patient documentation. Some doctors may have included hours for continuing medical education, both online and offsite.

Women respondents' workweek averaged about one hour shorter than that of men in our latest survey (38.1 vs. 37 hours per week), a gap that was the same as the previous report and may be related to number of patients seen.

More Time in the Operating Room

There was a modest increase in the percentage of respondents who worked in operating rooms on a regular basis vs. our previous report. Seventy-five percent of those surveyed worked at least some of the time each week in operating rooms, up from 72 percent of those surveyed last year. In fact, about two-thirds (66 percent) of those surveyed spent up to a day per week in the operating room.

Surgery has increasingly become a part of many practices, especially as standard three-year training in podiatric surgery becomes the norm. Since reimbursements for surgery generally declined during our survey period, we will watch the impact of surgical trends on future revenue.

In addition, with patients living longer and wishing to remain active, combined with higher disposable incomes, DPMs are seeing more elective surgery as well as patients opting for cosmetic enhancements. We expect this to continue as podiatrists seek income streams that are less vulnerable to fee cuts.

Diabetic Patient Percentages Level Off

The percentage of diabetic patients in surveyed doctors' practices was similar to our previous survey, with the largest percentage of doctors reporting that about 20-30 percent of their patients were diabetic.

According to the latest information available from the Centers for Disease Control and Prevention (CDC), there were more than 29 million adults with diagnosed diabetes in the U.S. in 2014. States with the highest prevalence of the disease were West Virginia (12 percent of the popu-

Continued on page 88

Survey (from page 87)

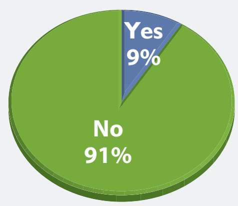
lation), Mississippi (11.9 percent), and Alabama (11.8 percent), with the majority of states in the South and West with a higher-than-average prevalence. In addition, another 86 million people were estimated to have had pre-diabetes. African Americans, Hispanics and Latinos, American Indians, Pacific Islanders, and some Asian Americans are at higher risk than whites.

The CDC notes that diabetes rates have begun to fall and reports that it is working to reverse the epidemic by tracking disease trends, focusing on prevention, identifying effective treatments and improving medical care. Keeping diabetic numbers in check will be a continuing challenge as the population ages.

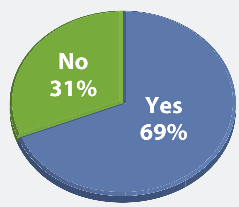
Treatment for diabetics has been costly, with the CDC reporting that 20 percent of all health care spending is for people with diabetes. Kantar Media (KM) reports that the "explosion" in the number of diabetics has lead to a corresponding increase in pharmaceuticals and diabetes-management devices.

We expect to see the increasing use of smartphone apps in Type 2 diabetic management, from exercise monitoring and fitness planning to menu creation and diet tracking. In fact, according to KM's 2016 MARS Consumer Health Study, 17 percent of U.S. adults who own a smartphone use health and wellness apps. A search on "diabetes" in the Apple App Store uncovered dozens of disease-related apps, many of which were free.

Do You Use a Whirlpool Before Routine Foot Care?



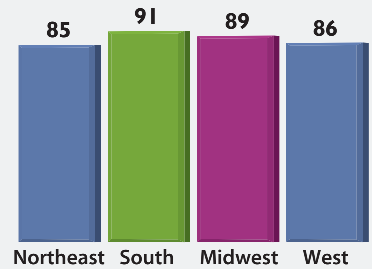
Do You Grind Nails?



Treatment for diabetics has been costly, with the CDC reporting that 20 percent of all health care spending is for people with diabetes.

Insulin injection and monitoring devices will likely continue to advance as well, with wearable technology in its infancy. For example, a wearable tracker for diabetics called K'Track G, which was recently awarded a Consumer Electronics Show 2017 Best of Innovations Award from the Consumer Electronics Association, allows users to measure their blood glucose without blood extraction in real time. As wearable technology helps reduce or eliminate some of the diabetic's management challenges, we may see a drop in lower extremity complications. In fact, we expect technology will play a greater role in diabetic management as the population ages and diabetic patient management is further complicated by dementia and Alzheimer's.

Average Number of Patients per Week by Region

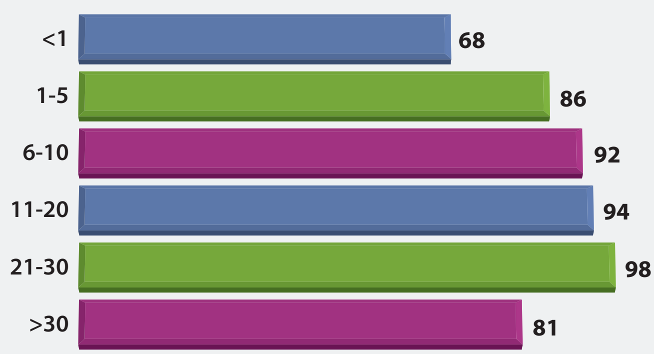


Lower Participation in the Medicare Diabetic Shoe Program

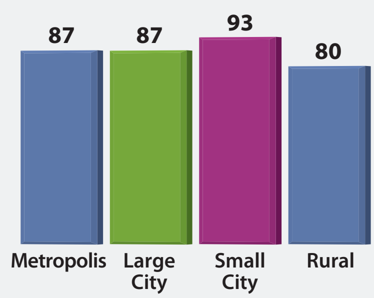
Less than half of those surveyed (48 percent) participated in the Medicare Diabetic Shoe Program. That's down from 52 percent in our previous survey. According to Paul Kesselman, DPM, who periodically

Continued on page 89

Average Number of Patients per Week by Years in Practice



Average Number of Patients per Week by Practice Location



Survey (*from page 88*)

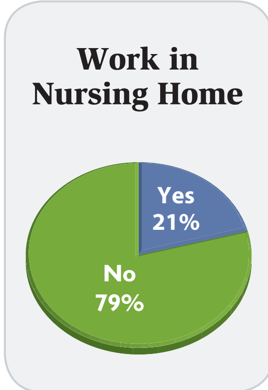
covers the program and discussed it in the February 2016 issue of this magazine, "Significant audits continue in many regions of the country with many suppliers, including podiatrists, either contemplating or outright abandoning the program." He indicated that most audited DPMs ultimately win on appeal. "Those who have embraced rigid standards and policies have found that after several audits in the beginning of the calendar year, they are ultimately left unscathed by auditors for the rest of the year."

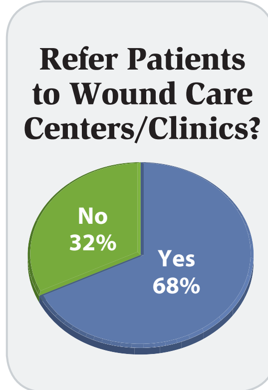
Slight Increase in Wound Care Patients

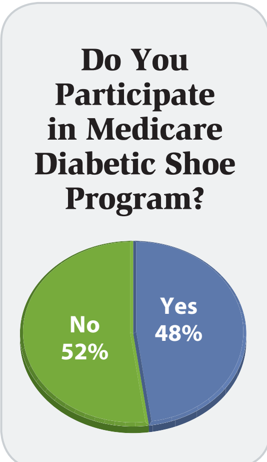
The need for wound care remained a small part of podiatric care but increased moderately compared to our previous survey. In the majority of practices (53 percent), one in 10 patients or fewer required wound care (both diabetic and nondiabetic). The remaining 47 percent of respondents said they saw *more than* one in 10 patients each week for wound care. That compares to 44 percent in our previous survey. In fact, in the practices of 4 percent of doctors surveyed, more than half of their patients required wound care.

While diabetic patients continue to provide wound care challenges and substantial patient numbers in respondents' practices, venous statis ulcers among the rising number of aging Americans may at least partially account for the modest increase in nondiabetic wound care.

We expect the amount of wound care reported to rise and fall depending upon the size of the diabetic population over time. Also, improved preventive measures and increased patient compliance may reduce the occurrences of these wounds and the need for podiatrists to treat them in both diabetic and nondiabetic populations.







A slightly larger percentage of doctors referred patients to wound care centers/clinics as well: 68 percent did so vs. 66 percent in our previous survey. This may be related directly to the slight increase in wound care patients seen. It may also be related to the increasing number of locations as an alternative to hospital-based care.

According to a report in *Today's Wound Clinic* (TWC), increased demand for wound care specialists is outpacing the number of available physicians, leading to greater use of physician "extenders" (e.g., nurse practitioners, physician assistants, etc.) filling the gap. TWC suggests that telemedicine will likely play a greater role in treatment of complex wounds, especially in response to today's health care mandates. "There are explicit imperatives in the Affordable Care Act for a Physician Quality Reporting System (PQRS) and Meaningful Use (MU) implementation that can effectively be achieved by increasing the availability of the specific expertise of these centers. Establishing a telemedicine capability for the management of complex wounds furthers that institution's compliance with these directives."

Nursing Home and Trends among the Aging

The percentage of doctors who work in nursing homes dropped from 26 percent last year to 21 percent

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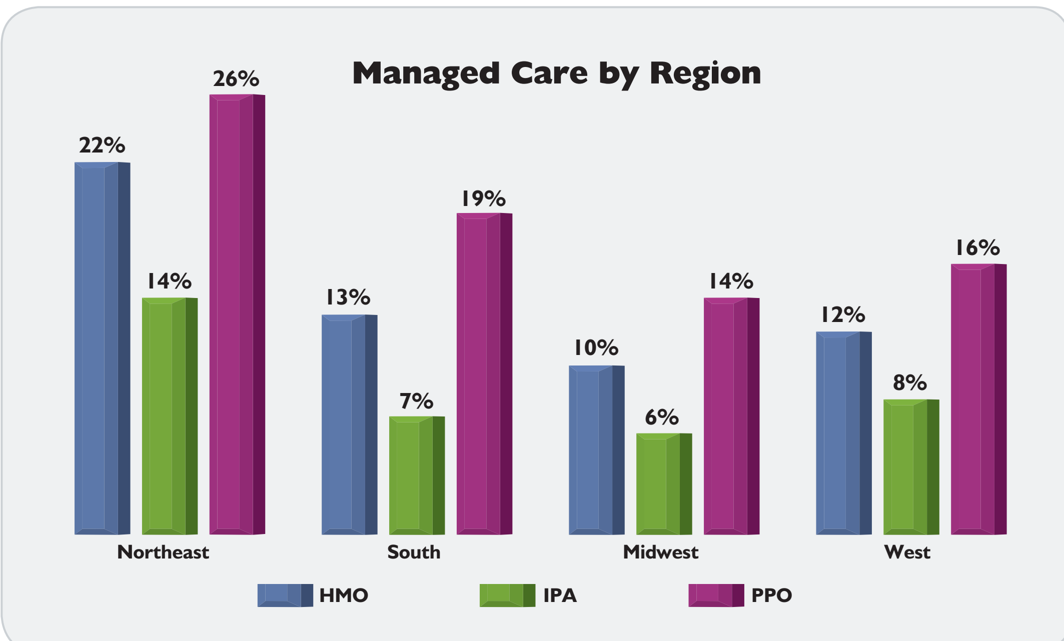
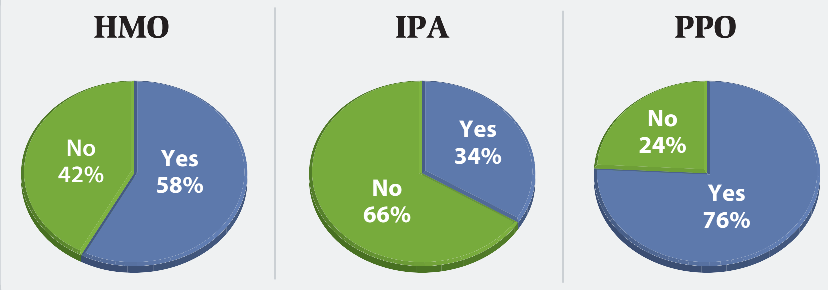


Survey (from page 89)

MANAGED CARE GROUP PARTICIPATION



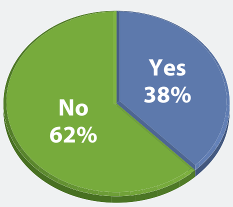
in our most recent survey. Certainly the increased scrutiny by Medicare regarding nursing home visits may have had an impact on the percentage of doctors working there.

The latest available information from the Department of Health & Human Services *Nursing Home Data Compendium 2015 Edition* cites 15,634 nursing homes as of fourth quarter 2014, a number that leveled off after several years of declines. The demand for nursing home care, however, shows no signs of abating given the rising number of elderly. According to USCB population projections, the number of individuals age 65 or older is expected to rise by 35.6 percent from 2015 to 2025.

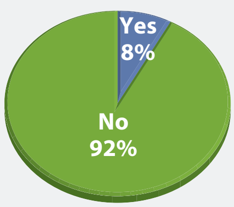
Senior housing options continue to broaden. Assisted living facilities are opening at a fast pace around the country, offering a variety of social and support services to their residents. Some include memory care units for those with dementia and Alzheimer's. Continous-care retirement communities allow seniors to buy into a facility early on (entrance fees, according to the American Association of Retired Persons (AARP), can range from $100,000 to $1 million) and move through the various levels of care if/when they are needed for the rest of their lives, paying monthly fees that currently average between $3,000 and $5,000.

The Aging in Place movement continues to gain momentum. Some elderly are unable to afford the high price of facilities mentioned above and/or prefer to remain in their homes, physically able to manage their day-to-day needs on their own or with part-time assistance. Sometimes family members, local aging in place organizations and/or home care agencies take care of tasks such as grocery shopping, light housekeeping, transportation to doctors' appointments, etc. As the population ages, we anticipate a shortage of part- and full-time nonfamily caregivers due to low pay, the physical challenges of working with the elderly, and an increasing demand that outpaces the supply. AARP is urging some state governments to boost budgets for safety, transportation, meal delivery, adult day care, social engagement and specific home- and community-based senior services.

