

# Clinicians as Entrepreneurs

Dick Thom, DDS, ND explains four key areas to master to achieve success in practice.

*Interview by Matt Laughlin*

**UH** (Unified Health): Before getting into the specifics of the Health of Business, Business of Health seminar series you have developed with your business partner, Andre Belanger, I would love to give the readership a sense of your background. I understand you started out many years ago practicing dentistry before becoming a naturopathic physician.

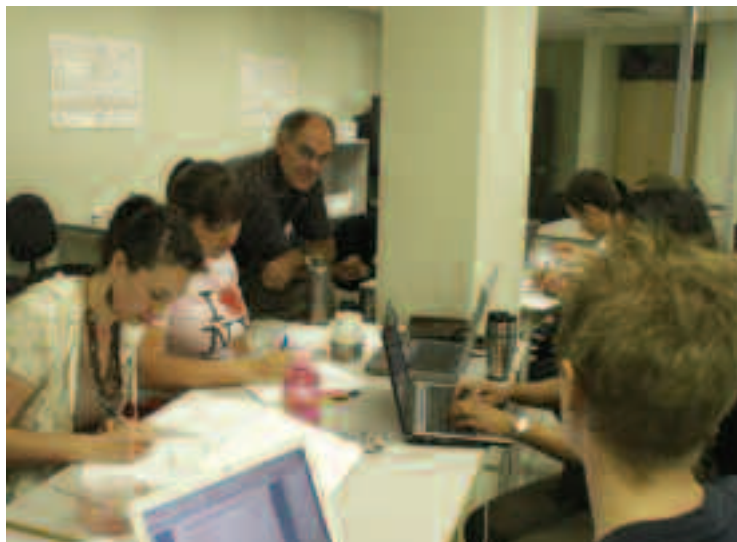
**DT** (Dick Thom, DDS, ND): That's right. I graduated 35 years ago from the University of Toronto as a dentist. Preventive dentistry was just starting when I graduated, and when I went to practice in a little town in eastern Canada, I was the first dentist in town. I practiced there for 12 years with a practice focused 75% on pediatric dentistry, and I was able to instill the whole concept of prevention. And of course as a naturopath, prevention is a very strong aspect of what I do.

Due to some personal health issues with my family, I sought help from people in the alternative medicine field and became very interested in other aspects of medicine; nutrition and various other modalities. It was for a variety of reasons I decided to enroll in naturopathic school in Canada; after obtaining that degree I still wasn't satisfied and ended up coming to NCNM here in Portland. I earned a second ND degree and I've been here for the last 20 years.

**UH** I understand that as a naturopath you experienced a significant shift in the way you practiced medicine and have trained extensively with physicians in Europe. Would you speak to the way in which your practice approach has changed?

**DT** Sure. When I graduated as an ND in 1989, alternative medicine was pretty new on the block and naturopathic medicine wasn't exactly a household word, not that it totally is today. A lot of our training was in the use of nutraceuticals, botanicals, homeopathics and various other modalities. Originally, I thought a lot of what I would do as a naturopath would be supporting people in their health journey, but instead I found myself doing a prescriptive type practice using alternative therapies. What I found is that patients would feel better quite quickly, usually within one to three months. And while this would suggest that the therapeutic approach must be working, for different reasons people would drift back two-three years later.

I started to realize that while the patients I saw would feel better, they weren't really getting the true cure. Much like



somebody is told by their doctor that they have high blood pressure and are put on a high blood pressure medication. They're fine while they take the medication, but as soon as they stop the problem comes back. In other words, they palliate it, but it never really goes away. I found the same thing happening in my naturopathic practice.

About six years into practice I had the opportunity and the privilege to go to Europe to study with a French medical doctor, homeopath and acupuncturist; after listen-

ing to him lecture on many occasions, my clinical perspective totally changed. I realized what I had been doing was really disease management; I changed my focus from talking about disease to talking about health. As I changed my focus, I began guiding patients away from that thinking as well. While I continue to recommend a lot of the same things, the emphasis is more on prevention and less on the treatment of disease. In this way, we work with people, not symptoms; using the body's ability to heal itself and discovering the so-called obstacles to healing.

