

Kansas



**Doctors of Osteopathic Medicine in Kansas
2000 to 2020**

**Research
Summary**

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Our Vision – Healthy Kansans Living in Safe and Sustainable Environments

As the state's environmental protection and public health agency, KDHE promotes responsible choices to protect the health and environment for all Kansans. Through education, direct services, and the assessment of data and trends, coupled with policy development and enforcement, KDHE will improve health and quality of life. We prevent illness, injuries and foster a safe and sustainable environment for the people of Kansas.

Doctors of Osteopathic Medicine in Kansas

Both nationally and in Kansas, a growing population and changing demographics are impacting access to health care. Kansas population is projected to grow an estimated 12 percent between 2000 and 2020 (2.7 million in 2000 to 3.0 million in 2020), while Kansas population age 65 and over is expected to expand by 46 percent (356,000 in 2000 to 520,000 in 2020) [1]. The growing population, and especially the population cohort age 65 and over who are most likely to have the greatest medical needs, will place increasing demands on the health care system. The increasing doctors of osteopathic medicine (DOs) can help address the growing challenges of access to health care in Kansas.

DOs and Doctors of Medicine (MDs) are similar in many ways such as education, practice specialties, and licensing however, DOs belong to a separate branch of American medical care. The philosophy of osteopathic medicine focuses on the unity of all body parts, recognizing the body's ability to heal itself, and the need for patients to take more responsibility for their well-being and to change unhealthy patterns. [2] [3] The American Osteopathic Association estimates that at current growth rates there will be at least 100,000 DOs actively practicing in the U.S. by 2020 [2] [3]. That would nearly double the 67,167 number of 2009. [4] This article provides an overview of osteopathic doctors licensed by the Kansas State Board of Healing Arts (KSBHA).

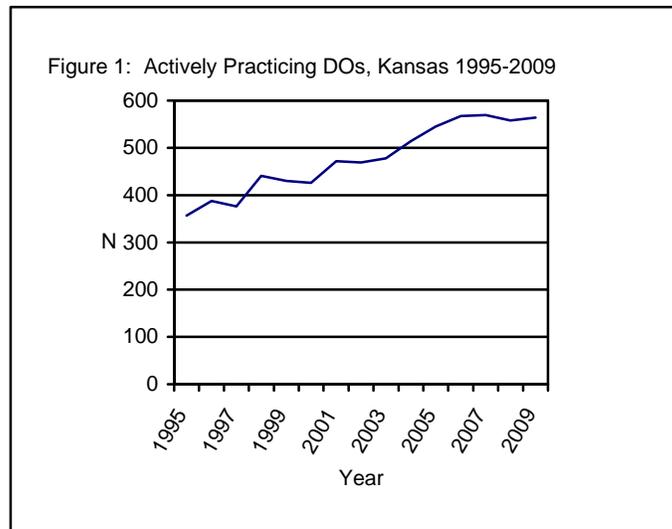
Methods:

This report is based on licensure data collected by KSBHA and practice location data gathered by the Kansas Department of Health and Environment (KDHE). The KSBHA provided fourth quarter licensure data to KDHE. Practice location information was collected through the KSBHA electronic license renewal process and follow-up KDHE telephone contact with Kansas osteopathic physicians providing primary care services. Information about DOs was extracted from the Kansas Information for Communities (KIC) 2009 Health Professionals Standard and Specialties Reports. [5] Age and gender information was obtained from the KSBHA licensure and survey data. Primary Care Full Time

Equivalency (FTE) data was obtained from the 2009 Kansas Primary Care Physician FTE by County Report. [6]

Results:

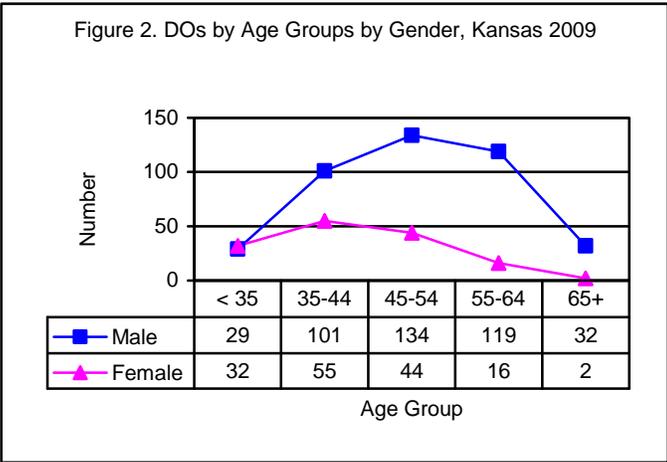
Over the past 14 years, the number of practicing DOs in Kansas has risen from 357 to 564, which represents an increase of 58 percent (Figure 1).



The 2009 fourth quarter licensure data contained 761 DO Active Licenses, 71 DO Exempt Licenses, 31 DO Federal Licenses, and 141 DO Inactive Licenses. Of the DOs with an active license, 564 report a Kansas practice location.