Do You Have Back Problems?



Do You Have Respiratory Problems?

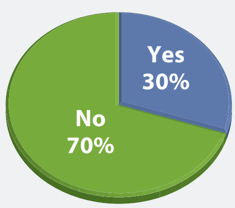


Support for caregivers continues to be a top issue among organizations representing the aging. A 2015 study by the National Alliance for Caregiving and AARP revealed that more than 34 million people provide care for an adult age 50 or older. AARP's Caregiver Advise, Record, Enable (CARE) Act was developed to support family caregivers from the time loved ones enter the hospital to when they transition home and is now law in 33 states. In addition, more than 110 policy changes supporting caregivers have been enacted recently including telehealth services (for caregivers and their loved ones) and home- and community-based services. AARP's caregivers' website offers "CAREversations", a program connecting caregivers to tips, tools and other caregivers. This bigger role for caregivers will present new challenges to DPMs in managing their elderly patients in terms of HIPAA requirements and coordination of care.

Managed Care Participation Trends

Doctor participation in managed care plans remained the same for one type and fell for two others, according to survey results. Preferred provider organizations (PPO) percentages remained the same, with 76 percent of respondents on PPO provider rosters. Health maintenance organization (HMO) participation fell from 63 percent last year to 58 percent in our most recent survey, while membership in independent practice associations (IPAs) dropped from 39 percent to 34 percent.

Patients in Managed Care Programs



Regionally, participation in all three covered MCO types was highest in the Northeast. The South came in second, followed by the West and the Midwest.

Doctors who signed on to one or more MCO panels reported an average participation in 5.1 programs, which was unchanged from the pre-

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Survey (from page 92)

vious year. Of particular note is the fact that 26 percent of those on provider panels participated in eight or more programs.

The percentage of patients in managed care plans remained steady year-to-year at 30 percent. Income from MCO patients, however, edged up slightly, from 25 percent last year to 26 percent in our most recent survey. This may indicate that although fewer doctors participated in MCOs, they were more selective and better able to negotiate fees—especially considering that the percentage of MCO patients and number of programs remained unchanged. (Our higher fee data supports this theory as well.) Perhaps partnership/group doctors had more clout during negotiations, resulting in better contracts. Another aspect worth noting: The percentage of practices with very high percentages of MCO patients (at least four out of five patients) dropped from 9 percent last year to 6 percent in our latest survey.

Older doctors (those in practice more than 20 years) reported the highest percentage of income from MCO patients, while new doctors (less than one year in practice) reported the least.

Three trends affecting managed care as reported in *Managed Healthcare Executive (MHE)* have connections to both podiatry and technology: 1) the increased need for chronic condition management (especially as the population ages); 2) the use of mobile technologies for patient communication and information access; and 3) the focus on medication adherence to improve outcomes and reduce costs. As part of these trends, the use of telemedicine is likely to expand given "advances in telemedicine technology, evolution in legislators' and regulars' view of telemedicine, and providers' and insurers' relentless efforts to provide cost-effective care with high-quality results," according to *MHE*'s report by Nathaniel Lacktman, an attorney who focuses on telemedicine, telehealth and innovative healthcare arrangements.

Of special note is that since MCO patients generally had higher co-pays and deductibles during our survey period, the gross income figures in this year's report point to better accounts receivable management in surveyed practices.

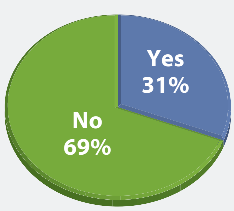
ACA Impact on the Uninsured

According to the Kaiser Family Foundation (KFF), the uninsured non-elderly population dropped from 13.3 percent to 10.5 percent during our survey period. The KFF credits the Affordable Care Act's increased coverage in 2014 to millions of previously uninsured through the expansion of Medicaid and the establishment of Health Insurance Marketplaces. Coverage gains were particularly large among low-income people living in states that expanded Medicaid. While many were newly covered, however, other Americans faced skyrocketing premiums.

What's ahead as the new administration takes the reins? President Trump promises changes, so we'll follow the impact of these revisions on patients, doctors, and insurance companies. •

The percentage of patients in managed care plans remained steady year-to-year at 30 percent. Income from MCO patients, however, edged up slightly.

Are You a Participant in an Accountable Care Organization?



ACO Participation Rises

There was a relatively big boost in participation in Accountable Care Organizations (ACOs): 31 percent vs. 26 percent in our previous survey and the highest percentage tallied since we added this question three years ago.

According to the Centers for Medicare & Medicaid Services (CMS), ACOs are groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated, high-quality care to their Medicare patients. Their aim is to increase patient volumes while decreasing healthcare costs and improve coordination between physicians. DPMs cannot become members but can become preferred providers. With increasing scrutiny on efficiency across medical specialties, as well as the movement toward partnership/group practice, we anticipate that the percentage of doctors in ACOs will continue to rise.

APMA Membership up

The percentage of doctors who were members of the American Podiatric Medical Association (APMA) rose slightly, from 77 percent last year to 79 percent in our most recent report. This may be a direct result of the percentage of higher-earning, experienced doctors. Another reason may be the timing of the survey: During this pre-Presidential election period, practitioners may have been particularly concerned that the profession's interests were protected via the APMA's representation at the Federal level. Besides speaking on behalf of po-

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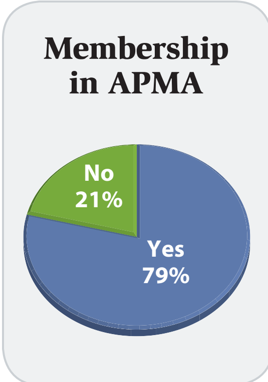
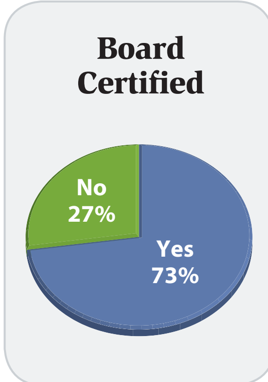
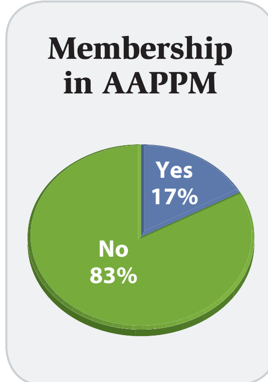
Survey (from page 93)

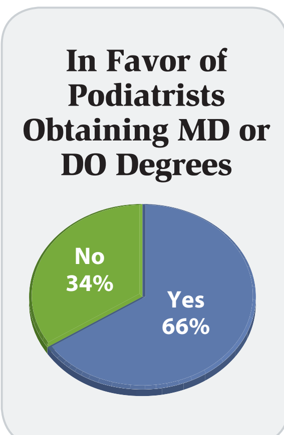






diatrists, the APMA also provides resources for policymakers so that they can make informed decisions. For example, it provided input to the Relative Value-Based Update Committee and the Carrier Advisory Committee. Recognizing the DPM's role in assisting with fall prevention, the APMA passed a resolution acknowledging falls as a public health problem and encouraged the joining of state-wide Falls Prevention Coalitions. It also provides MACRA resources including "MACRA Made Easy" seminars and webinars.

New DPMs can benefit from the APMA Young Physicians Program that includes tools targeted to members who have been practicing 10 years or less: debt management advice, state licensure information, and tips on how to get more involved with the APMA. Students at all levels who are interested in the profession can find numerous resources, including basic career information as well as lists of scholarships, fellowships, residencies, and interview tips.



The APMA's public awareness campaigns tout the benefits of podiatry for consumers, such as recent press releases entitled, "Today's Podiatrist Keeps America Walking" and "Reflect on Your Feet Today to Save a Limb Tomorrow." Consumer health-related material on its website offers patient education on foot health, diabetes and the role of podiatry in the healthcare spectrum. A "Find a Podiatrist" tab on its website lets prospective patients search for DPMs by zip code.

The Council on Podiatric Medical Education, an autonomous accrediting agency that derives its authority from the APMA House of Delegates, approves fellowships and residency programs as well as continuing education. It also recognizes specialty certifying boards for podiatric medical practice.

New DPMs can benefit from the APMA Young Physicians Program that includes tools targeted to members who have been practicing 10 years or less.

More Doctors Were Board Certified

There was a slightly higher percentage of Board Certified doctors as well, with 73 percent having attained Board Certification vs. 72 percent last year. Managed care companies often require doctors to be Board Certified, which at least partially kept this percentage high. What's more, patients regularly use practice portals to compare qualifications of doctors in their plans and likely used Board Certification as part of their selection criteria. The slightly lower percentage of new doctors may have been in play here as well, with many new DPMs lacking the time and qualifications for case reviews and examinations to qualify for Board Certification.

AAPPM Membership

Seventeen percent of those surveyed were members of the American Academy of Podiatric Practice Management (AAPPM), which was down slightly from 19 percent last year.

The AAPPM offer numerous practice management resources including forms and documents; mentorship; webinars and weekly eblasts; fellowship opportunities; a DVD series, which can also be used for staff training and includes access to relevant printed literature; and discounts on products and conferences. There are sections geared specifically toward students, residents, and young DPMs. Recently added benefits include 24/7 practice management coaching through a special arrangement with The Virtual Practice Management Institute as well as the addition of a Certified Medical Office Manager–Podiatry program through a partnership with the Practice Management Institute.

Certainly there are bottom-line benefits to joining the AAPPM, with members earning more than non-member colleagues. (See Net Income section.)

As mentioned in our last report, some doctors may have joined the recently established Institute for Podiatric Excellence & Development (IPED), a practice management organization that is "committed to matching the enthusiasm and desire to be successful, with the experience and practicality of working on and in private practice," according to its website. Individuals at all career stages—from first-year students to veteran practitioners—can benefit from its meetings, webinars, articles, videos, and blogs.

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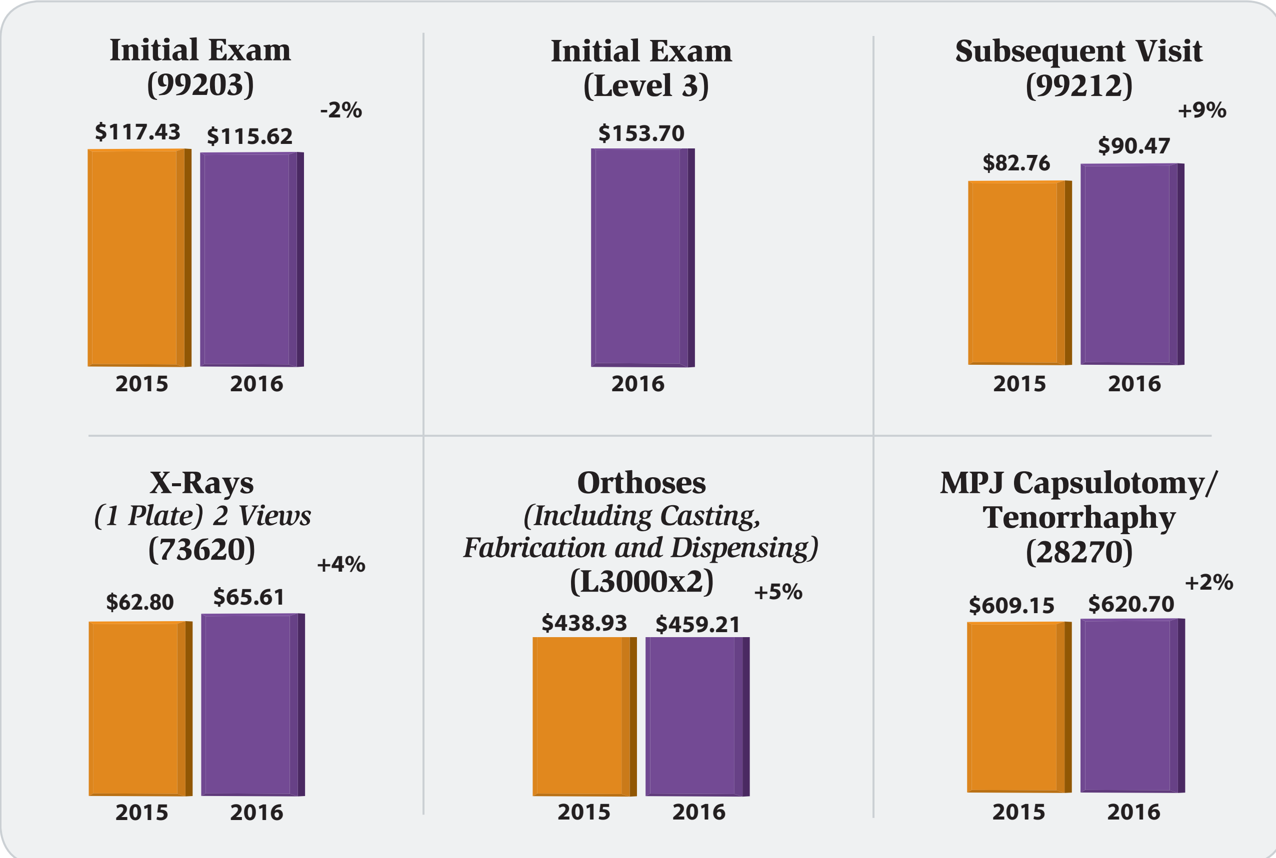
FEES



Survey *(from page 94)*

Degree Change Still Overwhelmingly Favored

Nearly two out of three (66 percent) of DPMs surveyed were in favor of podiatrists obtaining an MD or DO degree. The positive response was up 3 percent from our previous survey.

This hot topic is often discussed in *PM News* and the Letters section of this magazine. Recent complaints among DPMs as documented in PM's Letters section include lower reimbursements; ineligibility for a business loan (only offered to those with MD, DO, DDS and DVM degrees); and higher insurance premiums.