As a result of that shift, my practice became very successful. I have been extremely pleased with the patients who approach it in this way and my personal satisfaction has increased dramatically. I treat pretty much any and every chronic disease with the same principles of teaching the patient what they need to do for themselves. I have moved away from the style of practice in which you just take something for this symptom without really truly looking at the whole picture. Unfortunately, I believe we give a lot of lip service to prevention and health promotion, even in the naturopathic profession, yet I don't see it happening in clinical practice.

**UH** You also really stress a long-term therapeutic relationship and seem to view the doctor-patient relationship quite differently.

**DT** I absolutely view it differently. That was part of the reason I decided to change my approach to medicine a number of years ago. People would originally come in because they had gastrointestinal reflux, and that's addressed, but now four years later, or ten years later, they have breast cancer or they have a heart attack, or they developed an autoimmune disease. I'm thinking – how did I really help this person?

As I started to study more about the true origins of disease itself, I realized you can't cure somebody who has any type of an issue in a few visits by just having them take something or do something. It really requires a long-term relationship.

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In my experience, it takes anywhere between 18 and 24 months for a person I see frequently, as often as monthly, to truly understand the philosophy of self-care and self-responsibility that we are teaching. As a result of that, I have developed programs, which are part of the business workshops we teach, tailored for people along the different phases of their health evolution. When they come in, for instance, they go into our river of health program; we work with them as they return to the source of optimal health and wellness.

In my continual study, and thanks to the doctors I worked with in Europe who kept opening my eyes to the fact that there is more to the underlying basis of presenting symptoms, I found the therapeutic relationship to be essential. Real healing occurs when we can develop a long-term relationship; as time goes on, I see the person once or twice a year and the role is less a physician and more a coach. I coach them as their health journey progresses, I give them ideas, I keep them updated on things. Because most patients die of a chronic disease, one goal is that they will eventually die of old age, and not by chronic disease.

**UH** I had a chance to read a couple cases you share in your chronic disease courses and was struck by the fact that with some chronic conditions it really does take time and familiarity for a patient to assimilate these things as they go through the layers of healing. I was also struck by how thorough your clinical approach is.

**DT** Sure, and patients really come to understand and appreciate that also. I generally know a patient is creating an understanding when they get an acute illness, a sinus infection or a cold, and they don't immediately run thinking *oh my gosh I have to treat this*. They realize it's part of the healing process and they need to rest, take time off work, not eat for a day or two. The process really instills self-responsibility in them. They know that getting a cold or flu is not a bad thing; in fact, it's a necessary thing for the continual journey of managing long-term health.

And yes, I am very thorough. There are some patients who will say, well, this isn't for me. And that's fine, because I'm really interested in helping people who want this long-term relationship. Of course, that's pretty much who my practice is filled with; I would say the average patient in my practice has been in to see me more than 25 times.

**UH** This might be a good segue into your business seminars. It seems that one of the marketing perspectives or business tenets you present is that while external marketing has its place, the most successful marketing approach is to focus within your practice, on the success of your patients.

**DT** Absolutely. My belief is that we spend so much money in marketing and outside advertising. We put ads up, websites and brochures, that type of thing and we don't look internally into our own practices to the people who've achieved success. In our model, we look to what I call raving fans. Raving fans are people that truly embrace and understand this model of health and go out and share it with their friends and family and neighbors. They're out there spreading the work. I am only one person, but they can talk to their own networks of people. Most of our marketing is directed in to our own patients, and we basically use advertising to make us known, to have our name in the phone book, that type of thing.

For instance, many people spend lots of money on websites with the idea that websites will have people come to you. Well, what happens with a website is that people come two or three times, but it doesn't really establish a long-term relationship

and it fails to teach people that health care is a life-long relationship. When our own patients have experienced it and share their experiences, they have the ability to share with someone else in a way that cannot be communicated on a website.

Our patients convey that health is a journey. In the river of health model we use, the source of the river is the source of where we started in life; as we go through life, we drift down the river and accumulate a variety of different things. Our goal is to help people return to the source, the place before they had issues and problems. Our raving fans are people who are very much willing to go on this journey because they understand that health care is not about eliminating their symptoms. Instead, it is about achieving a day-to-day level of genuine wellness, a joy, where you wake up and feel as though every day is wonderful.

