Weight Loss in the Medical Practice Setting
Part One
The Ancillary Clinical Model

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Introduction

From the pediatric cardiac surgeon to the busy small town family practitioner, those of us in the medical field are continually being bombarded with new challenges. We are being asked, if not daily, to work harder and see more patients all in the face of declining third party reimbursements and increasing operating expenses. In our current tight economy, even cash pay practices are feeling the crunch. In the midst of all of this, physicians are constantly being bombarded with new and improved methods of improving the bottom-line while, simultaneously, improving patient outcomes.

Ancillary clinical and revenue models are a way for the busy medical provider to continue good quality care and broaden revenue channels without necessarily adding overhead. Some common, well-proven ancillary clinical services include occupational medicine, DOT physicals, laboratory medicine and drug screening, cosmetic services, and immigration physicals/care.

Preventative medicine, particularly weight loss, is an ancillary revenue model that has not been explored much in the medical practice setting. Remarkable evidence exists supporting the value of clinical preventative medicine defined as the maintenance and promotion of health and the reduction of risk factors associated with disease. Primary prevention discourages the occurrence of a disease or adverse event, i.e. tobacco cessation, weight loss. Secondary prevention, or screening, is early detection of a disease

or condition in an asymptomatic state, so intervention delays or prevents the disease from happening. Tertiary prevention, a topic that will not be covered in this article, attempts to avoid adverse consequences of an existing clinical condition i.e. cardiac rehabilitation.

The evidence is overwhelming that deaths from most chronic diseases are preventable and related to lifestyle factors. An estimated 400,000 people will die each year from tobacco-related illness, and over 300,000 a year from detrimental dietary habits and lack of activity. It is also well-known fact that health care providers can positively influence patient's behavior with simple suggestions or comments.

Barriers to preventative medicine include healthcare provider's uncertainty about recommendations, belief that patients will not listen, lack of time, and personal characteristics (a healthy, exercising physician is more likely to suggest a good eating program and daily exercise than one who does not participate in a eating or exercise program).

Patient barriers include unawareness of benefits, costs, and fear of findings or change. Our current healthcares system also provides hindrance with lack of reimbursement for health education and services, erratic screening programs, and lack of preventative systems to aid the busy healthcare provider. The busy provider is grateful for the time to eat, much less the time to suggest good eating to a patient.

From day one of medical school we are taught the front line, first step approach to any disease state, particularly the chronic diseases such as diabetes, cardiovascular disease (hypertension, hyperlipidemia, CVD, etc.) and other chronic aliments (osteoporosis, dementia, chronic musculoskeletal problems, etc.) is Therapeutic Lifestyle Changes or TLC. The primary aspiration of TLC is getting our patients to eat right and exercise in the anticipation of weight reduction and therefore aid in the prevention, treatment, and in many cases cure of the most common chronic disease states. Of interest, when we do mention TLC to our patients, an innate reaction is to think of and possibly go to a retail weight loss clinic, pay out-of-pocket cash for the services from a non-healthcare provider – I subject I will delve into greater detail shortly.

Whatever the reason, be they financial, clinical, psychosocial, or ethical – most medical providers have avoided adapting the large revenue source of a weight loss service. Potential barriers to adaptation of this service may include:

- Afraid of being labeled
    - With all the scams, quick fixes, and potential harm thrust upon the American consumer, the last thing doctor's want is to be associated with it.
- Fear of salesmanship
    - Many doctors are under the misconception they must sell things to be involved in weight loss and most do not want to "sell" products (supplements, nutritionals, etc.) or weight loss devices from their office.

- Conviction that diets and exercises does not work and their advice falls on deaf ears.
    - All of us have been in the position, either as a physician, friend, or self that all the best effort in the world does not bring about promised results.
- Concern about “weight loss” drugs
    - Side effects, addiction and other worries create legitimate concern with savvy health care providers.
- Sincerity that others, such as registered dietitians, will handle the problem
    - Unfortunately, whatever the reason, getting a patient to a dietitian can be a difficult thing.

Scrutiny of each concern demonstrates that the fear of being labeled can easily be avoided by following your medical guidelines as if you are dealing with a simple urinary tract infection (UTI). Read the literature, avoid hearsay and fads and if you choose not to sell anything from your office, it will not hinder your practice. The very true conviction that diets and exercise fail is, in most part, due to inadequacy of treatment and the lack of a clear program or set of guidelines to accomplish the goal. For example, if you were to prescribe an antibiotic for a UTI you would ensure no allergy to the drug, appropriate coverage based on your local sensitivities, proper dose based on the drug and the person you are prescribing it for, and the correct length of time with said treatment. Current dietary and exercise advice lack the same clinical guidelines and recommendations and have the potential to fail in most if not all of the above methodology. Weight loss drugs can be useful in a number of situations, but the practice of weight loss does not necessary

hinge on them. In addressing the final concern listed, the best time to act with patients is with them in YOUR office. Studies have shown that the advice from a doctor has the greatest impact on people (1). The doctor/patient relationship is the perfect relationship for the management, support and direction of a well-designed eating and exercise program.