Just last year, Severko Hrywnak, DPM, MD, announced he was forming a podiatric medical college that would grant both DPM, MD and DPM, PA degrees. Dr. Hrywnak is a Board Certified physician and president and CEO of The SEV Group, Ad-

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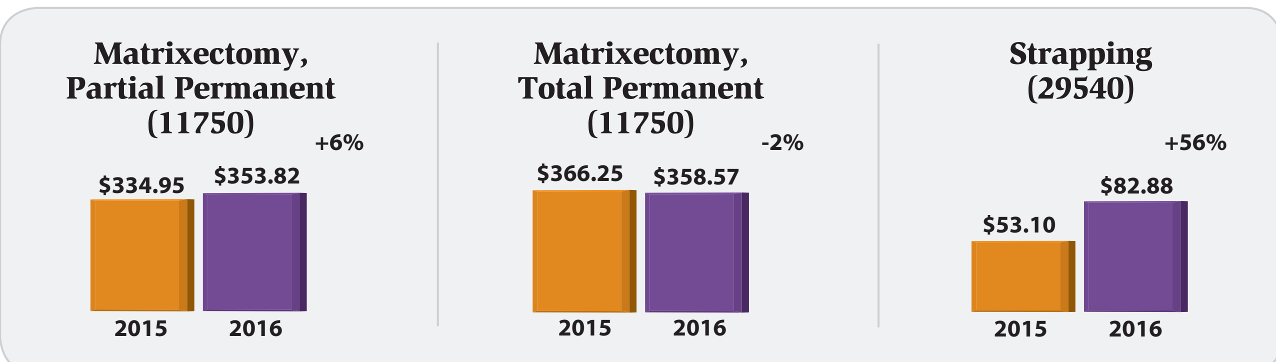

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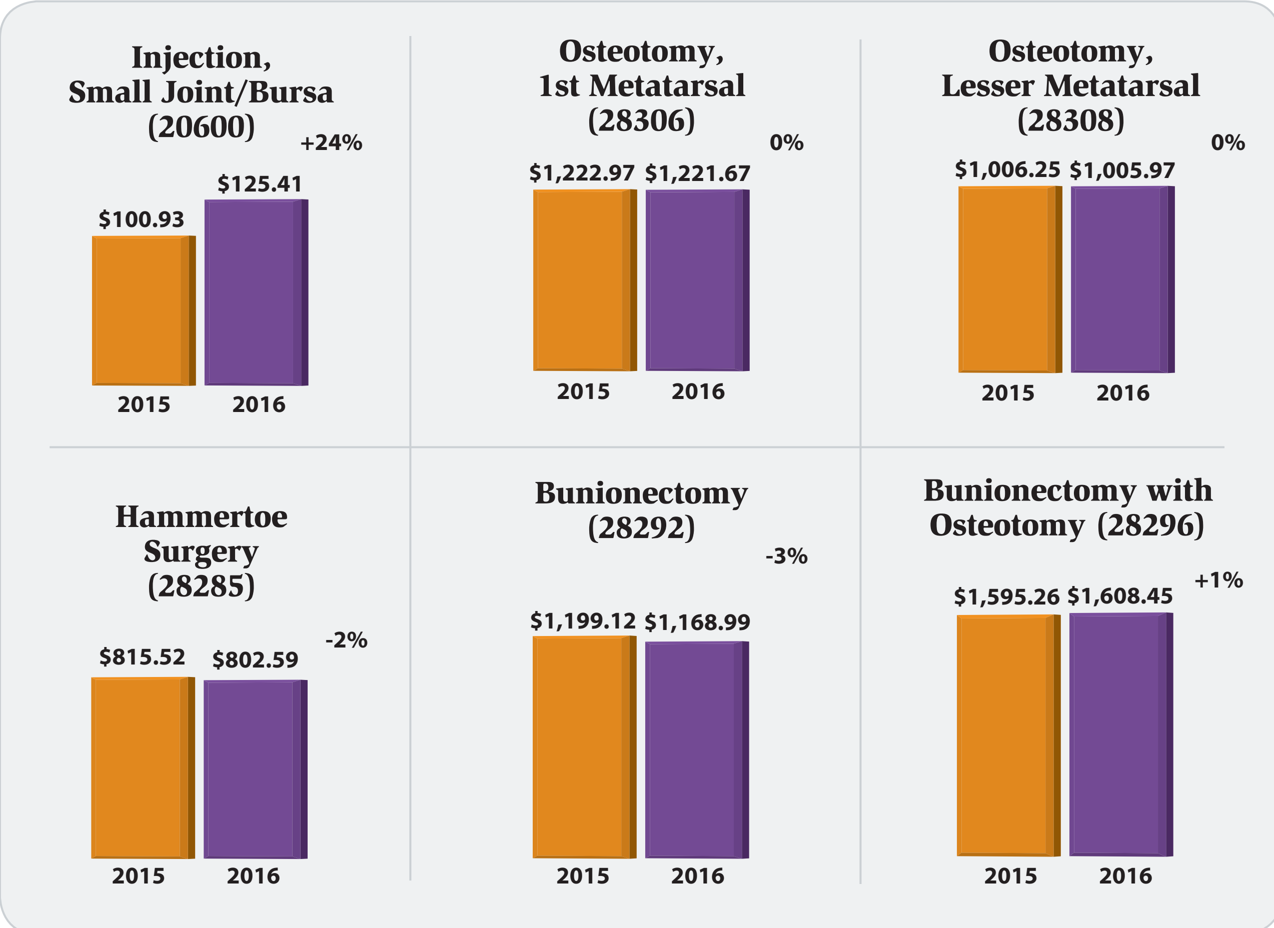
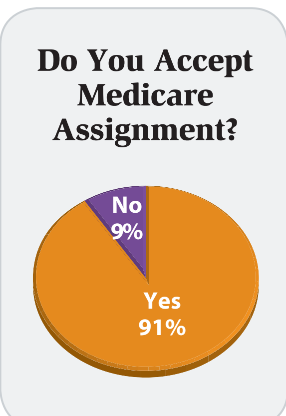
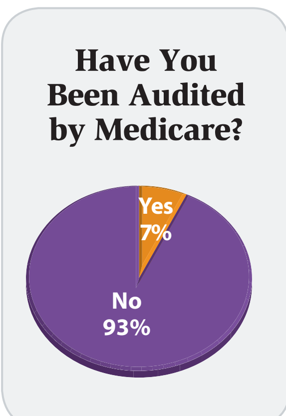


Survey (from page 97)

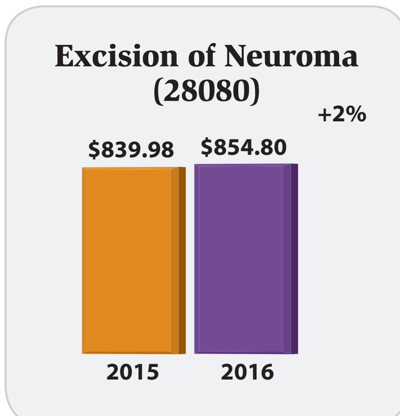
vanced Ambulatory Surgical Center, Park Immediate Health Care Centers and VIP Surgery Chicago. *PM* will monitor his progress and any other new podiatry-related degree-granting programs that may be in the works in the near future.





FEES, MEDICARE & AUDITS

On average, fees were up 3 percent vs. our previous survey. The biggest increases percentage-wise were noted for strapping (up 56 percent to $82.88), injection (up 24 percent to $125.41), and subsequent visit (up 9 percent to $90.47). Per the request of previous respondents, we added initial exam (Level 3) to our list of fees. Lower fees were reported for simple bunion (down 3 percent to $1,168.99), initial exam (down 2 percent to $115.62), hammertoe (down 2 percent to $802.59), and total ingrown nail (down 2 percent to $358.57). Small or no percentage changes were noted in the other fee categories (see charts).



Note that the fees listed are the

Continued on page 100

Survey *(from page 98)*

average amounts doctors charged and were not necessarily what they were paid.

Medicare Participation and Percentage Audited Drop

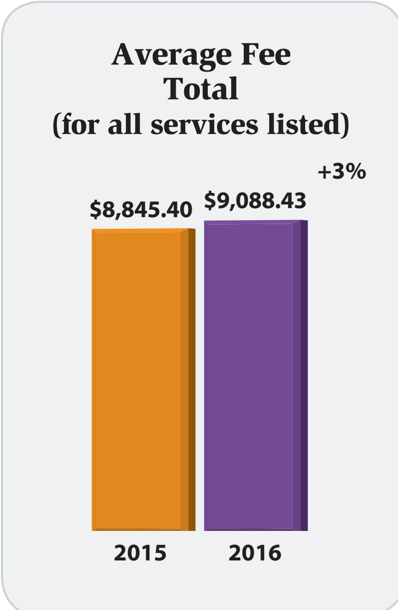
The percentage of respondents who accepted Medicare assignment dropped from 94 percent last year to 91 percent in our most recent survey. This percentage has hovered around the 90-94 percent mark for at least the past 15 years.

Some advantages and disadvantages to opting out of Medicare were outlined by Harry Goldsmith, DPM, in the March 2016 issue of this magazine. "The advantages are elimination of audits, Medicare penalties, PQRS, and so on," he wrote. "The disadvantage is that if practices rely on surgery, trauma, even nursing home volume, doctors may feel resistance when patients balk at paying out of pocket."

Only 7 percent of doctors surveyed were audited by Medicare compared to 10 percent last year. However, the amounts ordered to be paid back were generally higher, with 36 percent of those audited saying they had to pay back more than $1,000 vs. 13 percent reporting a similar payback last year. In fact, 5 percent who were audited had to pay back more than $100,000, whereas none of those audited last year reported such a high restitution amount.

At the Federal level, the Office of Inspector General recovered $2.4 billion in fiscal year (FY) 2015 vs. $3.3 billion in FY 2014 from individuals and companies that attempted to defraud the health care system. While only a small amount was podiatry-related, the number of cases opened increased by 6.4 percent year-to-year. We expect documentation scrutiny to continue as government officials look to compensate for shortfalls in other areas.

FEES



Solo doctors surveyed took in a substantially higher gross income compared to last year: 13 percent more, for a median gross income of $256,000.

GROSS INCOME

Solo doctors surveyed took in a substantially higher gross income compared to last year: 13 percent more, for a median gross income of $256,000. The large segment of solo doctors who grossed less than $100,000 during our survey period was offset by a higher percentage of solo respondents taking in more than $500,000.

Regionally for all practice types, the West and the South tied for first place at a median gross of $218,750.

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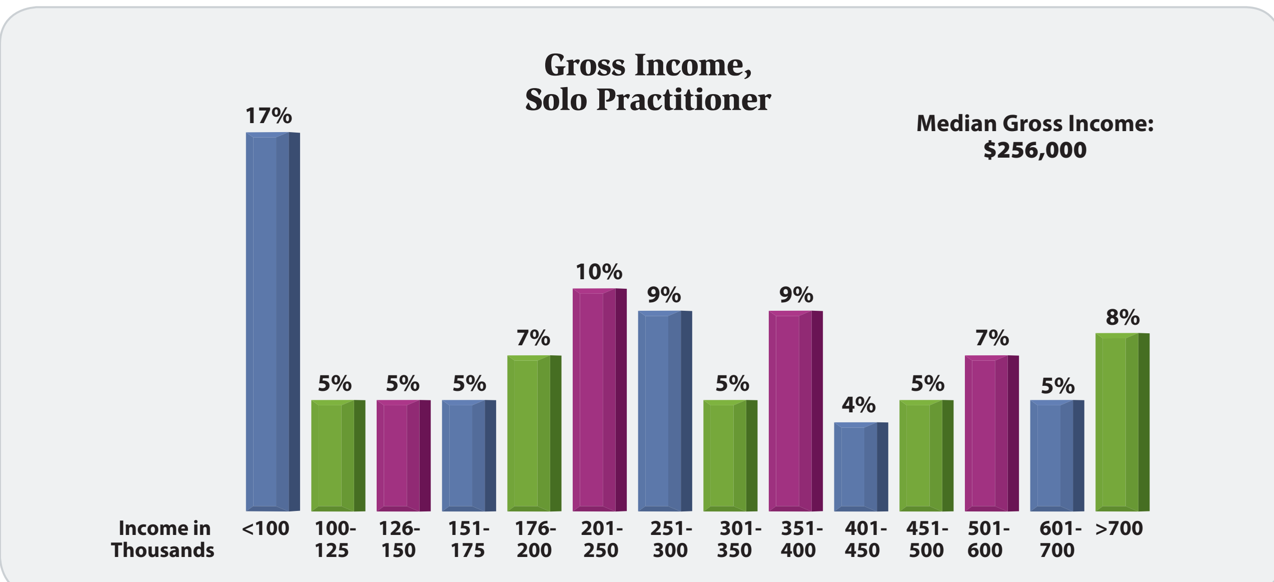

Survey *(from page 100)*

Notable here is the fact that the West jumped from last to first place with a 20 percent increase in median gross income compared to the previous year. North Central doctors grossed $201,750, while respondents in the East took in $195,500.

Major trends such as a larger average patient base and higher fees, as already discussed, may only be part of this positive picture. Some doctors may have taken the advice of experts and colleagues and established Centers of Excellence—in areas such as pain management, neuropathy, and sports medicine—to make their practices stand out competitively and grow faster. They may have specialized by providing house calls or concierge practices. Dispensing ancillary products (as discussed in the next sections) was another tactic used by respondents to boost revenue. These and other strategies are covered regularly in this magazine and *PM News* on podiatrym.com.

In addition, now that seasoned doctors have had a few to several years to master electronic health records (EHR), they may now be deriving some of the benefits of greater efficiency. (And new DPMs have had little to no learning curve, having been trained from their start with EHR.)

EXPENSES & TRENDS

Practice-related expenses were up 6 percent overall year-to-year, reflecting both higher costs as well as a boost in spending by our respondent pool.

Perhaps as a direct reflection of seeing more patients, doctors surveyed spent significantly more on patient-related costs, such as bio/pathology lab expenses and orthotics. Respondents also boosted fixed equipment expenditures—spending the most in 2015 than they did in the prior 15 years, even adjusting for inflation.