**UH** And realize a sense of meaning and purpose in life...

**DT** Absolutely.

**UH** You met your business partner, Andy, an entrepreneur and business consultant some years ago. How did you both come to create these business seminars together?

**DT** I met Andy in about 1990 and we became friends. I was at a workshop and seminar and he was one of the presenters on the business aspects of medicine. By that time, of course, I had been running a very successful dental practice and was comfortable in the business world. We're both Canadians and we're both hockey fans so that was sort of an immediate connection on a personal level; the professional relationship developed later. I had him look at the things I was doing in practice. While I thought I was pretty savvy, he shared some things with me that I certainly wasn't familiar with and he had a lot of tips and ideas to make things more efficient.

People knew that I had some knowledge in business; a lot of colleagues would ask how do you do such and such in business? It was often the same questions and dilemmas. I am not sure about the exact statistic on this, but in the naturopathic profession I would say that one in two people no longer practice the medicine after five years, which is a very disheartening statistic.

Andy started saying you know, we need to get together and share what we teach, because we both have an incredible passion for the alternative medicine industry. We spent two years in preparation for the workshops and we've been teaching the workshops the last five years all over Canada and the US.

**UH** How do you see health care principles and business principles interrelate?

**DT** They are very interrelated. The same six principles I follow in naturopathic medicine are the same principles we use in business. We spend all this time in medical school learning the nuts and bolts about being a doctor, but we don't spend enough time learning how to practice what we know. We divided our seminars into four areas of business. One of the workshops is called operations. And operations, for all intents and purposes, is like what we learned in medical school; how you do what you do within a certain system.

In medicine we have certain systems. When we see a patient we take a history, we do a physical exam, we order lab work, we order some pictures, we come up with a differential diagnosis and a treatment plan. It's very orderly, it's

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very systematic and it follows a very specific regime. You have to do the same thing in your business. Everything has to have an order and a system associated with it. If you're seeing a new patient in a business context, you have to have a phone to answer the call, you have to have a computer, you have to have paper, etc; in the operations workshop, we lay everything out very systematically.

Administration is a second aspect of business. Your administration in medicine includes an overhead to pay, and the management of the money coming in and the money going out. We personally use Quick Books, because Andy has used it for 20 years, I have used it for ten years, and we're very familiar with it. We teach people how to keep an orderly structure of the books. When we talk to physicians, they often are not very savvy about this essential aspect and they expect their accountant to tell them how they're doing in their business as opposed to learning what does it mean that this much money has been spent and this much money has been brought in. We have people question every number on their profit and loss statement and on their balance sheet, learn how to read it and learn what it means. We teach people to do their own books on a monthly basis and to become very much alive in their own business. We have to be taking care of our own business on a continual basis.

**UH** Much like health is a daily task.

**DT** Precisely. Our business has to be monitored daily and it requires constant supervision... much like we ask ourselves, what have I eaten today, did I drink enough water, have I exercised?

The third pillar is the marketing aspect, so others know what you're about. We find people often confuse marketing with advertising. Advertising is putting an ad in the yellow pages, or putting an ad in the paper saying, we exist and come see the naturopath. In contrast, the number one thing in marketing is talking to and meeting people. You have to get out and meet people. We have two approaches for creating curiosity, one for total strangers, and the other for continuing to develop relationships with people who already know us. For strangers, you might write educational material or go to network meetings for example, or do cross-marketing, which is a common practice, or presentations in or outside of your office. Our recommendation is: Don't sit in your office and wait for the phone to ring because your number is in the phone book or your ad is in a newspaper; it just doesn't happen.

There is nothing like getting in front of people; we believe you're onstage 24/7, everywhere you go, and you need to be talking to people. When you go to the grocery store, talk to people. When you go to a movie and you're standing in line, talk to people. Get used to talking to people.