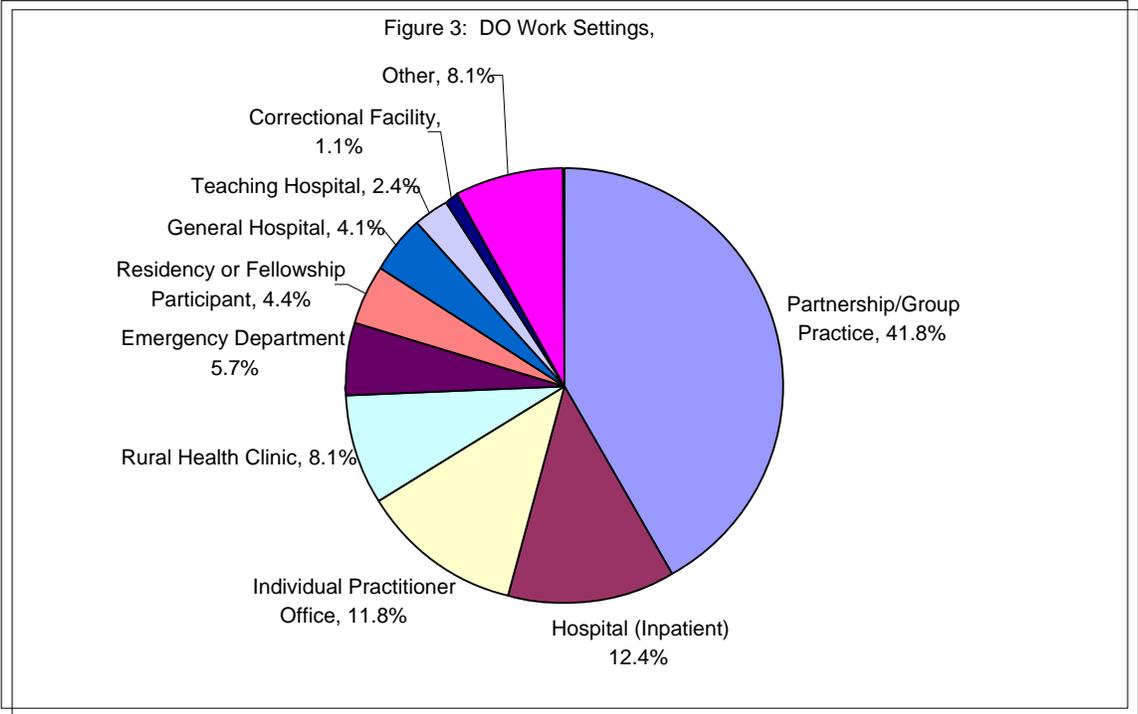
Gender and Age:

In 2009 males made up 74 percent (N=415) of DOs with an active license and practice location in Kansas. The 45-54 age group made up almost one third of the DOs. The largest number of male DOs was in the 45-54 age group, while female DOs had the largest number in the 35-44 age group (Figure 2).



Work Settings:

Of the DOs actively practicing in Kansas in 2009, the greatest percentage (41.8%) reported working in a partnership or group practice office. Providing inpatient care in a hospital setting was the next highest percentage (12.4%) (Figure 3). Over half (53.6%) worked either in a partnership/group practice office or an individual practitioner office. Some of the practice settings in the group “other” include: occupational clinics, community mental health centers, federally qualified health centers, independent laboratories, long-term nursing facilities, and ambulatory surgery centers.



Specialties:

In the annual license renewal process, DOs may self report up to three practice specialties. Of the 564 DOs in the Kansas 2009 Standard Report, 562 listed a first specialty, 147 listed a second specialty and 27 listed a third specialty (Table 1). Family Practice was the first specialty of the highest percentage (42.3%). Emergency Medicine and Internal Medicine tied as the second most frequently self reported specialty (7.7% each). Among second self reported specialties, Internal Medicine was most frequently reported (15.0%) and Family Practice ranked second (14.3%). Of those reporting a third specialty, Other Specialty was of the highest percentage (29.4%). The source data did not contain descriptions for Other Specialty.