Weight loss is a perfect arena for combating legitimate concerns in our current health care surroundings. Working harder is not an option for many of us, therefore working smarter is. Diversifying in a backdrop we should all be proficient in makes not only good sense medically and economically, but will enhance treatment outcomes for our patients as well.

This is a two part series explaining the role of weight loss in the medical practice, no matter what the specialty. Part one will review the assimilation of the ancillary model of a weight loss clinic and part two will review the role of the physician and support staff in weight loss and chronic disease management and will provide some very simple tools to utilize that are not only effective but also simple to incorporate.

Background

Through out medical school and postgraduate training we are constantly reminded of the need to reiterate and incorporate TLC with our patients but, unfortunately, that is usually as far as that dialogue goes. The importance of it is repeated, but no instruction or tools

are provided to do so. As we work with patient in any setting in health care, from the hospitalist to the busy primary care doctor, we find ourselves in an identical situation – we tell our patients to eat right and exercise but we meet their deer in the headlight look with the identical stare.

Obesity is an epidemic. Globally, more than 1 billion adults are overweight - at least 300 million of them clinically obese. The obesity and overweight epidemic pose a major risk for serious diet-related chronic diseases, including type II diabetes, cardiovascular disease, hypertension and stroke, and certain forms of cancer. The health consequences range from increased risk of premature death, to serious chronic conditions that reduce the overall quality of life. Of exceptional concern is the increasing prevalence of childhood obesity.

The demanding schedule of the medical practitioner, on a daily basis, is confronted with the consequence of obesity in the form of non-fatal, but debilitating health problems including respiratory difficulties, chronic musculoskeletal problems, depression, non-healing wounds and other skin problems. The more life-threatening problems such as CVD problems; conditions associated with insulin resistance such as type II diabetes; certain types of cancers, especially the hormonally related and large-bowel cancers; and gallbladder disease, are ‘frequent flyers’ in any medical practice setting.

The time has come that we as medical providers take hold of the problem and confront it with more than “just eat right and exercise…” The legal, if for no other rousing reason,

should make each of us become skilled at delivering weight loss services. John Shufeldt, MD, JD, MBA, FACEP in his article in JUCM, January 2007, *Protecting Yourself Against Medical Malpractice Claims, Part 2* emphasizes the importance of proper referral and documentation of discussions such as tobacco cessation and/or weight loss.

Implementation of a Weight Loss Service

For an ancillary revenue service to be worthwhile a few simple requirements are prerequisite. To evaluate the role of weight loss in the medical practice, I will review some commonly asked question:

1. Is there a demand for a physician directed weight loss service in your area?

   This question is almost as ludicrous as: Is the sky above you? I will do my best to avoid the obvious and merely provide you with some numbers from your "competition" in the weight loss arena: Weight Watchers International, Inc total revenue 2006 – $1.2 billion dollars, NutriSystem Inc. total revenue 2006 - $568 million dollars, eDiets.com Inc. total revenue 2006 - $48 million dollars.

   A very important distinction to make in that question: I asked about *physician directed* weight loss. None of the companies mentioned above are physician directed! As weight loss is such an important medical requirement, I can think of no group more eligible than health care providers in the area of weight loss.

Weight loss is no longer a cosmetic inclination; it is a medical need. Who better to provide it than the same individuals caring for hypertension, diabetes, and other weight related chronic diseases?

2. What specialized skills and assets will be required to run a successful weight loss service?

   There is a learning curve when it comes to diet and exercise. Its slope, as any other specialty, is determined by the extent of the practice. Writing detailed, line-for-line eating plans with attention to total calories, macronutrients (carbohydrates, proteins, and fats), sodium, fiber, and etc. take some effort. But this detail is not an absolute. System development for the weight loss program in your office is dependant on your desire and effort. Training of staff and providers is an option as is the addition of a nutritionist to your current staff. Hardware such as body composition machines, fat measuring devices are available, as are software programs to help you develop handouts, exercise specific programs and in some cases full eating plans. 'Tickler' or follow-up systems currently being used to remind the busy practitioner of the need for an HbA1C or lipid profile can be used to follow up with diet patients or as friendly exercise reminders. A number of options exist which will be covered in more detail in the next article in this series