**UH** What is the fourth area you cover?

**DT** The owner/leadership component. The owner is the person responsible for the other three areas. In the case of a small private practice, you wear all four hats; depending on which hat you're wearing, you have a different role. If you're wearing the marketing hat, you may be talking to the operations hat and saying, look, I've got all these patients in here, and they've only come two times. What are you doing in there? How come they're not coming back for their third and fourth and tenth visit? Or, if you're wearing your operations hat and you're just sitting there with no patients, you talk to the guy with the marketing hat and ask, what's happening with your marketing? How come you haven't gone out and done any presentations? Or, if you're wearing your adminis-

tration hat, you may be saying, well, this doesn't look very good, you have more money going out than going in... what's going on here? Let's talk to the marketing guy....

Overseeing all this is the owner or leadership role, where you're responsible for all aspects. In each of the four workshops we facilitate, we teach people everything involved in each aspect of a practice. By the time the four workshops are completed, people have a blueprint to refer to; from the blueprint, people build their own office. From this skeleton, people will basically flush it out in their own practice and include all the details.

**UH** I hear your seminars really relieve a lot of frustrations and headaches because as people evolve and change their practices, they feel they can turn to this model you're presenting for direction and guidance.

**DT** Absolutely. It's a tremendous blueprint based on some 60 years of combined business experience in a clinical context. Together, we have seen all kinds of problems and challenges with people in business. Andy spends a lot of time going into individual practices as a consultant and revamping their practice, which is what he did with me years ago. He came into my office several times and we would sit down and change my systems. He would ask, well why are you doing this and why are you doing that? We did time studies and we assessed all four areas of business to get them functioning optimally.

**UH** Would you speak to how you support clinicians in marketing as health promoters versus disease managers? In a clinical case of yours I read, you speak of five phases of health. It seems as though you have a lot of systems within your business model that would help clinicians communicate this difference clinically. Is that true?

**DT** That is true and is a central emphasis we address in all four workshops. It's always about promoting a wellness and health model, in place of a disease model, and it takes a number of expressions. One example you just mentioned is the five phases of healing, which helps clinicians go beyond simply addressing the first, symptomatic phase of health issues. So, in the operations aspect of business the first phase is to get people into the river of health program, and that initial period generally takes 18 months to two years. At the end of that time when we've developed a good relationship with people, they'll say, now what? What ends up happening is that people are operating at a higher level of wellness and instead of complaining about symptoms they're wondering, how come I had this in the first place?

Then we move them into phase two. There is a different approach and different therapies in each of the different phases. For instance, if someone is grossly nutritionally deficient they'll need some vitamins, minerals and significant dietary changes. But by the time you've seen them for a year or two, that's all been corrected. You don't need to be giving them a multivitamin anymore, but what you need to be doing is supporting them on a much higher level, an energetic level. In phase three, you really look at why this problem happened in the first place. And that has a lot to do with what we inherit from our parents. What was it like when your mother was pregnant? What was it like when you were growing up as a child? And it's not to say, oh you were abused or this or that.

**UH** It's asking what were the conditions of your birth and the conditions or programming of your youth.

**DT** Exactly. What were the conditions in which you grew up? By studying children's development, what we've found is that by the time a child is five years old, they have been told something negative or limiting over 300,000 times – No, you can't do that, now you can't say that, you're this or that – much of which ends up getting ingrained as a negative self-talk that totally affects them later on as adults. When we get to phase three and into phase four, our goal is to help literally retrain the mind. By the time we get to the source or top of the river in phase five, these people are at very high levels of wellness. Many things have been sorted out, and now the clinical focus is truly about being a mentor and a coach, instead of worrying about individual things on a day-to-day basis.

These patients are very much your raving fans. They are very much into helping you build your practice and supporting others in feeling better. So, that particular five-phase system on the clinical side, for instance, is the application of a system that occurs on the business side too.

**UH** Who would benefit in taking your seminars?

**DT** Any entrepreneur health care provider who has a desire and a goal to enhance their success in their own practices, and to enhance the success with their patients. The people who take our seminars include naturopaths, medical doctors, chiropractors, acupuncturists, nutritionists. It's a flexible program in that it can be applied to any particular health field at any phase of practice. We have had people in the first year of their graduate studies to many people who have been in practice for five, ten, fifteen and even one person who had been in practice 42 years. I remember a few years ago we had a gentleman who had been in practice for 30 years; between our first and second workshop, he said, I don't know exactly what it is, but my gross income has increased by \$1,000 a week after implementing the things you taught me.