Table 1 DOs Self Reported Specialties

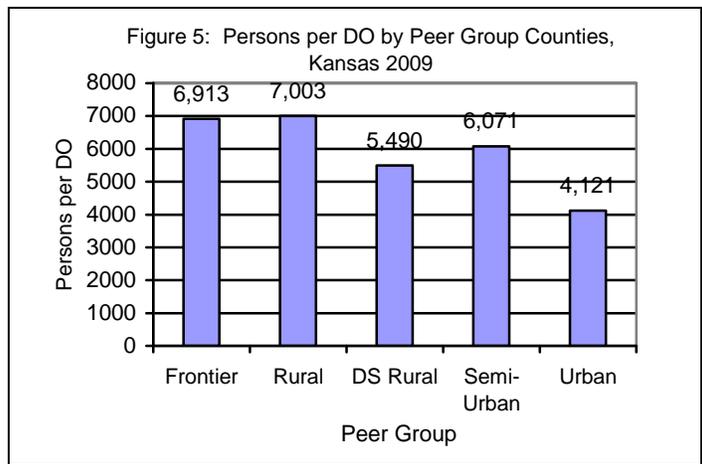
Specialty	Specialty 1 Number	Specialty 1 Percent	Specialty 2 Number	Specialty 2 Percent	Specialty 3 Number	Specialty 3 Percent
Family Practice	238	42.3	21	14.3	1	2.9
Emergency Medicine	43	7.7	17	11.6	4	11.8
Internal Medicine	43	7.7	22	15.0	1	2.9
Pediatrics	22	3.9	4	2.7	1	2.9
Anesthesiology	20	3.6	n.a.	n.a.	n.a.	n.a.
Obstetrics/Gynecology	20	3.6	n.a.	n.a.	1	2.9
Surgery, General	17	3.0	n.a.	n.a.	2	5.9
General Practice	16	2.8	9	6.1	n.a.	n.a.
Psychiatry	16	2.8	6	4.1	n.a.	n.a.
Radiology, Diagnostic	13	2.3	n.a.	n.a.	n.a.	n.a.
Other	114	20.2	27	18.3	n.a.	n.a.
Occupational/Industrial	n.a.	n.a.	10	6.8	2	5.9
Geriatrics	n.a.	n.a.	9	6.1	n.a.	n.a.
Hematology	n.a.	n.a.	3	2.7	n.a.	n.a.
Other Specialty	n.a.	n.a.	n.a.	n.a.	10	29.4
Geriatrics	n.a.	n.a.	n.a.	n.a.	1	2.9
General Preventive Medicine	n.a.	n.a.	n.a.	n.a.	1	2.9
Hematology/Oncology	n.a.	n.a.	n.a.	n.a.	1	2.9
Sports Medicine	n.a.	n.a.	n.a.	n.a.	1	2.9
Aerospace Medicine	n.a.	n.a.	n.a.	n.a.	1	2.9
Not stated	2	n.a.	417	NA	537	n.a.

n.a. = not applicable

Primary care physicians provide initial diagnosis and care for the majority of people seeking medical care. Their specialties are family practice, general practice, internal medicine, pediatrics, or obstetrics/gynecology. Of the 564 DOs contained in the 2009 Standard Report, 562 indicated a self

Persons per DO, by Peer Groups of Counties:

Kansas Counties have been grouped by population density into Peer Groups. These Peer Groups as defined by the Bureau of Local and Rural Health of the Kansas Department of Health and Environment are; Frontier counties having less than 6 persons per square mile, Rural counties with 6-19.9 persons per square mile, Densely-Settled Rural counties with 20-39.9 persons per square mile, Semi-Urban counties with 40-149.9 persons per square mile, and Urban counties with more than 150 persons per square mile. Counties within a peer group are not necessarily contiguous, and the definition of “Peer Groups”, used here, should not be confused with the U.S. Census Bureau’s definition of urban and rural areas. Using the above definition, Kansas has 31 frontier counties, 38 rural counties, 19 densely-settled rural counties, 12 semi-urban counties and 5 urban counties. There were the fewest number of persons per DO (4,121) in urban counties (Figure 5).



Primary Care DO FTE by County of Practice:

A way of examining the availability of DOs is by use of full-time equivalent (FTE) statistics. The Health Resource Survey of DOs upon which this report is based [5] gathers information on the distribution of primary care service hours by practice location. This data allows for the calculation of

Discussion:

As the population continues to grow and change, the necessary number of DOs in Kansas can help to address the challenges of accessing health care for Kansans. The number of DOs in Kansas has increased by 58 percent over the last 14 year, and the number of DOs is expected to nearly double by 2020. Although DOs are just one among several health care professionals addressing the health care need in Kansas, their increasing numbers will help to reduce health care access issues.

References:

1. Health Resources and Services Administration. State health workforce profiles highlights Kansas 2004. Available from <http://bhpr.hrsa.gov/healthworkforce/reports/statesummaries/kansas.htm>.
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3. Kansas Association of Osteopathic Medicine. About osteopathic medicine. Available from http://www.kansasdo.org/about_osteopathic_medicine.html.
4. American Osteopathic Association. Osteopathic medical profession report; 2009. Available from <http://www.osteopathic.org/inside-aoa/about/who-we-are/Documents/osteopathic-medical-profession-report-2009.pdf>.
5. Kansas Information for Communities. Kansas health care professional standard reports. Available from <http://kic.kdhe.state.ks.us/kic/OHA/reports/excel/KIC%20standard%20reports.xls>.
6. Kansas Department of Health and Environment, Bureau of Epidemiology and Public Health Informatics, Health Data Analysis. Kansas Primary Care Physician FTE Report by County 2009.
7. The U.S. Census Bureau. State rankings – statistical abstract of the United States, resident population – July 2009. Available from <http://www.census.gov/compendia/statab/2011/ranks/rank01.html>.