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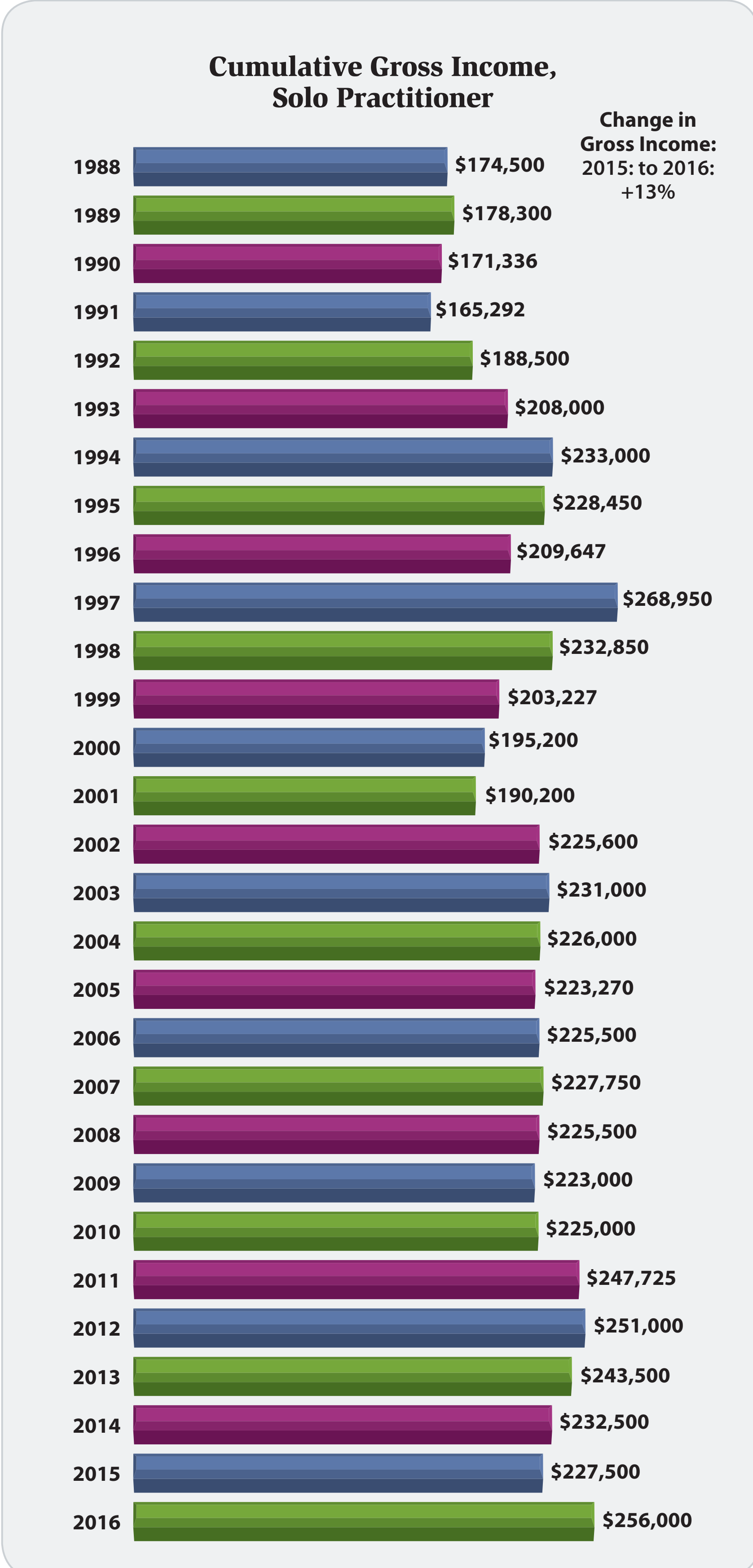
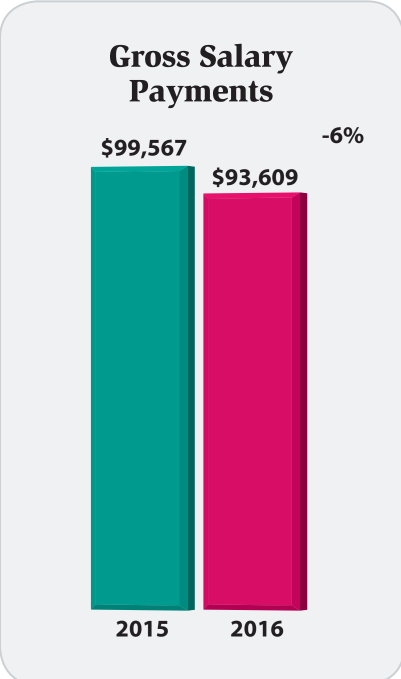
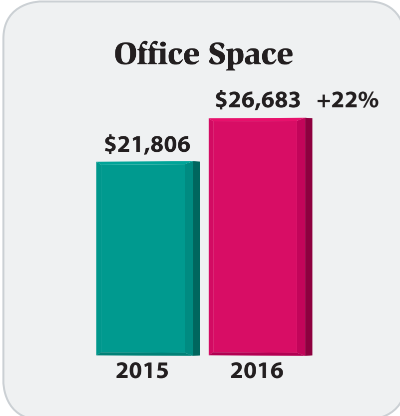


YOUR OVERHEAD EXPENSES





Survey *(from page 102)*

Here's an analysis of some major expenses.

• ***Gross Salary Payments***—Doctors surveyed spent $93,609, or 6 percent less than respondents last year, on gross salary payments. With the year-to-year inflation rate at 1.8 percent and the unemployment rate continuing its downward trend to 5 percent by the end of 2015, we would have expected at least a small uptick in salaries. Instead, we surmise that other factors were at work here.

First, this drop may have been a reflection of the higher percentage of doctors in partnership/group practice, in which these costs are split between owners. Some practices may have reduced payroll by hiring part-time instead of full-time staffers.

Second, greater use of technology may have reduced staff hours and related costs. For example, practices may have more fully incorporated online patient portals for appointment setting and reminders, collecting and updating information, and other functions. Full use of these secure web-based systems may have had a positive impact on gross income as well: Some clinically trained staff members might have been able to provide a higher level of assistance to doctors, resulting in the ability for the practice to treat more patients.

One piece of legislation that will likely impact the salary payments category in future surveys is the new overtime ruling recently enacted by the U.S. Department of Labor. Employees who make less than $913 per week or $47,660 annually (as of December 1, 2016) may now be considered "non-exempt" and subject to the time-and-a-half rule when they work over 40 hours in a given week. (For specific details, see "What Podiatric Physicians Need to Know About the New Overtime Rules" in the November/December 2016 issue of this magazine.) Many practices will need to re-evaluate work schedules and explore the potential impact of this Federal ruling on their bottom lines.

Another trend that may add to the cost in this category is the increasing use of physician assistants (PAs) and nurse practitioners (NPs), especially in large, high-volume practices in which doctors are booked to capacity. The median salary for PAs during our survey year, according to the BLS, was $98,180, while NPs earned a median salary of $98,190.

• ***Office Space***—Respondents spent an average of $26,683 on office space, up 22 percent from last year. While one might have expected this cost to *drop* due to the larger percentage of partnership/group practices surveyed (in which this cost is shared among owners), other broad economic factors may have been in place. For instance, the perceived economic improvement in the U.S. may have stimulated more business startups and expansions, thus creating greater competition for available office space. According to a Colliers International report "2016 Healthcare Marketplace," which covers the health care industry and its effect on commercial real estate, rents were generally flat in 2015 while the vacancy rate fell. The smaller inventory of properties coupled with the sense of optimism as previously described may have triggered landlords to raise rents substantially, perhaps for the first time since the 2008 financial crisis. What's more, inducements landlords previously provided (free rent and other sign-on perks) may have expired or were no longer offered during our survey period.

One piece of legislation that will likely impact the salary payments category in future surveys is the new overtime ruling recently enacted by the U.S. Department of Labor.

The boost in number of patients—and the focus on more in-office care and patient comfort—likely contributed to larger spaces, too. While many practitioners for years performed surgery in a hospital setting, more and more procedures are being done in-office under a local aesthetic. This may be prompting doctors to expand their current square footage and thus increase its overall cost (while adding con-

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Survey *(from page 104)*

venience to the patient experience). Some respondents may have gone a step further, adding such patient-friendly amenities as expanded waiting rooms, coffee stations, technology work/play stations, child-friendly spaces and even spa-like treatment areas.

• ***Fixed Equipment Expenses***—As previously mentioned, doctors surveyed spent a considerably larger share of their gross income on fixed equipment costs vs. our previous survey: $5,283, on average, a 44 percent jump. This amount is even more significant considering that a higher percentage of doctors *shared* this expense because of the higher proportion of partnership/group DPMs.

Obviously, the significantly higher gross incomes reported by respondents allowed for investment in new equipment, perhaps with doctors having held off doing so during previous, leaner years. Some doctors surveyed may have made equipment updates before looming deadlines. For instance, as of January 1 of this year, Medicare began penalizing doctors who use conventional x-ray and chemicals rather than digital x-ray technology. Patient satisfaction has become a key focus with the PQRS and physician reviewing websites, perhaps prompting doctors to improve their in-office "wow" factor. Some DPMs may have placed equipment for EHR in this category, while others may have itemized it under the computer-related category below.

Besides digital x-ray machines, doctors may have purchased such items as high-resolution ultrasound devices, scanners, lasers, and even ergonomically improved and high-tech chairs and stools. In the surgery suite, we expect robotics to play a larger part in the future and we will follow this technology's progress over the coming years.

While the intense post-2008 scrutiny of credit worthiness remained, banks have been more willing to make loans to small businesses (albeit often with personal guarantees) while many equipment companies offered incentives and add-ons with purchase. Low interest rates may have prompted some doctors to buy, especially with the looming 2016 election (the survey closed prior to the election) and the unknown effect the new administration might have on interest rates and measures such

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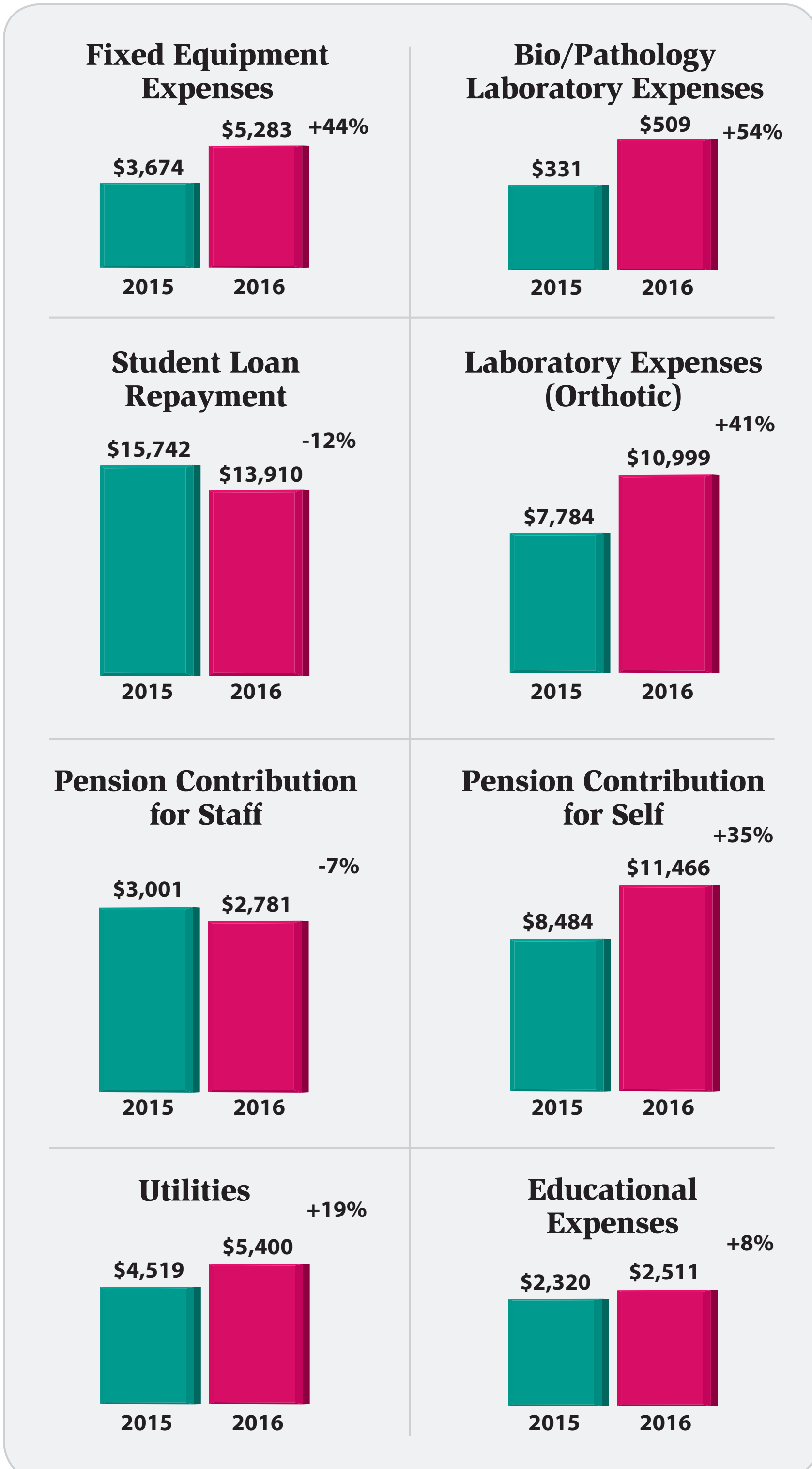
YOUR OVERHEAD EXPENSES



Survey *(from page 105)*

as Section 179 deductions. (We have already seen a boost in the prime rate, which some doctors may have anticipated.)

