

# Factors That Affect the Delivery of Podiatric Care in the United States

Derek S. Anselmo, DPM<sup>a</sup>, Kayla M. Baloga, DPM<sup>a</sup>, Stephen S. Soondar, DPM, FACFAS<sup>b</sup>

## Purpose

This study investigated the impact of several factors on DPM saturation on a state by state basis in order to determine which factors were a strong indicator of the availability of podiatric services to the population.

## Methods

The total number of active DPM licenses in each state were obtained from data provided by each state's podiatric medical society<sup>1</sup>. These numbers were compared to the Bureau of Labor Statistics<sup>2</sup> data for total number of physicians in each state, mean physician income, median DPM income, and registered member of the American Orthopedic Foot & Ankle Society (AOFAS) as provided by their public provider directory<sup>3</sup>. Statistical analysis utilizing Person's r coefficient was performed to determine strength of relationships between variables as well as logistic regression analysis where  $p < 0.05$  was statistically significant. Podiatric need index was derived by dividing population by 20,000 and dividing the product by the total number of active DPM licenses in that particular state.

## Literature Review

The Association of American Medical Colleges estimates the US will see a shortage of up to nearly 122,000 physicians by 2032<sup>4</sup>. While this is projected to occur mostly in the primary care setting, the trend for physician shortage may affect all specialties to some degree. Meanwhile, the American Association of Colleges of Podiatric Medicine published data showing that 2018 enrollment was the lowest it has been in over a decade<sup>5</sup>. To date, there are no studies that examine the state to state saturation of DPMs and causative factors.

Figure 1. State by state comparison of podiatrist saturation

State	DPMs	Need Index
Arkansas	40	3.77
New Mexico	43	2.44
Alabama	155	1.58
Mississippi	96	1.56
Oklahoma	130	1.52
Tennessee	230	1.47
Louisiana	173	1.35
South Carolina	203	1.25
North Carolina	415	1.25
Texas	1152	1.25
Alaska	30	1.23
Oregon	173	1.21
Colorado	236	1.21
Idaho	73	1.20
Minnesota	250	1.12
Kentucky	204	1.10
Washington	356	1.06
Nevada	148	1.03
Kansas	150	0.97
Montana	57	0.93
Nebraska	105	0.92
North Dakota	42	0.90
California	2204	0.90
Georgia	588	0.89
Missouri	349	0.88
Vermont	37	0.85
Hawaii	85	0.84
Maine	83	0.81
Wyoming	36	0.80
Virginia	543	0.78
South Dakota	57	0.77
Wisconsin	384	0.76
Arizona	479	0.75
West Virginia	126	0.72
Indiana	478	0.70
New Hampshire	103	0.66
Maryland	460	0.66
Iowa	243	0.65
Utah	244	0.65
Massachusetts	544	0.63
Michigan	806	0.62
Ohio	956	0.61
Florida	1787	0.60
Illinois	1171	0.54
Rhode Island	101	0.52
Connecticut	345	0.52
Pennsylvania	1489	0.43
New York	2448	0.40
Delaware	123	0.39
New Jersey	1220	0.37
District of Columbia	141	0.25

