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Alternative Income *for Doctors*

Being an Expert Witness
Adventures in Wellness

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Adventures in Wellness
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Inside Outside Wellness Center & Medical Spa

Adventures in Wellness

An old marketing axiom states:

"If you want to get rich, sell people what they want; if you want to do well, sell people what they need; if you want to go broke, sell something you think they need."

National Vital Statistic Reports indicate that after tobacco, the next most common "actual causes" of death in the United States are poor diet and physical inactivity. When you go to your Primary Physician, aka your Real Wellness Doctor, for your annual exam, he/she usually will say, "Your lab work looks good and your physical is okay; but, for this next year, I want you to lose some weight and exercise more." This is generally followed by, "See you next year." The Primary Physician realizes the importance of these issues but rarely has resources to guide their clients/patients through various strategies involving nutrition and exercise; and, reimbursement would be problematic.

I have just attended our local Cardiology Fiesta 2008 and from my perspective, we are facing serious challenges. The diagnostic and treatment strategies (Medical and Interventional/Surgical) for atherosclerosis, once established, are expensive, and protocols for their use are in constant evolution and subject to extensive control by the government and third parties. The Overweight/Obesity problem is getting worse, leading to more diabetes and metabolic syndrome; the goals for reduction in these areas set by the Healthy People 2010 Initiative will not be met. A recent study even suggests if trends continue, all adults in the USA will either be overweight or obese by 2048. A steady pipeline of people prone to atherosclerosis is on the way, and combined with a tenuous workforce and uncertain funding predicts much (for lack of a better word), angst.

Preventive strategies are therefore what we 'think' and know everyone needs. What makes it difficult is that the effort required to convince someone that they 'want' these strategies requires a lot of education and time. Accepting the fact that prevention is not an option for those with established chronic disease, we have to be proud of the dedication and sacrifice that all of our health care workers make on a day-to-day basis. Following Hippocrates' counsel, they strive "to cure sometimes, to relieve often, (and) to comfort always." A modern day Hippocrates would also counsel, "but first, prevent."

Clearly, everyone needs to develop effective, time-wise strategies about nutrition and exercise which they can fit into their lifestyles (budget, included). But for most physicians and their patients, there is much confusion and conflicting information about the best strategies to focus on. Each of us has a limited amount of time, money and energy to dedicate to the nutrition and exercise strategies we

adopt. The term 'doctor' means teacher. It is our duty to teach our clients/patients how to make better choices on how they spend their time, money and energy on these nutritional and exercise strategies. I personally don't think you can give a person a greater gift than clear thinking about nutrition and exercise. If you can do this, a large number of health problems are avoided and many chronic conditions improve.

This is where a "Wellness Center" might play a role and has been my goal since 1997 when I made my first attempt to help my post op heart surgery patients with their nutritional choices. It was a willing, but small, audience and I sought no payment for doing this. I formalized many of my nutrition services and naively thought that clients would beat my doors down; but, I quickly discovered how difficult it was to market a product which I knew everyone in San Antonio needed, but few really wanted or were ready to commit some of their time, money or energy to get.

I made the decision to create a Wellness Center; not just where people could simply come for an evaluation and get some advice about their nutrition and exercise choices. That would simply be an "event"-related interaction and patients/clients would be left to implement on their own. In contrast, evaluations are conducted, along with a 4-month focused 'process'-oriented experience implemented, helping with the learning process and with attaining goals. With this process established, maintaining set goals long-term through maintenance programs is the next step. Emphasizing that achieving health and fitness goals will become a "process, not an event."

Helping with nutrition and exercise choices, we share information about the Zone Nutrition Program of Dr. Barry Sears (based on the Mediterranean Diet with lots of Omega 3) and a High Intensity Circuit Strength-Training Gym. Here, the workout - once or twice a week with a trainer for 20 minutes - uses a High Intensity but Low Velocity technique which minimizes the possibility of injury while insuring maximum stimulation for strength gains. Sarcopenia, or age-related loss of muscle mass and strength, is a recognized epidemic leading to disability and obesity; the main goal of this exercise program is to develop and maintain strength. The American Heart Association and our Geriatric Societies have issued position statements on the importance of strength training and maintenance of muscle mass. Losing fat and gaining muscle, at the same time, can be measured progressively with serial DXA Body Composition and bone density scans.

In 2003, my Wellness Adventure evolved as a true "Back to Basics Approach." It is an ideal place for a client who is 'ready' to take his/her health and strength to the next level and then to maintain it. A favorite phrase I like to use is "When the Student is ready, the Teacher will appear."

Additional profit areas include nutritional supplements, skin care products and a variety of medical-grade spa services for the health and appearance of the skin. We do not take any insurance for any of the services we provide.

To prepare myself to be the Medical Director of such a center has required attendance at numerous meetings and seminars about nutrition, exercise, preventive medicine, and skin care, and many ongoing hours of self-study and education.

There was an initial investment in equipment (exercise, DXA, spa equipment), which has delayed our financial objectives; we continue to grow our client base slowly, primarily by word of mouth referrals from our clients.

I have made no attempt to become the primary Physician of any of our clients and always tell them our goal is to only provide them with services which their Primary Physician cannot provide.

The decision to slowly move away from Cardio Thoracic surgery in 1997 was a difficult one and was based on rapidly decreasing reimbursements, insurance hassle factors and realizing things probably would not get better; and, except for our malpractice premiums, little has improved. I also reflected, one day back then, that a more important contribution might be made and it might be more challenging to keep people out of the operating room rather than spending the rest of my life figuring out a different way to put a stitch in a coronary vessel.

This entrepreneurial effort has been difficult and challenging, and I continue to work long hours. What keeps me going is the continued appreciation I receive every day from our clients (a growing number of physicians included) for the difference we are making in their lives and futures.

Finally, physicians need to continue to promote prevention, but maybe more importantly, "walk the walk and not just talk the talk;" or, as we have often been told, "Physician, heal thyself."

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