**UH** This must meet such a need for clinicians.

**DT** It fulfills a huge need, and not only for students. The greatest need is among the people who have been out three, four or five years and they're wondering, should I keep doing this? People wonder if they should leave their profession because they've not been successful. And we have so many success stories. There's one person in BC that had been in practice for seven years and was saying, I can't get out of debt, I can't pay my income tax, I'll never own a house, etc. A year after instituting our recommendations this person was free of debt, paid the taxes and bought a house. So, within a year people can turn their practices around just by implementing the ideas we present in the four areas of their business.

**UH** It must be fulfilling to share this with people.

**DT** Extremely. It's especially heartening for people who are considering leaving their profession. One thing about these workshops is that there is homework that needs to be done. While we lay the blueprint out, we can't write all the policies unique to your practice for you, or every step of your operations. But we share which policies should be written, and when people do this they start to see improved success in their business.

**UH** What's on the horizon?

**DT** What is on the horizon is level two. We have people

who have completed the four basic workshops who are wondering where to go from here, much like people who reach a level of health wonder how to optimize their health further. There is always more to learn, more ways of utilizing certain business aspects covered. Our goal is that by the time you have been practicing five to ten years you should pretty much have your practice set. At this point, we want people to start buying buildings and growing their assets. They need to be hiring associates or have residencies to train the new people coming up, because there aren't enough opportunities for people who are graduating to see successful practices. And we know that when people do have successful practices they will need additional practitioners to work with them. So we've created win-win situations with new doctors and established doctors to be able to facilitate further growth.

One thing about the naturopathic industry is that it's difficult to retire. In the chiropractic or the dental industry the idea is that you build up your practice for X number of years and sell your practice when you're done. In naturopathy, we have counseled doctors who have nothing to sell other than their assets, which is often only the furniture. Too often, a naturopathic practice has not "branded itself" and thus is not a very saleable commodity. We know several people who retired that had to come back to work because they couldn't afford to do that.

So once people have their practice going, we really try to help them get to the next level. We aim to help them incorporate another person into the practice and keep it growing, so one day they can say, I'm going to take this summer off; meanwhile, the practice continues to function and money is still coming in for all the hard work they had put in for a number of years. Eventually, they'll be able to retire, sell the practice and pass it on in a way that their patients are always taken care of and you are also supported financially. It becomes a win-win situation.

**UH** It doesn't seem like a lot of clinicians consider that level of long-term success.

**DT** They don't. If you ask people where they want to be in ten years, they'll say, I don't know. Well, in ten years this is what we want you to strive for and we'll help you get there. This is the next evolution after the basic workshops.

**UH** Thanks so much for your time, Dr. Thom. When I was preparing to interview you, I was talking with a physician and friend who is very familiar with your work; I joked with her saying that I would love to interview a naturopath who loves ice hockey and whose favorite remedy is flower essences!

**DT** That's right – it's true! And my pleasure. I always appreciate the opportunity to share this approach with people.

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*Dr. Thom graduated from the University of Toronto, Faculty of Dentistry in 1974. He obtained his first doctor of naturopathic medicine degree from the Ontario College of Naturopathic Medicine in 1986, and in 1989 he completed a second naturopathic degree from the National College of Naturopathic Medicine (NCCNM) in Oregon. Dr. Thom is a full-time professor and the past chair of naturopathic medicine at NCCNM. He teaches clinical and physical diagnosis, gastroenterology, neurology, and x-ray practicum. In addition, he is a clinical supervisor and teaches various electives. Dr. Thom lectures extensively on health and business topics and has written and collaborated in the writing of many articles and books dealing with drainage, homeopathy and nutrition. Dr. Thom has studied extensively with Gérard Guéniot, MD, follows his teachings closely and incorporates Dr. Guéniot's work into his seminar lectures and into his private practice in Portland, Oregon. To learn more visit [www.hbbhealth.net](http://www.hbbhealth.net)*