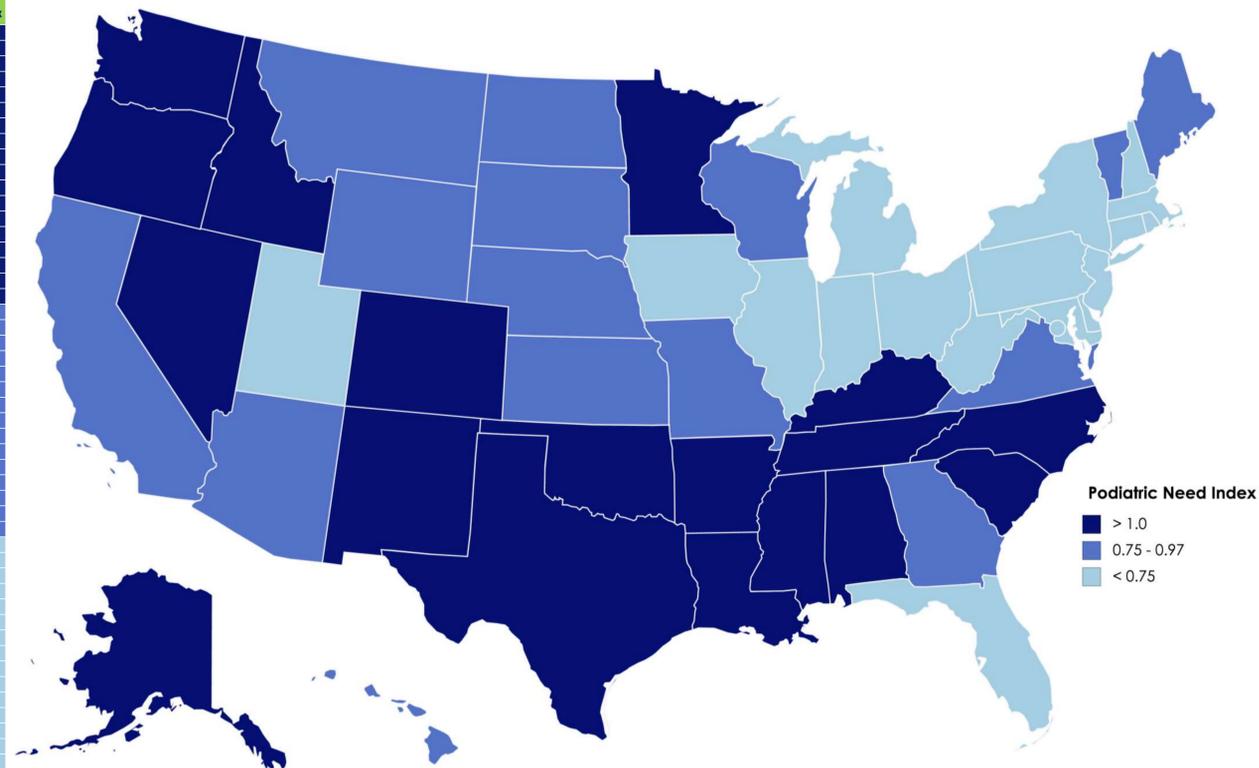
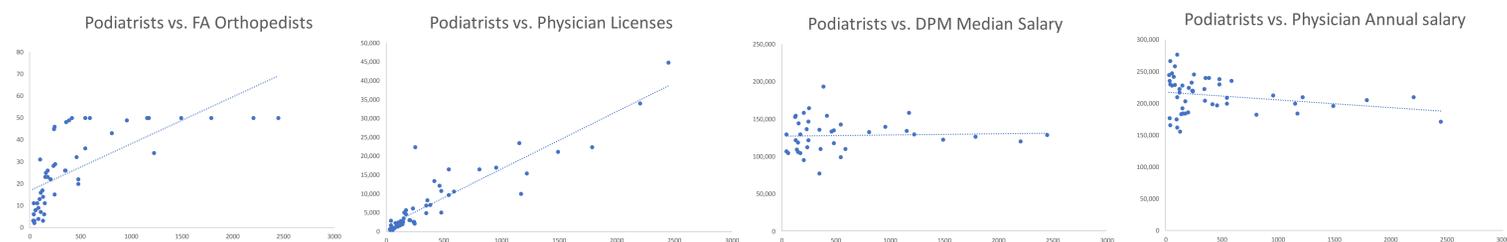


Figure 2. Logistic regression analysis of variables



## Results

- There were positive correlations between total number of DPMs and AOFAS members ( $r=0.69$ ) and total number of physicians ( $r=0.91$ ), a weak positive correlation between DPMs and median DPM salary, and a weak negative correlation between DPMs and mean physician salary.
- None of these relationships proved to be statistically significant.
- DPM concentration was highest in the Northeast, Utah, and Florida.

## Analysis & Discussion

The data from the BLS and AOFAS relies on self reporting and may not be representative of the entire population, but it serves as a reference point as it is the most reliable data available. There appears to be no reasonable explanation through the study variables as to why there are geographical concentrations of practicing DPMs. The results of this investigation reveal that the factors influencing the delivery of foot & ankle care by DPMs are complex. Future studies should focus on other variables.

## References

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In Association with:



<sup>a</sup>Resident Physician, Tower Health Phoenixville Hospital, Phoenixville, PA

<sup>b</sup>Assistant Director of Podiatric Resident Education, Phoenixville Hospital, Associate, Healthmark Foot & Ankle, Phoenixville, PA