• ***Computer Service/Maintenance and the Internet***—Respondents spent an average of $3,641 on computer service maintenance and the Internet compared to our previous survey, an increase of 14 percent.

In no other area have we seen a greater impact on the podiatrist's practice than computer technology—but at a cost. For example, cloud-based subscription software may be contributing to this increase, with DPMs paying ongoing subscription fees rather than making a one-time purchase. Particularly hard hit were practices that postponed software upgrades to save money. Doctors may have added e-Prescribing modules for the first time. With data breaches under HIPAA legislation reaching their highest level during our survey period, doctors may have invested in more robust and redundant systems, such as third-party, cloud-based recovery plans, to protect patient and practice information. Firewall routers and antivirus software may have offered further protection.

Assuming some doctors put their EHR expenses here, respondents may have begun to upgrade their systems in light of MACRA and the Merit-Based Incentive Payment System (MIPS). Penalties for not attesting to MU started during our survey year, perhaps providing an incentive for respondents to invest in improved data management and reporting.

Some tech-savvy practices may have invested in the costly area of mobile app development. Perhaps dedicated IT staffers—whose jobs may have included not only apps but system maintenance and social media management—were itemized as part of this computer expense rather than in the gross salary payments section. Practices may have added cashless payment systems and now were absorbing those related fees.

While relatively new during our survey period, artificial intelligence (AI) using enormous amounts of health-care-generated and consumer data promises to increase customized patient solutions while driving down costs.

While relatively new during our survey period, artificial intelligence (AI) using enormous amounts of health-care-generated and consumer data promises to increase customized patient solutions while driving down costs. This is only the beginning: Combining data with cutting-edge technologies such as 3D printing and "smart" shoe design is still in its infancy but may change the way doctors practice in the future, with potential bottom-line impacts.

In fact, we expect AI and machine learning to play a greater role in health care as the use of these complex technologies becomes more widespread. A recent *Wall Street Journal* article described the use of data and algorithms to diagnose diabetic retinopathy from eye imaging and using MRI scans to predict seizures and even heart failure. Since more data generally equals greater accuracy, combining currently available information with consumer-collected data provides even more promise for early diagnosis and treatment. Increased use of wearable technology such as Fitbits and Apple iWatches combined with now readily available genetic data (such as from 23andMe) may help doctors in diagnosis and provide a huge advantage to patients in terms of monitoring and compliance, especially for the DPM's diabetic patient base.

• ***Utilities***—Doctors surveyed paid 19 percent more than last year's

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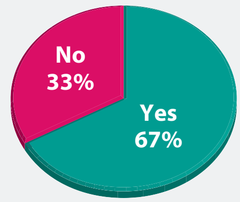
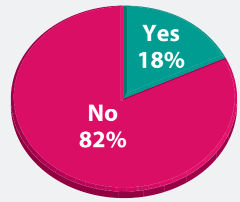
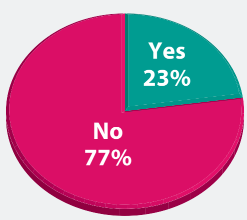
Do You Dispense OTC Products from Your Office?



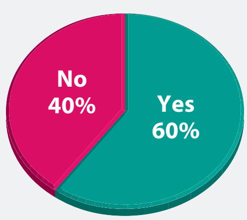
Do You Dispense Rx Products from Your Office?



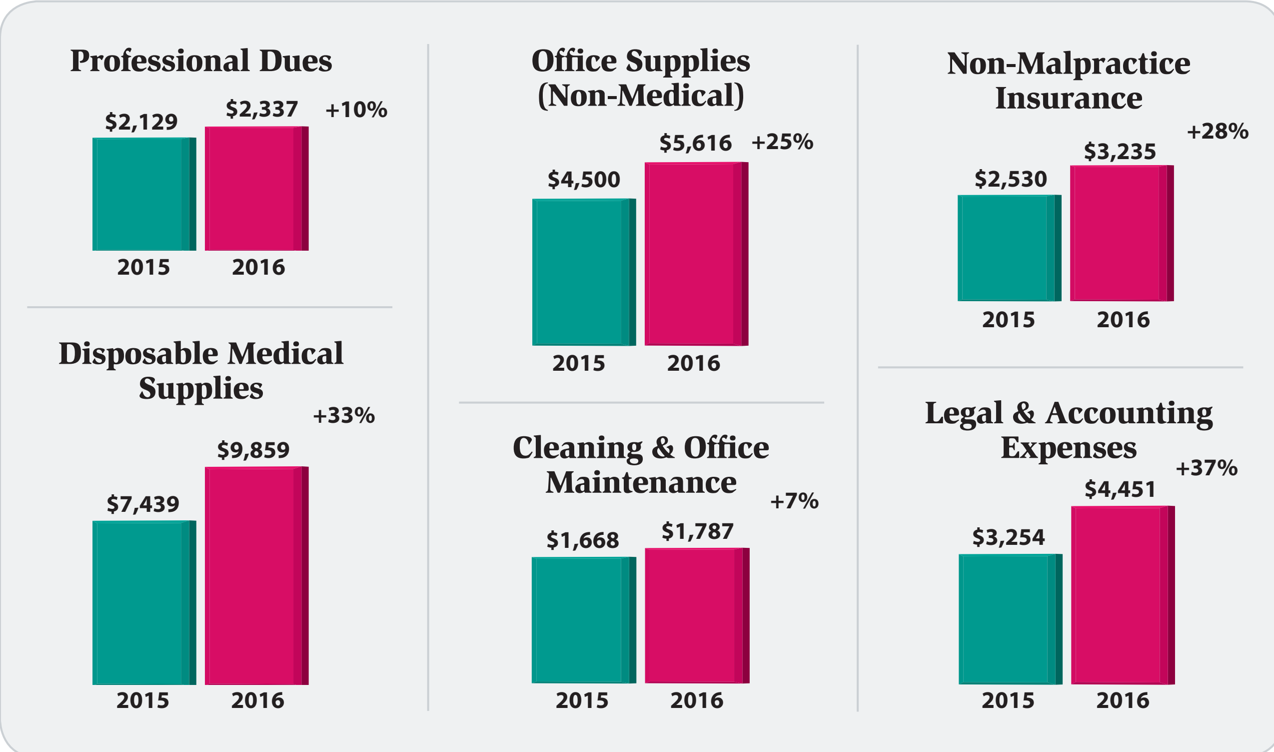
Do You Use Foot Measurement Technology for Prescribing Orthotics?



Do You Incorporate Digital X-ray Technology into Your Practice?



YOUR OVERHEAD EXPENSES



Survey *(from page 108)*

respondents for utilities such as heating fuel, electricity, water, and telephones. This average $5,400 cost may be related partially to some doctors' larger offices despite the boost in partnership/group practices, where these costs are split between owners.

According to the U.S. Energy Information Administration, heating oil, propane and electricity prices dropped during the period. However, consumption grew for some types including natural gas (up 18.4 percent) and solar energy (up 40.7 percent, but still only a small portion of usage). Perhaps some practices' expanded space and use of electronics and automatic equipment contributed to the rise in this expense. We expect to see a hike in electricity rates with the planned closures of nuclear power plants around the country, leaving municipalities scrambling for alternative energy sources. Water costs will continue to escalate as well, with increased consumption causing shortages in many areas and users bearing the costs to upgrade aging water systems.

Doctors may have invested in more sophisticated telephone systems—perhaps even using new systems in place of staff members and saving on the salary expense and/or redirecting assistants to perform higher level tasks. Major landline telephone carriers continued to lose

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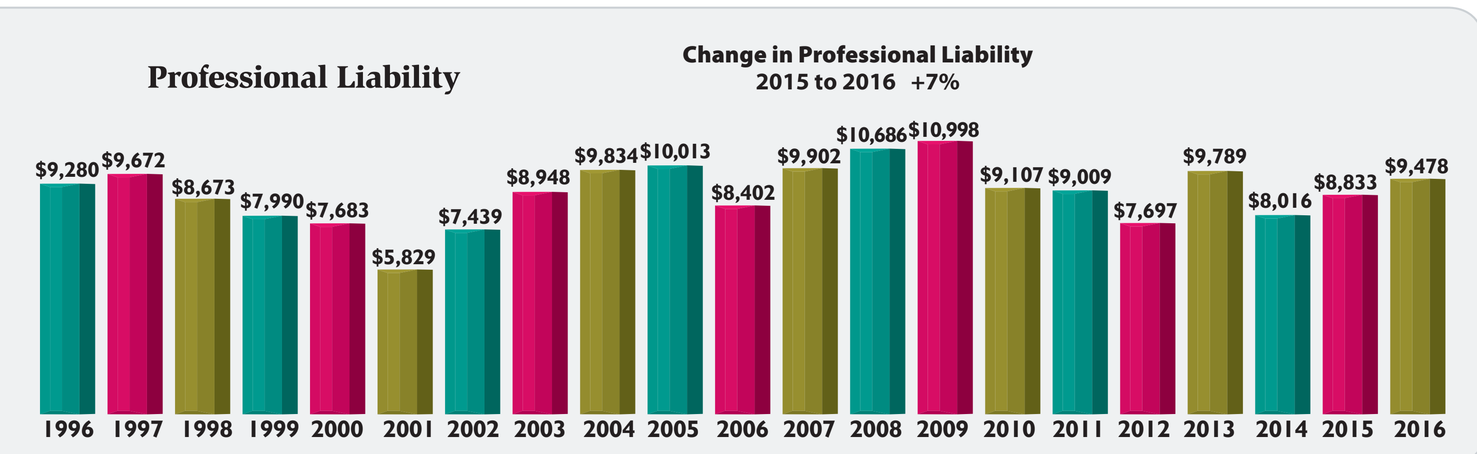


Survey *(from page 110)*

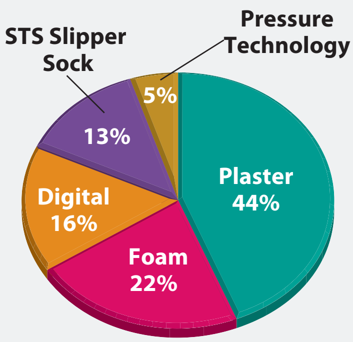
residential customers during 2015, with more households relying solely on cellular service. As a result, carriers boosted fees for commercial accounts. Some practices may have expanded the use of cell phones among staff members, especially in practices with satellite offices, or increased the size of data plans due to offsite work such as in-home patient care or providing services in nursing homes.

• ***Educational Expenses***—Respondents spent an average of $2,511 for educational expenses, an increase of 8 percent over last year. With their higher gross incomes this year, respondents may have allotted more to this expense category. Some doctors may have traveled further and more often. With staff training the key to practice efficiency, doctors surveyed may have invested more in the staff's clinical and practice management education.

We expect doctors to continue to allot ample spending for education, especially to keep up with new treatments and technology. According to the March 2016 Sources and Interactions Study from Kantar Media (KM), meetings for continuing medical education and in-person conferences on a product or therapy were among the top five most important sources that physicians used for new medical developments.

• ***Professional Dues***—The amount spent on professional dues rose 10 percent to $2,337 for the average DPM surveyed. The higher median gross income likely prompted some respondents to join new groups and/or rejoin associations after a hiatus. The increase may also be partially related to the lower percentage of new doctors surveyed (less than a year in practice), since early-career DPMs may be more strapped for cash. The impact on bottom lines was clear with APMA and AAPPM members earning more than nonmember colleagues. (See Net Income section.)

What Is Your Preferred Method of Foot Measurement for Prescribing Orthotics?



Respondents spent an average of $2,511 for educational expenses, an increase of 8 percent over last year.

Increased competition, the need to keep up with the latest treatments and technology, the desire to communicate and interact with other medical specialists and support systems provided by professional organizations may have lead to a number of new memberships as well.

• ***Professional Liability***—The cost for malpractice insurance rose 7 percent to an average of $9,478. While the most recent figure is higher than that of the past two previous surveys, it was still lower than the 2013 report of $9,789 and considerably lower than our all-time high of $10,998 in 2009, especially after adjusting for inflation.

Reports in *Medical Liability Monitor* point to potentially higher premium rates in the future depending on the frequency and severity of malpractice claims. According to Diederich Healthcare (DH), the total medical malpractice payout in the U.S. during our survey period rose 1.68 percent to $3.9 billion. Payout rates fell from 2003 to 2012 but have been ticking upward every since, according the DH data. New York was the state with the highest payout amount, both in total and per capita. Given that New Yorkers represent the largest segment of our survey, this factor may have influenced the rise in malpractice premiums.

• ***Non-Malpractice Insurance***—The cost for non-malpractice insurance (such as general liability, theft, fire, flood, business interruption coverage and health insurance for employees) rose 28 percent since last year, averaging $3,235 and topping the $3,000 mark for the first time since 2005. While this may be a partial correction after an 8 percent drop last year, it may also be the result of new, more extensive coverages available, such as policies that offer protection for cyber security or that cover employees for certain diseases, such as cancer. It may also be the result of less competition as insurance companies merged or sold off unprofitable lines.

More respondents may have offered health insurance to employees as they competed for top-quality assistants and associates. According to

Continued on page 112

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

	2015	2016
New Balance	52%	49%
Asics	21%	23%
Brooks	13%	14%
Nike	2%	3%
Apex	2%	1%
Saucony	2%	1%
Mizuno	0%	1%
Others	8%	7%

Survey (from page 111)

the Kaiser Family Foundation, 54 percent of employers who had between three and 49 staff members during the survey period offered health insurance, which was an increase of 2 percent from the previous year.

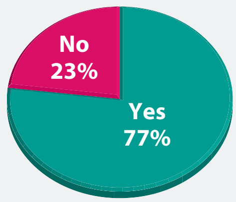
• ***Legal and Accounting Fees***—The fees associated with lawyers and accountants rose a whopping 37 percent to $4,451 in our most recent survey.

