The Hybrid Model — Building a Profitable Integrative Practice Without Compromising Patient Outcomes Transcript

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Introduction to Dr. Meza and Her Practice

Welcome to another show of healthcare business growth conversations. Today, we are joined by Dr. Meza, a triple board certified integrative endocrinologist and founder of the Metabolic Center for Wellness in Florida.

She has successfully bridged the gap between the functional and traditional medicine with a unique hybrid practice model. she is an author, teacher to other clinicians and a leader in metabolic health.

We are going to explore how she built a practice that prioritizes patient outcomes while remaining a profitable, sustainable business. Dr. Manaza, pleasure to have you.

Oh, thank you so much for having me. I appreciate it. Yeah, so Dr. Meza, I just want to start with the why. At what point you decided to leave the standard care and then found the metabolic center for wellness?

What was the specific breaking point or a gap that you saw in the industry that made you say, Definitely, definitely. So it was kind of a series of events really.

When I finished fellowship, I joined a hospital-based practice and I was the only physician in the practice that did thyroid ultrasounds and thyroid ultrasound guided biopsies.

I naturally got a lot of the thyroid patients. And I realized with taking care of patients over time, we were missing a lot of patients who had serious thyroid issues going on.

We were undertreating, we were misrecognizing symptoms. And the thyroid, as your listeners might know, really affects every single system of our body.

There's not one system that isn't affected by thyroid. So when the thyroid is off, it can cause really big symptoms that may seems big to the patient, which they are, but they go under the radar from the traditional kind of endocrinology scope.

Why She Left Standard Care for Integrative Endocrinology

So as I started studying more and more about thyroid, I kind went more into the integrative field. Integrative medicine is really a combination of traditional medicine as well as more functional.

More functional medicine can be a little more labor intensive on the patient side, but it really focuses on diet, lifestyle, sleep, stress, all those good things and a lot of the good thing with traditional.

So then when we opened our practice and this past summer was 10 years now, which is hard to believe, that was kind of our goal is to bridge that gap that you're talking about between really looking at the patient as a whole, not just from a thyroid standpoint, but a hormone standpoint in general and all the associated metabolic dysfunction that can go along with hormone imbalance and really working towards a teamwork approach to better patient outcomes.

So that's kind of why Metabolic Center for Wellness, our clinic, came to be. Awesome. That's a good purpose to have. So I just want to mention a little bit more on the hybrid model, because it is rare to hear about the Hybrid models.

It is a membership fee while you still accept insurance, correct? Yeah, that's correct. Okay, so for the providers

listening who are scared to leave the traditional model but can't go fully concierge, now why was this the right structure for you and then how does it balance business margins with patient accessibility?

Right, and you make a big point. Starting out on your own can be really, really scary because as doctors, we're not really trained in business as much as we probably should be.

I mean, I always thought that I would work for an institution and never thought I was start my own practice. So it can't be scary. small, small steps go make big changes.

So when we opened up the practice, I knew that I wanted to have enough time to work with my patients. And in purely integrative and functional healthcare practices, a lot of them are cash.

I knew that a lot of our patients that we were already taking care of because we transitioned to this hybrid model about a year to two years into our practice already being in existence.

I didn't want to feel like our patience were kind of being tossed aside if they couldn't afford to pay completely cash. So I was talking with a colleague of mine and he had started in his practice out in the Midwest, this type of hybrid model, which kind of seemed to be the best of both worlds.

We could manage our patient load. I could have the time that I needed with my patients because when you're purely working off of an insurance-based model you have to see X amount of patients every day in order to just kind make ends meet.

And that leads to some of the I think physician burnout, I thinks it leads to a lot of patient frustration where they feel like, oh, my doctor's not even listening to me because they only have like 10 minutes with me.

So it's like frustration on both ends. In order for me to be able to have time with my patients, we instituted this hybrid model. Where we still, yes, do bill insurance, but we have a yearly fee.

It's right around $200 a year. When we looked at the numbers in order to say, I only want to see 15 to 20 patients a day. This covered the cost of not having to overload the schedule because we never double book.

I do my own ultrasounds here in the office.

Building a Hybrid Membership and Insurance Model

We have some other services that we can talk about later. But the hybrid model for us was really the best of both worlds in order for our patients to still be able to come to the clinic who couldn't pay just cash and for, us to deliver the care that wanted to.

Got it. So I just want to talk about the technology differentiator. You're the only clinic in central Florida offering the radio frequency ablation, the RFA for thyroid nodules.

From a business growth perspective, how important it has been to invest in that specific technology to differentiate yourself from others in the market.

That's a great question because it is an investment. So what if say any provider is working to bring in a new technology, you have to pay for the equipment and that has to be factored into your budget.

One of the things that I always found frustrating taking care of patients after thyroid surgery is we have replace that thyroid for what we had to replace it with medicine.

But there's a lot of people out there that have thyroid surgery that didn't necessarily have to have thyroids surgery. So RFA is a great non-surgical way of actually treating the nodule.

Because when you send someone for thyroid, surgery doesn't need thyroid. You really haven't corrected the problem. really you've just taken the thyroid out and you cause another problem.

So that's kind of a, when patients are seeking out therapies, this is a very patient driven procedure. Patients are looking for options. We wanted to be able to provide a way for patients to get this here in central Florida, because otherwise when we started doing RFA, so a radio frequency ablation, it wasn't FDA improved here, in the States until 2019. It was approved all over the world for the most part, but here in the States with 2019. And then we started doing it early part of 2020. So yes, we made the investment in equipment, But it quickly paid for itself because patients were seeking out this procedure and we were able to deliver it.

It really has been a nice added benefit, I think, to our patients. is brought in patients who are really proactive about their health too, because they don't want to just have surgery as an option.

