

Involving the Physician in Medical Fitness: A Must for Success

by Daniel J. Lynch, M.S.

If you have not read Douglas A. Ribley's article on "Integrating Rehabilitation Services and Medical Fitness," stop reading this column now and go back to read his thoughts first. Doug does an excellent job of laying out the important features of a hospital-affiliated, medically based, integrated model for rehabilitation within the health and fitness environment. His information is critical to the success of blending health and fitness with orthopedic, cardiovascular, and other disease management needs under one roof.

There are huge opportunities in the medical fitness market. Countless studies support the benefits of exercise on lifestyle-related disease. Some estimates indicate that the following categories of people can be directly affected by exercise and lifestyle change:

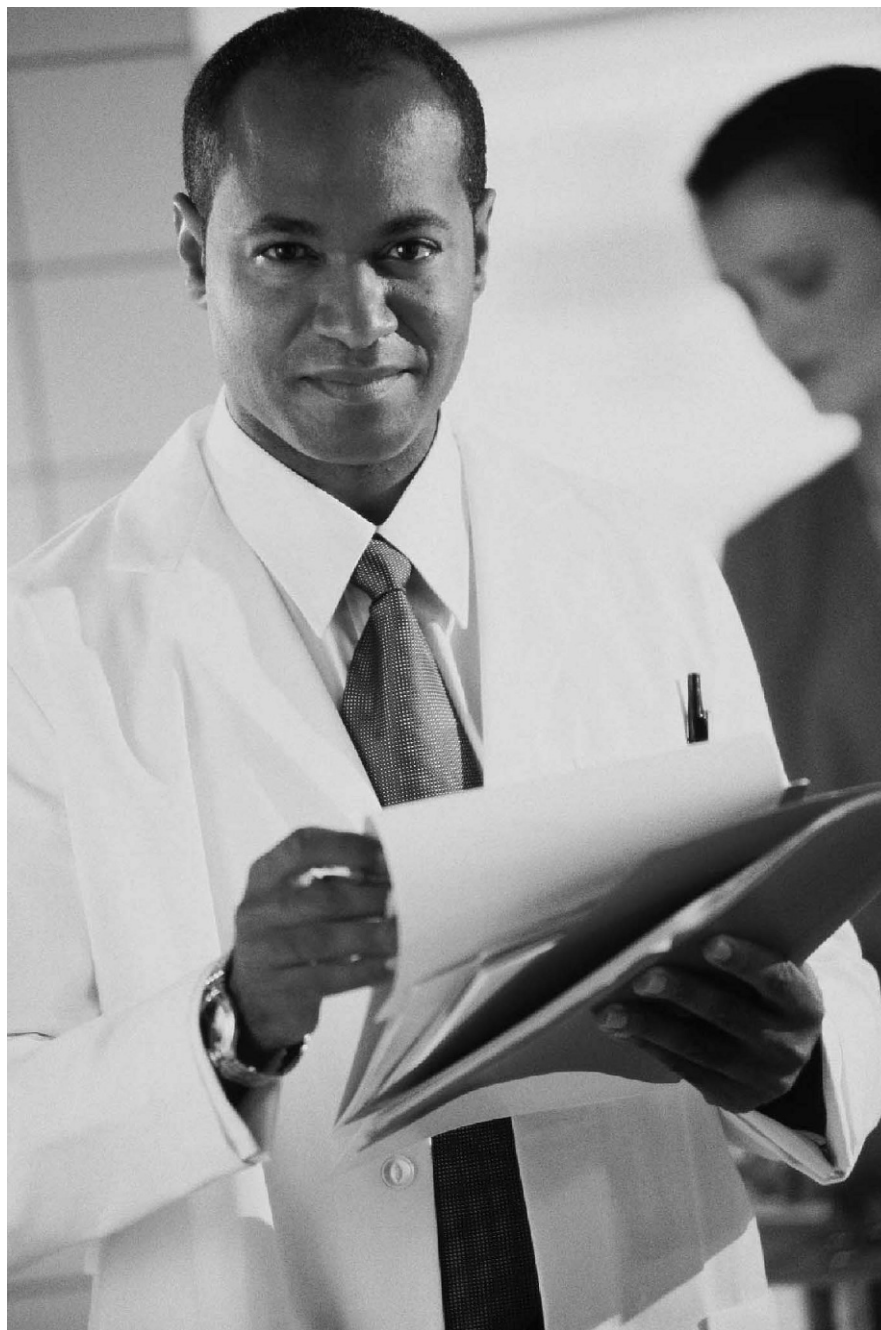
- hypertension: 105 million
- cholesterol: 137 million
- type 2 diabetes: 59 million
- obesity: 130 million
- heart disease: 60 million
- cancer of the breast or prostate: 50 million
- arthritis: 66 million
- osteoporosis: 10 million
- depression: 9 million
- metabolic syndrome: 47 million

