

# Niche Programs, Careful Marketing Help Seasonal Practice Succeed



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**Q:** How big is Ocean City, Md., and how much does the population swell in the summer?

**A:** Ocean City is the only resort town on the Atlantic Ocean in Maryland. The population varies from a year-round average of 20,000 up to 300,000 in the summer. We are about a three hours' drive from the nearest big cities, which would be Baltimore, Washington, D.C., and Wilmington, Del. Our closest hospitals are Atlantic General Hospital, about 15 minutes away in Berlin, and Peninsula Regional Medical Center in Salisbury, about 40 minutes away. Tourism is the main business here, making medical practice a challenge. We have to be able to handle higher patient volumes in the summer and be successful and profitable during the off-season.

**Q:** You have adopted a number of niche marketing strategies to help support your practice. What is niche marketing, and why did you pursue this strategy?

**A:** Niche marketing is a strategy whereby physicians can differentiate their practice from others to attract additional business. Because of a certain specialized focus or program, practices may attract new patients, who then return when they need general medical care. Because our business is seasonal, we needed to develop some services that were in demand but were not being provided in our area. This need prompted our niche marketing strategies.

**Q:** Would you describe the various niches that you have developed and why?

**A:** In looking through financial and medical news reports, I noticed that there were several "cash cows" left in medicine: occupational medicine, weight control programs, wellness programs, and nutritional supplements. For example, weight control is a \$40 billion industry. These are all big industries, but none of the practices in our area were providing any of these services.

We were already providing a significant amount of occupational medicine in terms of work-related injuries. To

enhance this aspect of our practice, we purchased more equipment such as audiometry machines and blood alcohol testers, and became involved in other aspects of occupational medicine such as drug testing, wellness programs for our occupational medicine clients, and other specialized examinations.

Our other niche programs—weight control, wellness, supplements, and anti-aging—were a little more challenging. Like most of the physicians in America, we had not focused on learning about these topics. But patients desire these services, and when they find someone of

reputable standing to guide them, they are happy to pay that individual for assistance. Patients pay out-of-pocket for our weight control and other niche programs. Often they pay cash. So I recognized the potential of these areas and decided to move our practice in that direction.

We instituted the weight control program in 1995. A year later we started providing a general wellness program and a vitamin program. This year, we started an anti-aging program.

**Q:** Why should physicians consider developing a weight control program?

**A:** First, a weight control program can be very profitable. Our program had about \$90,000 in gross revenue in the first year, and we were profitable.

Second, physicians can truly help patients lose weight with a program that is comprehensive and addresses obesity as a disease. Most physicians in America know about the negative consequences of obesity, but they don't know enough about it to treat it as a disease. Most physicians have patients with weight problems; he or she will tell them to lose weight, and they

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come back next year having gained even more weight. But when people seek out a weight control program, they have to pay money for it; so they are more motivated.

Third, the weight control patients usually are women, and women typically make the health care decisions for their family. So when they join the program and get results, they become a patient of the practice and bring the rest of the family in too.

**Q:** What are the components of your weight control program?

**A:** Participants come in for an initial health evaluation, or pre-screen, requiring 20 minutes. During the pre-

screen, participants complete a questionnaire, receive a free body fat analysis, and hear about which program options we think are best for them.

The actual program components include nutrition evaluation, exercise evaluation, behavioral evaluation, and a regular medical evaluation that includes an EKG and a comprehensive blood panel. Participants also receive specialized written material and videos about weight loss. Then, they have a series of follow-up visits during which we check their health and their weight loss progress. As part of the program, we include counseling, a medication regimen, a nonmedication regimen based on the use of nutritional supplements to help control appetite, and a maintenance program.

We also incorporate technology into the program, to highlight that we are a high-quality and technologically advanced practice. We have a computerized body fat analysis machine that analyzes electrical impulses to determine body fat and muscle and water content levels. It's like a scale: A patient stands on it and the computer generates readings for amount of body fat, percentage of body fat, amount of water, and muscle mass. This information is important to know, because when a patient loses weight we want to document whether the weight is coming off of muscle or fat. We put all this information into a database.

In addition, we purchased an imaging system, so that when potential clients come in we can take a picture of what they look like now and generate a digital picture of what they'd look like if they lost, say, 30 pounds. Because they can see a before-and-after image prior to the start of the program, they get motivated to lose the weight. They can visualize their success. That picture is a great marketing tool. If they look at that picture every day, they eventually join the program. We also promoted that technology to all the local newspapers. We wrote articles that the newspapers published and got ourselves on a few television programs talking about the new technology of weight control.

**Q:** *Why did you develop nutritional supplements as a niche?*

**“The weight control patients usually are women. So when they get results, they become a patient and bring the rest of the family too.”**

**A:** Nutritional supplements can seem like alternative medicine to physicians because of our training, which is focused on the treatment of acute conditions rather than wellness. But it's impossible to ignore vitamin supplements because patients are taking them, and we as physicians are responsible for their care. We need to know what they are taking and how it will affect the treatments we suggest, because it's a risk management issue if we don't. Furthermore, if physicians address topics such as supplements, they will build their patient volume because patients want to be treated by someone who will not reject supplements out-of-hand.

In addition, we should be sharing important information about supplements with our patients on a regular basis. Researchers have published more than 35,000 articles on the role of nutritional supplements and health. We need to promote folic acid for pregnant women, for example, given the results of an important study published two years ago. Another study analyzed the use of antioxidants for heart attack patients and found that these patients had a 50% to 60% reduction in reinfarction rates. Still another study of 20,000 nurses found that colon cancer rates were reduced by 60% in patients who take high potency multivitamins with extra folic acid. This information should be highlighted for patients for whom it is relevant.

**Q:** *As you know, there's controversy in this topic. Many physicians and physician organizations believe that peddling nutritional supplements in the office is unethical. What do you think?*

**A:** That's a complex question. First of all, we provide products to patients if they want them, but we don't actively solicit purchases. There is a large market out there that wants to learn about and take supplements, so we need to provide leadership and assistance. For example, a majority of the nutritional supplements

on the market are low quality. They have a lot of fillers and binders. There's no quality assurance. It's not like a medication where the federal Food and Drug Administration will guarantee quality and monitor it. It's up to physicians to educate patients on what to take, what's a quality product, and what's not.

**Q:** *What does anti-aging mean, and can you tell us what your anti-aging program involves?*

**A:** The term “anti-aging” is like “wellness” in that it means different things to different people. What it means to me is helping patients not only live longer, but live stronger. People who maintain their health can be active and feel good as they age. The purpose of anti-aging is to maximize quality of life, to ensure that when people are in the 50-to-70-year age bracket, they are in optimal health, they are still active, their minds are intact, their bones are strong, and they feel energetic. Anti-aging is not just keeping people looking healthy. It's not a fountain of youth.

Anti-aging involves nutrition and exercise physiology: Certain foods and exercises are better for anti-aging than others. Other aspects of anti-aging include nutritional supplements such as antioxidants, stress reduction, and hormone rebalancing.

**Q:** *What other preventive measures are part of your approach?*

**A:** We pursue many common preventive measures but try to be creative in how we execute them. For example, in promoting flu shots, we did a weekend drive-through-flu-shot program, which was covered on television, over the radio, and in newspapers. We had a lot of people who were not our regular patients come for the flu shot because we offered the shots in a convenient way. We have a banner that we put on our office saying ‘Flu Shots,’ and that brings a lot of people in.

We're also developing more specific programs. We are currently organizing an osteoporosis program. The program is a

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