Fees for legal and accounting services generally grew in the single percentage points over the period surveyed. According to the National Society of Accountants, fees for services ranging from tax preparation to audits rose between 3.2 percent and 4.6 percent in 2015 vs. 2014. For tax preparation, highest fees were reported in the Pacific area (Alaska, California, Hawaii, Oregon and Washington), while lowest fees were charged in the West North Central region (Arkansas, Louisiana, Oklahoma and Texas).

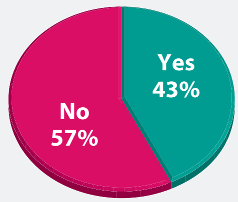
A report released Thomson Reuters' (TM) Peer Monitor found that overall legal rate growth slowed during the years approaching our survey time period, with legal fees growing 2.7 percent in 2015. It noted a flat demand for legal services and found that firms willing to accept lower fee increases were able to attract price-sensitive clients. TM indicated that it was "increasingly a buyers' market" for legal services. The rising number of lawyers (up 1.5 percent from 2014-2015 to more than 1.3 million in the U.S., according to the American Bar Association) will increase competition and keep fees in check as well.

Perhaps large audits previously reported skewed the expenditures upward. Commercial real estate transitions for expanding practices may also have impacted these fees. What's more, as doctors increasingly changed modes of practice, added new offices, signed contracts, etc., they required the services of legal and accounting professionals.

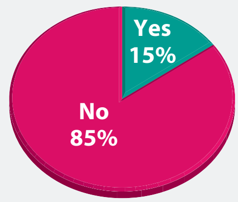
Do You Have a Practice Website?



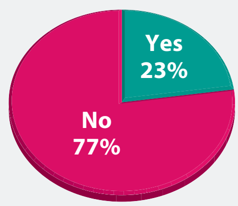
Is Your Practice Listed on Facebook?



Does Your Practice Use Twitter?

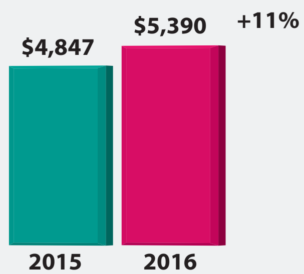


Does Your Practice Use LinkedIn?

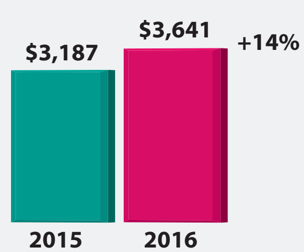


YOUR OVERHEAD EXPENSES

Advertising



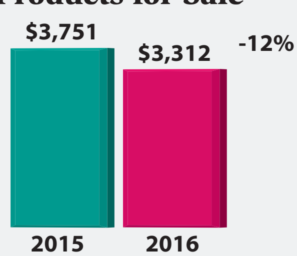
Computer Service Maintenance & Internet



Type of Advertising

	2015	2016
Internet	45%	59%
Yellow Pages (Print)	39%	38%
Newspapers	19%	23%
Yellow Pages (Web)	16%	22%
Mailings	9%	16%
Radio	4%	8%
TV Cable	2%	5%
TV Network	3%	5%
Other	12%	10%
Do Not Advertise	3%	0%

Products for Sale



• ***Pension Contributions***—Doctors contributed 35 percent more into their own pension plans, averaging $11,466 per respondent. Higher gross income levels undoubtedly made an impact on retirement savings. Business publications, retirement gurus and this magazine continue to make a big push for increasing the nest egg, helping to prepare readers for the true costs of retirement. In response, doctors may have tried to make up for the lower contributions they made in the previous five years. Also, this year's survey included a lower percentage of brand-new doctors who may not have had income to spare during their start-up period.

Meanwhile, staff contributions fell 7 percent to an average of $2,781 during our survey period. Group doctors likely split this cost, causing the overall drop, rather than

Continued on page 114

Survey *(from page 112)*

reducing contributions in light of the competitive hiring environment during our survey period.

• ***Student Loan Repayment***—The average doctor surveyed spent $13,910 on student loan repayments, a drop of 12 percent from our previous survey. One contributing factor to this drop may have been the 3 percent decrease in doctors brand new to practice (less than one year) compared to our last survey. Interest rates remained low, and some doctors may have opted to consolidate and refinance loans before interest rates rise.

• ***Bio/Pathology Lab Expenses and Disposable Medical Supplies***—Doctors surveyed spent substantially more on non-orthotic lab expenses and medical supplies than they had in our previous survey. Specifically, lab expenses rose 54 percent to an average of $509, while the cost for medical supplies was up 33 percent to $9,859.

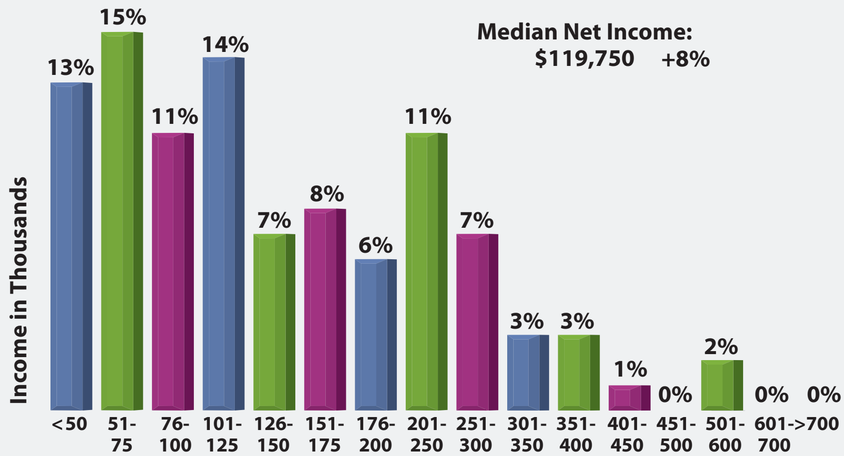
While these are large percentage hikes, they are small dollar increases and are likely related to the larger number of patients seen. Doctors may have also begun inventorying supplies after the previous year of curtailed spending.

• ***Orthotics***—Doctors surveyed spent $10,999 on orthotics, which was 41 percent more than was spent by respondents to our previous survey. While the larger number of patients per practice likely contributed to this increase to some extent, the enormity of this change points to other factors. First, the improving economic outlook may have influenced more patients to spend money out-of-pocket for non-covered devices. Reports on longevity and keeping active may have prompted Baby Boomers with high disposable incomes to view custom orthotics as a valuable part of their personalized plan to keep in shape. Second, DPMs may have better utilized practice management and marketing techniques (such as from experts in this magazine, podiatrym.com and through organizations such as AAPPM) to demonstrate the efficacy of these devices to patients who could benefit from them. Third, recent mergers among companies supplying custom orthotics, as well as the higher prices of orthotics components (e.g., leather was at a peak pricing point just prior to our survey period, according to statistics from the Internation Monetary Fund) may

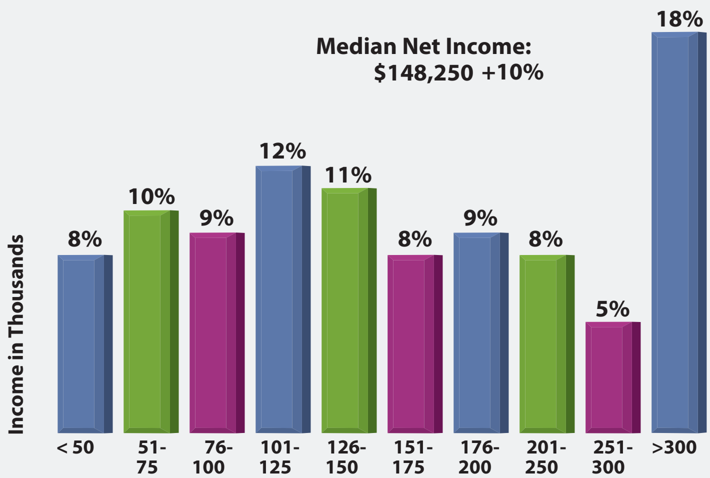
Continued on page 115

Doctors surveyed spent $10,999 on orthotics, which was 41 percent more than was spent by respondents to our previous survey.

Net Income, Solo Practice



Net Income, Group Practice



Survey *(from page 114)*

have increased costs.

Doctors may have taken a more business-like approach to charging for custom orthotics, taking into account the various factors involved. Cindy Pezza, PMAC, outlined these factors in the September 2016 issue of this magazine: "your demographic area, the orthotic lab that you are utilizing to fabricate the devices, the method in which you are casting or scanning...and, most importantly, your expertise as a foot and ankle specialist who is able to accurately diagnose and determine the method of accommodation to most effectively provide relief to your patients."

We expect the improving consumer confidence to continue to reflect robust spending on orthotics in future surveys (although we would not be surprised by at least a small correction in next year's numbers). The Conference Board recently reported a post-2016 election rise in the index of consumer confidence, which was most pronounced in older consumers. As a result, other areas of practice may see an impact, including elective surgery and in-office dispensing. (See these sections for further discussions.)

We expect the improving consumer confidence to continue to reflect robust spending on orthotics in future surveys.

There was a slight increase in the percentage of doctors who used foot measuring technology for prescribing orthotics, rising from 21 percent to 23 percent in our latest survey. Another 6 percent said that they were considering purchasing foot measurement technology in the next 12 months.

The top preferred method of foot measurement for prescribing orthotics remained plaster at 44 percent, which dropped from 52 percent last year. Respondents reported higher usage of both STS slipper socks (up from 7 percent to 13 percent) and pressure technology (up from 3 percent to 5 percent). Foam remained at 22 percent.

Gauntlet AFOs remained the most-prescribed AFO of those listed, with doctors prescribing an average of 3.1 per month, although this number was significantly lower than the 4.4 average reported last year. Solid AFOs took second place this year,

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Survey (from page 115)

Median Net Income Years in Practice

with respondents prescribing 2.3 per month (up from 1.9 per month). Doctors prescribed 2.2 functional hinged AFOs (Richie type) per month, which was unchanged from last year, while they used Dorsiflex Assist AFOs at an average of 1.9 per month (up from 1.7).

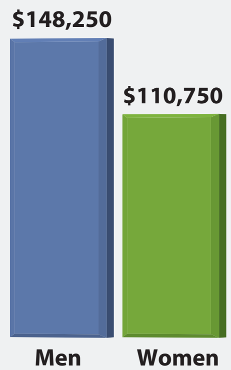
When respondents performed off-loading procedures, their overwhelming method of choice was using a post-op shoe/boot/walker. While 73 percent of doctors used these devices, usage fell by 6 percentage points compared to the previous report. Gains were made with TCC, which was used by 17 percent of respondents (up from 12 percent) and modifying existing footwear, which was the choice of 10 percent (up from 9 percent).

At 49 percent, New Balance remained in the top spot among brands of athletic footwear that respondents prescribed/recommended most but fell below the 50 percent mark for the first time since we added this question to the survey. Asics rose 2 percentage points to 23 percent, followed by Brooks at 14 percent (up from 13 percent), Nike at 3 percent (up from 2 percent) and other brands at 1 percent or less (see chart).

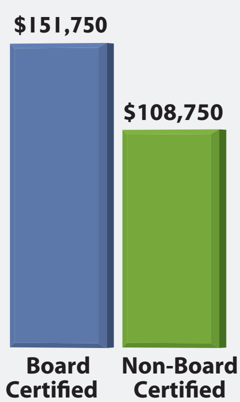
While not currently on the horizon for mainstream use, technology-driven shoe design will likely play a greater role in the future and provide new choices for practitioners. Construction and customized features may be able to target patients' foot and gait issues. The recently released HyperAdapt 1.0 sneakers from Nike (think Michael J. Fox's self-lacing sneakers in *Back to the Future*) are the first to combine cutting-edge technology with shoe design, albeit at a $720-per-pair price point. As

Continued on page 117

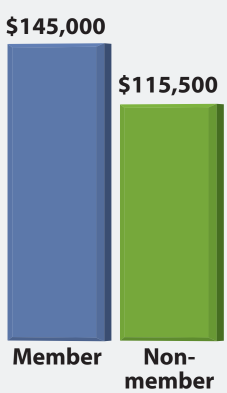
Median Net Income Comparison by Sex



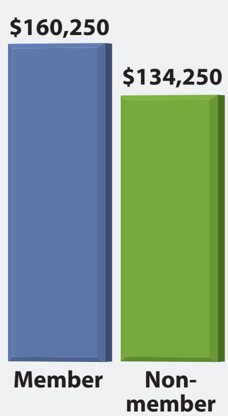
Median Net Income Board Certified



Median Net Income APMA Member



Median Net Income AAPPM Member



Survey (from page 116)

prices drop and user benefits gain publicity, we expect greater demand for the "smart shoe" concept among both practitioners and consumers.

• ***Office Supplies (Non-Medical)*—**Respondents spent an average of $5,616, or 25 percent more than last year, on office supplies. Some doctors undoubtedly put off purchases previously due to their lower gross incomes and could now stock up on necessary supplies, perhaps using volume discounts to build inventory. Their larger office spaces and satellite offices may have required more supplies as would have the additional number of patients. Some respondents may have included computer devices in this category (such as computers, printers, iPads, etc.) instead of the equipment category. According to Hoover's Inc., a subsidiary of Dun & Bradstreet, 85 percent of the office supply industry revenue is controlled by four players, which may have had an impact on higher expenditures in this category.

Even with fewer key vendors in the office supply marketplace, we expect technology and competition from non-traditional office supply sources to drive down costs. For example, digitization and cloud services will continue to reduce the need for paper, ink and related products, while green initiatives will keep alive the stigma related to disposability. Even big box stores and warehouse clubs—which historically have offered some of the lowest costs per item on the market—have begun offering periodical price cuts on commonly used office staples.

• ***Products for Sale*—**The average amount spent on products for sale dropped 12 percent to $3,312 compared to our previous survey. The larger percentage of partnership/group doctors were able to split this cost, which is likely one reason for this decrease.

Offering products for sale not only can have a positive impact on the bottom line but can improve compliance and patient satisfaction.