According to American Sports Data in 2005, there was a 4.5% growth in health club memberships from 2004. There is currently an estimated 41,340,000 members broken down into 52% women and 48% men. *Forbes Magazine*, November 2005, estimates that beginning January 1, 2006, a baby boomer will turn 60 years old every 9 seconds for the next 19 years. Finally, in September 2005,

the Federal Government passed Internal Revenue Service 502, Revised Ruling 2002-19, which allows fees paid by an individual for physician-prescribed exercise programs for specific health issues (such as those listed above) to be considered as a tax-deductible "qualified medical

expense" by the Internal Revenue Service.

Critical to this entire integrated model is the role of the physician in influencing people to begin a lifestyle change. First and foremost in your success journey is that the facility needs a physician champion. Find a



passionate physician who has a sincere interest in health and fitness and make that person your medical director. You can choose to pay the physician a salary, or if possible, have one of the hospital's employed physicians do the job. It is critical that this physician be well respected in the medical community. You can get more information on the medical director's role and other standards from the 31-page *The Medical Fitness Model: Facility Standards and Guidelines*, Medical Fitness Association, 2006, www.medicalfitness.org.

Once this physician champion is on board, he or she can help you access the physicians in the community. When I was at Stamford Hospital in Stamford, Connecticut, we had a very enthusiastic cardiologist who served as our medical director. He would open the doors to physician offices and take members of our fitness team on visits with the doctors to explain our medically based approach to health, fitness, and integration. Of the 1,500 people that were presold as members in the center, approximately 60% were referred by a doctor and 70% were first time joiners. This demonstrated that the model was attracting people who had never belonged to a health club before and were usually intimidated by the typical environments of traditional health and fitness centers.

Mike Dupuis is vice president of development and executive director of Healthworks Fitness Center in El Dorado, Arkansas. Healthworks is a 50,000 ft² multipurpose facility serving close to 4,400 members. "One of our successful programs has been the clinical membership. We offer physicians throughout the county the opportunity to refer patients to our

health and fitness center for a 10-visit guest pass. The 10 visits must be used within a 30-day period of the start of the guest pass. The prospective member also must have a prescription for our services from their primary care or specialty physician. Once the physician's prescription comes in with the prospect, our membership and fitness team develops an open dialogue with the physician's office relative to assessments, programming, and progress that the member is making," explains Dupuis. "Each member has an appointment to meet with an exercise physiologist for a complete fitness assessment. This appointment is followed up with three additional personal appointments. The cost per visit is 50% of the regular guest fee charge, and the entire 10-day fee is collected up front. At the end of their 10 visits, or 30 days, whichever comes first, the prospective member has the option to enroll as a permanent member or to cancel their trial membership. If they choose to continue their membership, the enrollment fee is waived. In the past 3 years, we have received referrals from over 80% of the physicians in our county and we are currently converting 90% of the referrals from 10-day trials to permanent members."

This is an excellent example of the power of the physician referral and how to convert it into an ongoing paying membership. The critical lesson is to have good communication with the physician's office staff. They are the real key players in the model. If you can get the office manager on your side, member referrals will come often.

There also are some real benefits that the physician can enjoy as a result of working with a health and

fitness center. If your center is following the guidelines of the American College of Sports Medicine or the American Heart Association, you should be screening every prospective member that enters your facility. This means that many of them should be cleared for exercise by their primary care or specialty physician. This can be as simple as faxing a clearance form to the physician. The doctor can then determine if his or her patient needs to have a physical examination before beginning an exercise program. This can generate an office visit, laboratory fees, and so forth. With the 502 tax ruling, the patient must see their doctor for the prescription, and it also will generate a follow-up visit to see if the program should continue or if the patient should just become a regular member in the health and fitness center.

Finally, the last thing you need to realize is that the process takes time. One visit to a doctor's office is not going to open the floodgates to referral patterns. You have to be diligent, be consistent in your follow-up, and deliver member outcomes to the doctor's office. They will be interested in the progress their patient is making in your center. Good luck!



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