

Niche Programs, Careful Marketing Help Seasonal Practice Succeed



Victor Gong, MD, is the medical director of the 75th Street Clinic, in Ocean City, Md., and has been practicing family and emergency medicine for 15 years. He attended medical school at the State University of New York at Downstate Medical Center. He completed his internship and residency in internal medicine at Rutgers University in New Brunswick, N.J., and completed an emergency medicine fellowship at Johns Hopkins University Hospital in Baltimore. Gong is the author of two books on AIDS: *Understanding AIDS: A Comprehensive Guide* (Rutgers University Press, 1985) and *AIDS: Facts and Issues* (Rutgers University Press, 1986). Richard L. Reece, MD, editor-in-chief, conducted this interview. More information is available at mdoptions.com.

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

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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

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?*

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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

(Continued on page 14)

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(Continued from page 13)

little more comprehensive than most programs of its kind. In most such programs, patients get a bone density scan and the physician tells them to take some calcium, and many physicians suggest an over-the-counter medication. But different types of calcium preparations are superior in building bones. In our program, we will give patients a bone density scan, and then put them on a nutritional and exercise regimen. Also, we will incorporate some new diagnostic testing in determining levels of the breakdown of the calcium in the bone. Then, we can monitor the bone formation before the follow-up scan.

Q: In addition to niche marketing, you advocate a philosophy called guerrilla marketing. What is it and where did you learn about it?

A: Guerrilla marketing entails low-cost strategies that enhance the reputation of a business and make it more profitable. It's a great strategy for small businesses that don't have significant marketing and advertising budgets.

I learned about the technique in a book, *The Guerrilla Marketing Handbook*, by Jay Conrad Levinson (Houghton Mifflin Co., Boston, 1995). The guerrilla marketing strategy impressed me because it is geared toward small businesses and how they can compete with bigger competitors that might spend millions of dollars on marketing. Guerrilla marketing is especially relevant to physicians in private practice, who can feel that they are not big enough to compete with integrated delivery systems.

Q: What are some guerrilla marketing strategies you use?

A: One of the common-sense strategies we have adopted is calling our patients, just to see how they are doing. This is a good strategy for several reasons. It enhances quality of care, because we are checking in on our patients' health and can determine how, for example, a change in medication has affected them. It also helps us with risk management, because

we can monitor the health and reactions of our patients and might possibly avoid a crisis. Generally, it's good for business because patients remember that we called, and come back to us because they know we care about them. We call patients back whether they're local or out-of-state.

As another example, when patients send us letters thanking us for our care, we hang the letters up in the office. This is a good marketing tool. It validates the work we're doing and offers comfort to new patients, especially tourists, who are seeking care far from home and want assurance that the physicians are high quality. When they come in and see the letters, it helps alleviate their concern and sets a more positive context for care.

We also do other things to build personal relationships with our patients. We send out birthday cards hand-signed by all the doctors in the practice. We personalize the Christmas cards we send out with notes to the patient. We send thank-you notes to patients who refer others to us. When we see a notice in the newspaper about one of our patients receiving a promotion or another achievement, we send a congratulatory card. Those little touches mean a lot to the success of a practice, because they enhance patient loyalty and physician reputation.

Q: What unusual advertising and public relations techniques do you use?

A: We try to pursue inexpensive advertising techniques. For example, we distribute refrigerator magnets to our patients. The magnets are brightly colored, and have the names, addresses, and phone numbers of our offices. Many patients, particularly the tourists, put the magnet on the refrigerator in their rental property. As a result, subsequent renters see the magnet and come directly to us if they need a doctor. We distribute 20,000 magnets each year, so many of the rental properties in the city have one of our magnets on the refrigerator.

Since 1996, we have pursued public relations marketing, where news

reporters can interview us and we can be perceived as experts in the field. We started by submitting articles on different medical topics to three local newspapers, and then our relationships with reporters helped us bounce to television. We would show television producers these newspaper articles and started to make ourselves available. Most doctors either are shy, don't want to take the time, or won't take the initiative to generate publicity. On the other hand, we not only pursue these relationships but we accommodate ourselves to the needs of the media. We look for topics that will be of interest to their readers or viewers.

Q: Do you use the Internet as a marketing tool?

A: We have a site on the Internet (75thstmedical.com), which we plan to start this spring. The site includes information about our practice and its services. We also have references and articles that can be downloaded for free, and we have links to other major health care sites. Eventually, we plan to add a chat room so patients can talk to each other about their conditions, forming a sort of support group. We will probably restrict the ability of patients to ask us medical questions via e-mail because of risk management issues.

Q: What final comments can you offer to our readers regarding your marketing strategies?

A: When physicians embark upon some of these ventures and publicize them, they are perceived as promoting these ventures just to make money. That's not what drives us. Physicians can always make money. We do it with the goal of optimal care for the patients.

We want to keep patients healthy so they can live long and strong, and so they don't have to come back and see us or go to the hospital. Patients like to hear that. The only thing we are trying to sell is good health.

—Edited by Deborah J. Neveleff, in North Potomac, Md.