Offering products for sale not only can have a positive impact on the bottom line but can improve compliance and patient satisfaction.

Kiosks and even virtual platforms are space-saving methods to add this practice feature and may be supplied by product vendors. Creams/lotions, topical antifungals, prefabricated inserts, socks/stockings/hosiery and DME items are among the items that can provide increased income.

There continues to be room for growth in this area, as most doctors surveyed (84 percent) said that income derived from the sale of products from their offices was less than 10 percent. Another 12 percent of those surveyed said they earned 11-20 percent of their income from product sales. These percentages remained unchanged from last year's numbers.

As prices drop and user benefits gain publicity, we expect greater demand for the "smart shoe" concept among both practitioners and consumers.

• ***Advertising*—**Doctors surveyed spent $5,390 on advertising, an 11 percent increase over our previous report. Every category of advertising showed an increase in usage except print Yellow Pages. All respondents indicated that they advertised in some form vs. 3 percent who said they didn't advertise last year. The percentages of media use—with most doctors using many advertising types—indicates that practices generally have adopted a multichannel marketing approach to reach both current and prospective patients. Here are some of the media used as well as trends affecting podiatric advertising.

• *Yellow Pages (print and web)*—Thirty-eight percent of those surveyed advertised in the print *Yellow Pages*, a 1 percent drop from last year. This percentage has hovered around the high 30s for the past three years, having been as high as 99 percent a little more than a decade ago. By contrast, web *Yellow Pages* usage has increased, used by 22 percent of those surveyed.

A few years ago, the *Yellow Pages* rebranded itself as *YP* and has become an increasingly big online player. According to a report by *Inc.* magazine in January 2015, *YP* "continues to provide its phone books to millions of people who still require them.... But its online efforts include a major push with the likes of Google, Yahoo, and Yelp to power searches across their networks." Reflecting the increasing use of mobile advertising, *YP* and its competitors offer a variety of apps to access contact information for businesses. As more tech-savvy Baby Boomers age, we expect to see reduced value in advertising in print directories and more reliance on mobile apps.

• *Internet*—The Internet was used for advertising by 59 percent of respondents, up from 45 percent in last year's report. This large increase may be attributable to the larger segment of partnership/group practices, which may have the staff necessary to manage online marketing. Patient demand for electronic communications may have pushed some doctors to the Internet for their advertising as well.

The percentage of practices with websites continued to rise, with 77 percent indicating they had one vs.

Continued on page 118

Survey *(from page 117)*

73 percent in our previous survey. Among social media sites, Facebook usage showed the biggest increase in usage among surveyed practices, jumping from 34 percent to 43 percent. Twitter usage increased slightly from 14 percent to 15 percent. LinkedIn was the only social media platform that dropped in use, from 25 percent last year to 23 percent in our most recent survey.

Besides using the sites themselves to market the practice, social media platforms such as Facebook enable doctors to advertise cost-effectively, targeting prospective patient groups using a variety of factors including demographic and geographical data. Analytics allow doctors to monitor views and change ads quickly based on response and platform used. While consumers may be wary of branded information gleaned from social media sites, pharmaceutical companies have successfully set up networking communities to start conversations on specific conditions, which may provide a new source of patients.

Business-friendly, web-based services such as Constant Contact and MailChimp have made it easy (and cost-effective) for even the novice to disseminate and manage communications such as newsletters and electronic news blasts, perhaps leading some doctors to eschew printed marketing materials.

Monitoring online listings regularly to correct inaccuracies (e.g., Is an old phone number or address listed? Have hours changed?) as well as addressing complaints to improve star ratings have now become ongoing tasks for most practices that utilize web marketing. Such attention to detail adds to the cost of advertising in terms of outside vendors that may provide this service or staff time if handled in-house.

Among social media sites, Facebook usage showed the biggest increase in usage among surveyed practices, jumping from 34 percent to 43 percent.

• *Newspapers*—Newspaper advertising was used by 23 percent of doctors surveyed, up from 19 percent last year. Undoubtedly this is partially due to the larger percentage of partnership/group practices, which may find it effective to pool funds to reach a large geographic area. Print daily newspaper advertising tends to target older individuals, which may be a primary target market for respondents. Newspapers also offer online versions that may have attracted practices wishing to reach both traditional and web-based markets. According to Pew Research Center (PRC), average weekday newspaper circulation dropped 7 percent in 2015 (both print and digital subscriptions combined).

Some practices may have invested in weekly newspapers, which have loyal readerships and often feature health care sections or supplements.

• *Mailings*—Mailings were used by 16 percent of doctors surveyed, up from 9 percent last year. Just as Internet advertising has become more targeted to each recipient, so have patient mailings. Because of the expense and desire for a high return on their investment, doctors surveyed may have chosen specific categories of patients (e.g., diabetics, parents of young children, etc.) and created printed personalized brochures, newsletters, postcards, etc. They may have outsourced these mailings and followed up with electronic communications or delegated all facets to staff members.

We expect continued use of mailings in our next survey, as the postage rate drop in 2016 may have encouraged some practitioners to try direct mail before the rates would jump again (as they did just last month).

Print daily newspaper advertising tends to target older individuals, which may be a primary target market for respondents.

• *Radio*—Radio was used by 8 percent of respondents, up from 4 percent in our last report. Again, larger practices tend to be able to justify the cost of radio advertising and may include local spots as part of a larger media campaign.

Radio ad revenues overall were on par with 2014 levels, according to PRC. It indicates that AM/FM remained the most common form of listening during our survey period for both at-home and drive-time listening. Sirius/XM satellite radio subscribers grew by 8.4 percent during our survey period, while online radio listenership grew by 12.8 percent. Despite the increase of these latter competitors, just 8 percent of in-car listeners named online radio as the source they used most often, and 12 percent named satellite radio, compared with 63 percent who named AM/FM radio as the audio source they turned to most often.

• *Television*—Both network and cable television advertising increased among respondents. Five percent of doctors surveyed advertised on network TV (up from 3 percent), and five percent advertised on cable (up from 2 percent). The larger percentage of partnership/group practitioners likely had an impact here, as these costs are seldom affordable by solo practices.

According to PRC, there was a 7 percent overall drop in local broadcast TV advertising during our survey period. A PRC survey suggests that as many as one-in-seven Americans have turned away from cable or satellite TV subscriptions. Advertising doctors

Continued on page 120

Survey *(from page 118)*

will have to gauge the impact of such "cord cutting" in their communities, as patients look toward alternate news and entertainment sources.

• *Other advertising*—One in 10 doctors said that they used other forms of advertising, either solely or in concert with the other methods listed above. Forms listed included church bulletins, billboards, local magazines and restaurant placemats. Respondents also indicated marketing through sponsorship of charity walks, health fairs and other community events.

• ***Cleaning and Maintenance***—The costs for practice-related cleaning and maintenance were $1,787, a 7 percent increase vs. our previous report. While we expected this amount to remain steady due to the larger segment of doctors who shared this expense, perhaps additional square footage contributed to this increase. Doctors may have included equipment maintenance contracts here. They may also have paid for repair projects that they had put off during the leaner prior year.

• ***Other Expenses***—Respondents listed other practice-related costs, including meals/entertainment, bank fees, renovation expenses, travel costs, payroll taxes, medical billing service fees, uniforms, business loan expenses, consultants' fees, subscriptions, postage, mileage/practice-related car expenses, transcription services, non-pension employee benefits, and credit card fees.

The median net income (gross income minus professional expenses, before state and federal income taxes) for solo practitioners jumped 8 percent to $119,750. This is a bounce back up after two years of lower net income figures.

Comparing cross-tabs to last year's numbers indicates a significant jump in income for both high earners as well as for those approaching retirement.

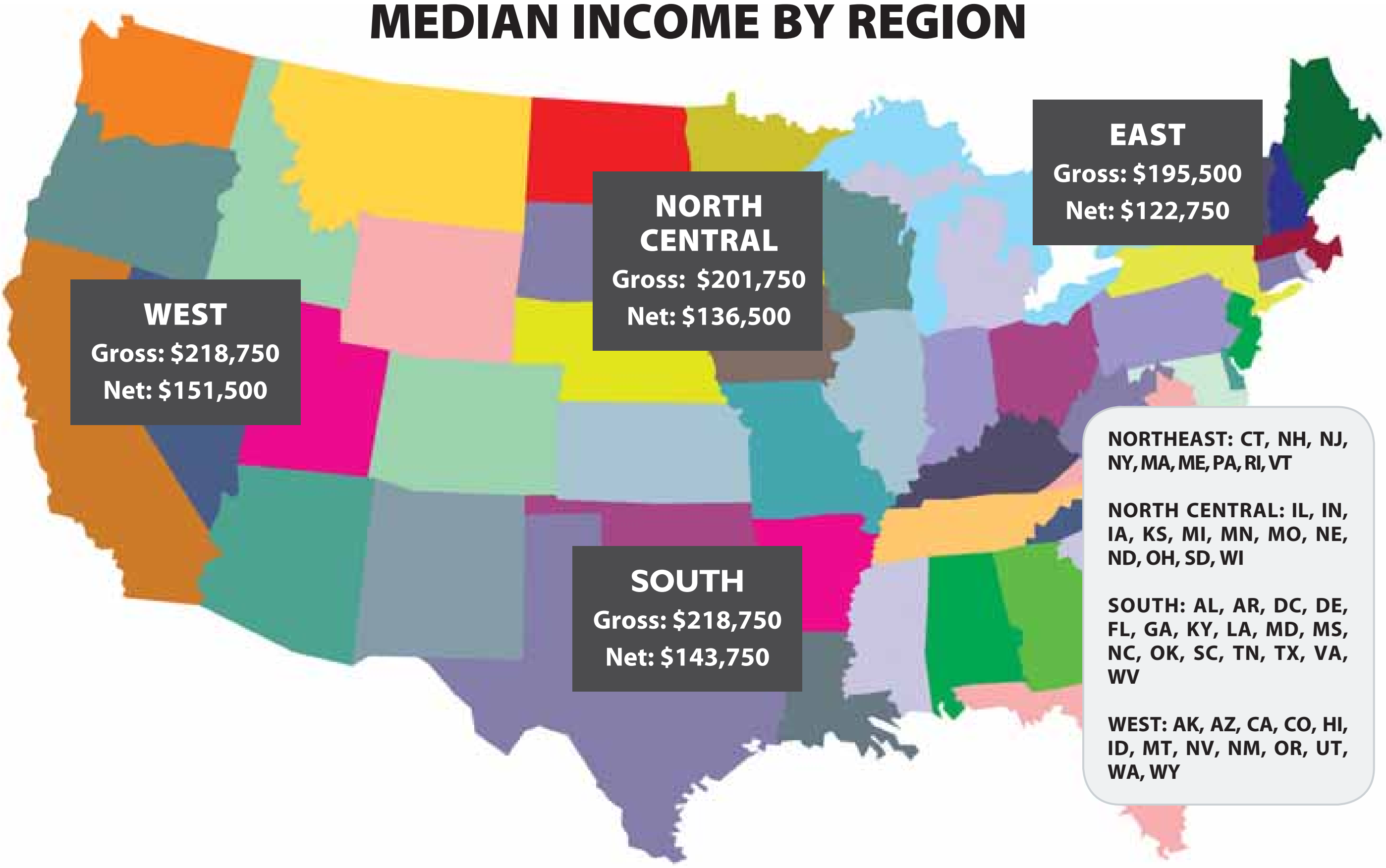
NET INCOME

Net income reported by partnership/group DPMs was not only significantly higher than solo colleagues but also rose at a higher rate. Their median net income of $148,250 was 10 percent higher than respondents to our previous survey and a recovery after last year's reported decrease.

Cross-tabulating net income (all practice types) by number of years in practice shows that doctors reached

Continued on page 122

MEDIAN INCOME BY REGION



Survey (from page 120)

peak earnings in the 21-30-year range and then reported a drop-off after 30 years. Comparing cross-tabs to last year's numbers indicates a significant jump in income for both high earners as well as for those approaching retirement. We also note that younger practices seemed to grow faster: Comparing responses from DPMs in practice less than a year to those in practice one to five years, the difference in median net income was $52,000 in our latest survey vs. only $34,250 in the previous report.

Women continued to earn less than men surveyed, but their income grew at a higher rate. Men earned a median net income of $148,250 (up 12 percent from last year) compared to $110,750 for women (up 17 percent). The income gap narrowed for the second year in a row, with women earning 74.7 percent of male colleagues compared to 71.6 percent in our last report. However, this was still far below the 81.1 percent wage gap for all full-time wage and salary workers in the U.S. as reported by the BLS for that period.

Regionally (for all practice types), the West fared best with a reported median net of $151,500 (up 24 percent from last year), followed by the South at $143,750 (up 24 percent), the North Central region at $136,500 (up 4 percent) and the East at $122,750 (up 8 percent). In all areas of the country except the North Central region the median net incomes grew faster than the gross incomes, indicating doctors achieving tighter controls over expenses.

Membership in the APMA and AAPPM proved profitable for survey respondents. APMA respondents earned $145,000, a full $30,000 more than non-members. AAPPM members netted $160,250, or $26,000 more than non-AAPPM colleagues.

PRESCRIBING & IN-OFFICE DISPENSING

PM's latest survey continues its long-standing process of tracking respondents' pharmaceutical prescription patterns across applicable categories. Doctors surveyed indicated which pharmaceuticals, by brand name, they prescribed and dispensed most in several categories including the average number of Rxes prescribed and dispensed each week (see charts). Several categories—wart medications, nail treatments, drying agents/odor absorbents and emollients/moisturizers)—use expanded charts to highlight the "most prescribed" and "most dispensed in-office" pharmaceuticals.