3. What type of advertising will be needed?

Advertising can become as exhaustive and expensive as you wish. Many options are available, and beyond the extent of this article. One advantage point you have over other weight loss competitors out there is you already have a clientele. You have people in and out of your office daily for all sorts of needs. Who better to market to with a few simple brochures, posters, and reading material in your lobby? You already advertise weight loss everyday in your medical practice! Every time you mention TLC, intervention in chronic disease, etc. you are selling weight loss! As I mentioned before, when we do mention TLC to our patients, they immediately think of local weight loss services, from large chains to the personal trainer at the local health club. Of interest financially, patients are very willing to pay out-of-pocket cash for the services from a non-healthcare provider! Could you not do this in your office? One final thought in the area of advertising: As you identify competitors it is important to ask what potentially distinguishes them from you. As Medical Practice centers compete for other ancillary revenue services such as aesthetics, many have invested in renovations to create an ambiance more applicable to the service. Setting up a large scale (no pun intended) office weight loss setting is an option, but not a necessity. One way we have done this in our office is our web site offers healthy recipes and other weight loss related services.

4. Will consumers utilize your facility as their weight loss headquarters?

I can almost guarantee you that your current clientele of patients will use you over any other weight loss service. Your relationship of trust and confidence lend itself to the ideal in terms of success and good outcomes in a difficult area. Your degree and knowledge base are ideal for the addition of a weight loss service. Credibility is already obtained, and accountability comes easy in this situation. In our current societal norm of the "one-stop-shop" a weight loss service in doctor's office makes sense. As the primary care archetype shifts to the patient home model, caring for ones obesity in association to their diabetes, hypertension, etc. is apparent. Doctor's offices that adapt a weight loss service will quickly become a referral center from other specialties. I can think of no one I would rather trust in the care for my patients than another physician. In a worst-case scenario – you provide a much needed and excellent service to your current customer base.

5. How will you get paid for your weight loss services?

We are all aware that insurance will not pay for "weight loss" as it, for some "un-medical" reason, even in our current environment, is considered cosmetic. Without going into details of the infinite wisdom of third party payers, it suffices to say that you have two options: first and uncomplicated: cash. Talk to anyone in your area about the fee for service cost of existing weight loss plans. The amount of money your patients are currently spending on weight loss is very surprising and undoubtedly at you're prodding! Most will not balk at the fact a medical

provider is offering the service. Second: when you see a patient for their weight related condition, offer them an eating plan. Enroll them into your weight loss program. If your modus operandi is established and fine tuned, not only does your service become the monitoring and treating of disease states with drugs, but it includes instructions on diet and exercise! The cost to the patient will be their co-pay, or whatever arrangement they have with their insurance company. The simple fact that you offer this will pay for itself in no time. Your patients will find it much easier to track their success with their belt size than from their HbA1C.

From patient recommendation to other health care provider referrals, patients will be knocking your door down as you are now offering a service rather than mere words "eat right and exercise"! Using our clinic as an example, during our slow summer months, it was surprising to see that ½ of our daily customer base was enrolled in our weight loss service. People who admittedly would not follow up for their diabetes in the warm summer months where coming in, as they wanted to see what their lipids and blood pressure was doing with their newfound lifestyle.

6. How can I develop a business plan? (OR) What is the next step in setting up the ancillary revenue weight loss clinic in my office?

With careful reflection and regimented planning, an ancillary weight loss service can be added to your bottom line without significantly adding to your workload.

As with any good business plan, one must established that there is a demand and a need for the service and then consider if you can meet that demand. Ask yourself if a weight loss service is consistent with your interests and practice goals. What benefits do you see coming from it? What risks or worries do you have? Write all of these out as you brainstorm the idea.

If a weight loss service could be fit into your grand scheme of things, do you have the appropriate staff for it? Do you have the EMR or other systems you can track follow-ups and objective measurements (scale weight, body composition, etc.)? How detailed to you want your service to be? Are you planning on providing each and every patient with an individualized eating plan, or just handouts and good accountability? Project revenue both in cash and increase in visits due to the program. Expenses should include equipment and software, possible facility enhancement, staff training and start-up marketing campaigns.

Of course, one must understand the underlying problem and come of the realization that weight loss need not be a magical and delusional neighborhood. In the next article in the series we will discuss some underlying pathophysiology, some failures in our current frame of thinking, and most importantly offer some solutions that can be incorporated into this – the newest ancillary revenue opportunity for medical providers.

1. Nawaz H, Adams ML, Katz DL. *Physician-patient interactions regarding diet, exercise, and smoking*. Prev Med. 2000;31:652-657

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