According to analysis by KM, spending on pharmaceutical advertising (including digital media) totaled $6.1 billion in 2015, a 19 percent increase vs. 2014. Practices benefitted from improved patient awareness of advertised conditions (such as foot fungus), and awareness of medications may have helped with patient compliance. According to Jon Swallen, chief research officer for KM, indicated in a recent *Advertising Age* supplement on health care marketing, pharmaceutical companies increasingly

Continued on page 123

PRESCRIBING & DISPENSING

Antiseptics/ Topical Antibiotics

	2016	2015
Bactroban	20%	15%
Bacitracin	15%	19%
Neosporin	12%	11%
Triple Antibiotic	9%	10%
Betadine	7%	7%
Amerigel	7%	7%
Silvadene	6%	10%
Mupirocin	4%	4%
Polysporin	3%	2%
Gentamicin	2%	4%
Iodosorb	2%	2%
Povidone-Iodine	2%	2%
Others	2%	1%
Prescriptions per week	4.5	5.0
Prescribed (RX)	86%	85%
Dispensed (D)	14%	15%

Graft Products (for Wounds)

	2016	2015
EpiFix (Mimedx)	16%	11%
Apligraf	9%	13%
Grafix	6%	—
Oasis	4%	9%
Integra	4%	3%
Dermagraft	3%	5%
Acell	2%	2%
Primatrix	2%	—
Amnioexcel	1%	—
Neox	1%	—
Graft Jacket	1%	3%
Others	4%	7%
Prescriptions per week	2.2	2.4

Topical Pain Relievers

	2016	2015
Voltaren Gel	33%	26%
Biofreeze	22%	23%
Lidocaine	7%	4%
Capsaicin	5%	8%
Lidoderm	4%	7%
Emla Cream	2%	1%
Flector Patch	1%	3%
Ortho-Nesic (Blaine)	1%	1%
Ben Gay	1%	—
Others	5%	11%
Prescriptions per week	5.9	4.1
Prescribed (RX)	81%	83%
Dispensed (D)	19%	17%

Survey *(from page 122)*

use advertising—both directly and indirectly—to encourage people to ask their doctors about specific prescription drugs. What's more, advertising keeps branded names in the minds of prescribing doctors.

As new medications enter the marketplace, we expect to see *non-branded* advertising to increase as well. Branded pharmaceutical ads require advertisers to include potential side effect lists, increasing the cost of

Continued on page 124

PRESCRIBING & DISPENSING

Topical Dressings for Matrixectomies

	2016	2015
Amerigel	22%	26%
Bacitracin	13%	12%
Neosporin	9%	10%
Silvadene	9%	9%
Triple Antibiotic	7%	5%
Bactroban	5%	4%
Betadine	4%	4%
Cortisporin Otic	4%	8%
Band-Aid	3%	1%
Gauze	3%	2%
Polymem	2%	—
Gentamicin	1%	3%
Others	2%	3%
Prescriptions per week	5.2	4.9
Prescribed (RX)	69%	70%
Dispensed (D)	31%	30%

Antibiotics (Oral)

	2016	2015
Cephalexin	31%	24%
Augmentin	20%	19%
Keflex	16%	23%
Bactrim	8%	10%
Doxycycline	5%	4%
Duricef	3%	4%
Amoxicillin	3%	3%
Clindamycin	2%	1%
Cipro	2%	3%
Omnicef	2%	1%
Cleocin	1%	1%
Others	1%	0%
Prescriptions per week	3.9	3.9
Prescribed (RX)	99%	98%
Dispensed (D)	1%	2%

Wound/Ulcer (Topical, Non-Graft)

	2016	2015
Amerigel	13%	15%
Santyl	12%	13%
Bactroban	11%	11%
Silvadene	10%	11%
Iodosorb	5%	3%
Regranex	5%	4%
Medihoney	4%	5%
Aquacel	4%	2%
Betadine	3%	4%
Hydrogel	3%	3%
Prisma	3%	3%
Triple Antibiotic	2%	1%
Gentamicin	2%	2%
Neosporin	2%	3%
Silvasorb	2%	2%
Helix	1%	—
Polymem	1%	1%
Saline	1%	1%
Others	2%	2%
Prescriptions per week	4.3	5.1
Prescribed (RX)	84%	82%
Dispensed (D)	16%	18%

Antifungal (Topical) (Skin)

	2016	2015
Lamisil	12%	14%
Naftin	11%	16%
Clarus (Bako)	9%	7%
Spectazole	9%	12%
Lotrisone	8%	5%
Formula 3	8%	6%
Luzu	8%	5%
Lotrimin	6%	8%
Loprox	5%	7%
Ecoza	2%	2%
Fungi-Foam	2%	2%
Nizoral	2%	3%
Oxistat	2%	2%
Ertaczo	1%	2%
Others	8%	7%
Prescriptions per week	6.0	6.2
Prescribed (RX)	82%	88%
Dispensed (D)	18%	12%

Survey (from page 123)

ads in terms of space (print pages) or time (radio/TV air time). Removing brand names and focusing on conditions only allow advertisers to steer consumers to company websites—and start conversations with their physicians on the highlighted condition—at a lower cost. A nonpodiatric example is the TV commercial featuring actress Jennifer Aniston discussing her personal experience with dry eyes. The ad does not mention a drug specifical-

Continued on page 126

PRESCRIBING & DISPENSING

Analgesics (Oral)

	2016	2015
Norco	13%	10%
Ibuprofen	11%	8%
Percocet	11%	11%
Hydrocodone	11%	10%
Tylenol	11%	14%
Aleve	8%	7%
Advil	8%	10%
Vicodin	7%	8%
Tylenol #3	4%	6%
Ultram	4%	6%
Motrin	4%	5%
Lortabs	1%	1%
Vicoprofen	1%	—
Others	1%	2%
Prescriptions per week	5.9	5.2
Prescribed (RX)	99%	99%
Dispensed (D)	1%	1%

Anti Inflammatories (Oral)

	2016	2015
Naprosyn/Naproxen	18%	18%
Ibuprofen	15%	14%
Meloxicam	12%	9%
Mobic	9%	9%
Advil	8%	10%
Aleve	8%	9%
Diclofenac	7%	6%
Duexis	4%	3%
Motrin	4%	6%
Voltaren	4%	2%
Celebrex	1%	2%
Feldene	1%	2%
Relafen	1%	2%
Anaprox	1%	—
Others	3%	3%
Prescriptions per week	5.9	7.3
Prescribed (RX)	99%	99%
Dispensed (D)	1%	1%

Enzymatic Debriding Agents

	2016	2015
Santyl	56%	54%
Medihoney	4%	4%
Amerigel	2%	3%
Elase	2%	3%
Accuzyme	2%	3%
Kerasal	2%	1%
Panafil	1%	1%
Others	1%	2%
Prescriptions per week	2.5	2.8

Steroids (Topical)

	2016	2015
Betamethasone	18%	13%
Triamcinalone	15%	16%
Hydrocortisone	13%	14%
Topicort	11%	14%
Lidex	7%	7%
Lotrisone	5%	10%
Kenalog	5%	2%
Diprolene	4%	4%
Temovate	4%	2%
Medrol	2%	1%
J+Kera HC (Bako)	1%	2%
Aristocort	1%	1%
Others	3%	3%
Prescriptions per week	2.6	4.1
Prescribed (RX)	96%	97%
Dispensed (D)	4%	3%

Antifungal (Oral)

	2016	2015
Lamisil	83%	81%
Diflucan	2%	2%
Gris-PEG	1%	1%
Others	1%	1%
Prescriptions per week	3.6	6.2
Prescribed (RX)	100%	88%
Dispensed (D)	0%	12%

Survey *(from page 124)*

ly but directs viewers to myeyelove.com, a Shire-sponsored website.

It's been nearly 20 years since the U.S. Food & Drug Administration changed its rules governing direct-to-consumer TV advertising for prescription drugs. We will see if the Trump administration institutes any new prescription drug-related advertising policies in the years ahead, and we will cover their potential impact on podiatrists' practices and incomes. **PM**

Stephanie Kloos Donoghue of Ardsley, NY, writes and lectures on management, marketing and economic trends, and has analyzed podiatric and other medical professional data for three decades. She is a small business owner and an Adjunct Assistant Professor of Management at Pace University's Lubin School of Busi-

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PRESCRIBING & DISPENSING

Drying Agents (for Odor)

	2016	2015	2016 RX	2016 Disp.	2015 RX	2015 Disp.
Drysol	29%	29%	98%	2%	97%	3%
Betadine	13%	11%	85%	15%	81%	19%
Certain Dry	12%	12%	93%	7%	94%	6%
Formadon	6%	6%	38%	62%	50%	50%
Bromi Lotion	4%	5%	50%	50%	55%	45%
Lazerformalyde	4%	5%	76%	24%	86%	14%
Tineacide Shoe Spray	2%	2%	64%	36%	40%	60%
On Your Toes	2%	2%	40%	60%	14%	86%
Onox	1%	1%	0%	100%	0%	100%
Others	8%	9%				
TOTAL			80%	20%	82%	18%
Prescriptions per week	2.7	2.6				

Most Prescribed:
1. Drysol
2. Betadine
3. Certain Dry

Most Dispensed In-office:
1. Formadon (Gordon)
2. Bromi Lotion (Gordon)
3. Betadine

Emollients/Moisturizers

	2016	2015	2016 RX	2016 Disp.	2015 RX	2015 Disp.
AmLactin	19%	27%	93%	7%	97%	3%
Lac-Hydrin	12%	13%	91%	9%	100%	0%
Urea 40%	10%	10%	80%	20%	68%	32%
Kera-42 (Bako)	8%	6%	22%	78%	12%	88%
Eucerin	7%	9%	94%	6%	97%	3%
Carmol 40	7%	3%	87%	13%	100%	0%
Aquaphor	4%	2%	100%	0%	100%	0%
Foot Miracle	4%	2%	31%	69%	29%	71%
RevitaDerm	3%	5%	27%	73%	9%	91%
Cerave	3%	1%	57%	43%	100%	0%
Kamea	2%	3%	13%	88%	8%	92%
Kerasal	2%	1%	100%	0%	100%	0%
MD Private Label	1%	—	50%	50%	—	—
Amerigel	1%	3%	0%	100%	50%	50%
Flexitol Heel Balm	1%	1%	75%	25%	100%	0%
Fungi-Foam	1%	—	25%	75%	—	—
Gormel	1%	2%	25%	75%	44%	56%
Hydro-Cutis (Bako)	1%	1%	25%	75%	33%	67%
Kera-HC (Bako)	1%	—	33%	67%	—	—
Lactinol Lotion	1%	1%	100%	0%	75%	25%
Others	4%	6%				
TOTAL			73%	27%	74%	26%
Prescriptions per week	5.9	6.0				

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

Most Dispensed In-Office
1. Kera-42 (Bako)
2. Foot Miracle
3. RevitaDerm

Survey (from page 126)

ness in Pleasantville, NY, where she teaches Small Business Management and has lectured on Venture Initiation and Entrepreneurship. Her Small Business Tips of the Week series can be accessed at skloos.com/tips1.html.

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.

PRESCRIBING & DISPENSING

Wart Medications

	2016	2015	2016 RX	2016 Disp.	2015 RX	2015 Disp.
Cantharidin/Cantharone	18%	16%	58%	42%	56%	44%
Salicylic Acid/Sal Acid Plaster	15%	15%	82%	18%	87%	13%
Duofilm	7%	9%	90%	10%	97%	3%
Aldara	6%	7%	96%	4%	100%	0%
Mediplast	5%	7%	86%	14%	75%	25%
Compound W	4%	4%	95%	5%	100%	0%
Canthacur	4%	4%	72%	28%	78%	22%
Verucide	4%	4%	35%	65%	33%	67%
Efudex	3%	2%	100%	0%	100%	0%
Vircin	2%	1%	27%	73%	0%	100%
Virasal	2%	1%	90%	10%	100%	0%
Formadon	2%	1%	43%	57%	33%	67%
Lazerformalyde	1%	2%	100%	0%	89%	11%
Wartpeel	1%	1%	100%	0%	100%	0%
Others	6%	7%				
TOTAL			73%	27%	75%	25%
Prescriptions per week	3.2	3.8				

Most Prescribed:
1. Cantharidin/Cantharone
2. Salicylic Acid/Sal Acid Plaster
3. Duofilm

Most Dispensed In-office:
1. Cantharidin/Cantharone
2. Salicylic Acid/Sal Acid Plaster
3. Verucide

Antifungal (Topical) and Keratin Debris Exfoliants (Nail)

	2016	2015	2016 RX	2016 Disp.	2015 RX	2015 Disp.
Jublia	15%	15%	100%	0%	98%	2%
Formula 3	12%	15%	25%	75%	31%	69%
Clarus (Bako)	10%	9%	11%	89%	29%	71%
Kerydin (Pharmaderm)	8%	6%	100%	0%	100%	0%
Clotrimazole	7%	4%	100%	0%	100%	0%
Urea 40%	6%	9%	90%	10%	89%	11%
Penlac	6%	5%	100%	0%	100%	0%
AmLactin	4%	7%	89%	11%	96%	4%
Lamisil	3%	5%	100%	0%	95%	5%
Carmol	3%	1%	92%	8%	100%	0%
Kerasal	3%	3%	100%	0%	100%	0%
Naftin	2%	1%	100%	0%	100%	0%
Fungi-Foam	1%	1%	33%	67%	50%	50%
Tineacide	1%	2%	17%	83%	22%	78%
Nonyx	1%	1%	100%	0%	100%	0%
Nuvail	1%	—	100%	0%	—	—
RevitaDerm	1%	—	0%	100%	—	—
Others	4%	5%				
TOTAL			74%	26%	75%	25%
Prescriptions per week	5.4	5.5				

Most Prescribed:
1. Jublia
2. Kerydin
3. Clotrimazole

Most Dispensed In-office:
1. Formula 3
2. Clarus (Bako)
3. RevitaDerm

The companies and organizations listed at the end of this report are the sponsors for this year's Annual Practice Survey. They have made it possible for* PM *to collect, organize, and disseminate the formidable amount of data used to create this once-a-year analysis of the profession. Please support them by emailing, calling, or visiting their websites.

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