They're looking for other things. And that also will tie in like lifestyle things, they want do things that actually will help them improve the resilience and longevity.

So these are very proactive patients that are seeking out this procedure. Awesome. So I just want to touch base on that part where you said it is a right investment for you.

And also like you say, you are never trained to run a business. And I just want to add one more point. I believe you were never trained to run the teams, right?

Like the medical teams and the non-medical teams. So as a business owner, you have to wear like, many different hats. Like on one hand, we have the manage vendors, make financial decisions.

And on the other hand you had to make the operational decisions on a day to day with both the Medical and Non-Medical Teams. And like, you know, whenever you bring in these new technologies, we have to make sure that the patients are aware of the technology that you have at your clinic.

So that's no patient education slash marketing slash advertising. You're wearing many hats. How could you juggle between these departments? And then what is the lesson that Oh, that's a great question because yes, I, you know, as doctors, we kind of are a little bit of, get that team leader training a bit, like when you're in the hospital, when your covering the floor or whatever, your kind in charge of that time.

But when it comes to an actual business model, it's another ball game altogether. So I went from just worrying about labs and patient care to looking at the bank account and paying bills and doing payroll and managing personalities.

So I was lucky because my husband is the office manager. We kind of share some of that responsibility. I'm blessed on that end. But anything for just even paying rent and dealing with just we have a billing service so we to manage that.

Investing in RFA Technology for Thyroid Nodules

So it can seem very overwhelming at first but it actually becomes part of a new routine and we're lucky because we really have great staff but we also keep the overhead as low as we can too.

So if you can kind of keep things to a manageable load, but it is kind like, if keep it to an adult roar and it's a manageable roar, it easier to handle.

I find that when I talk to other providers, when they're dealing with lots of employees and lots overhead, the stress is a lot more on them. So I try and, I talked to my patients about stress every day and I also like to keep my stress level at a certain level.

So one of the ways of doing that is by keeping kind of things low. So we have low overhead. I only have two

medical assistants. We have a billing service.

My husband, who's the office manager. so we kind keep things to a small, kind a a, small scale. People ask me all the time, why don't you just hire a PA or hire nurse practitioner?

That's really not something I'm interested in because I still know that my patients are going to want to see me and I don't know if that's going change things.

But my advice to docs just starting out with their own practice is keep things small and manageable. Awesome, and focus on the patient care, right? And when you add things in like the RFA, we only do one new thing at a time.

So if you added a lot of different things all at once, that also becomes less manageable. One small change a year I think is a good philosophy, or at least the one that we've used.

Got it, got it. And while I was going through your offerings, I read about the IV drips. That was interesting to see. Do you find that patients typically come in for serious thyroid problems and then discover these wellness services or do these treatments attract completely different, more proactive demographic to your clinic?

I think from our standpoint, when we started the practice, I always had ancillaries in regards to supplements, because I do consulting for a supplement company.

So my patients were always kind of used to that nutraceutical aspect of things, but as new patients are coming in, they kind find that, oh, IV, I didn't know you had that.

This is something I'm interested in. How can this benefit me? How we can work this into our visit? Because lots of times now I'll have a regular routine patient visit.

We'll start the IV. draw to our patients. Our patients feel like they're lucky they can come in. They have a visit, they are seeing the doctor, getting their IV at the same time, and getting supplements.

We try to make it as a one stop shop, but we try and give as many benefits to patients from a healthcare standpoint. Yes, those aren't covered by insurance.

But I think people don't mind when they feel like they're getting something out of it. And I feel I really feel the IV drips do add that extra benefit.

Yeah, that's a smart move. What was the trigger for you to add the ID services?

Running a Small, Sustainable Practice Team

Right. So I kind of was Again, always in that integrative mindset, I was looking for something to add to our services. And IV drip seemed like a natural thing.

I mean, who can't benefit from some IV glutathione to boost their immune support? Or I take care of a lot of women who have low iron, so we do the IV iron infusions.

Because when you think about it, iron is very important for our thyroid function. So if you don't have enough iron your thyroid's not working right. Um, if you don't have the right antioxidant balance, your thyroid's not going to work right.

So, and we do have some patients that come in who are recovering from cancer. These high dose vitamin C drips are, are really essential to their overall care plan.

Got it. Yeah. See, even I was surprised when my partner in Palm Beach, like now one day he was getting the IV drip and then he hopped on a call. And I looked at that, I mean the drip.

And then I was like, what is this? Like, are you sick? I'm like no, no. It's just like concierge IV services where they're coming to his home and then providing the service.

Then I said, wow, that's a good business model. Yeah, and we'll have patients where they're just going to be going away on vacation. So they want to boost their immune system before they leave so they don't get sick while they are traveling or they just came back from vacation or getting over a virus or a cold.

It's a great way of really boosting the immune systems. Yeah. Wonders of modern medicine. I just want you to go into the clinical philosophy side. So you have famously said there is no magic pill in endocrinology.

In your experience, what are the three most overlooked lifestyle levers that meaningfully change thyroid health before medication even enters the picture?

That's a great question because yes, I wish there was a magic pills. I mean, wouldn't that be nice? Definitely. I mean, wouldn't it be nice? But if I had to pick three, I think nutrition is probably the top of it.

So if you don't have the right nutrition, you're not getting the micronutrients that your body needs and that you thyroid needs to work at work. It's optimally best.

Your hormones aren't going to be balanced. Nutrition is really at the core of everything. People will ask me about different trends in diets over time.

Well, some people do better with different types of diets. Really, you can't go wrong with a Mediterranean or an anti-inflammatory diet, and that's probably best for the thyroid.

I mentioned stress. Stress is a huge one. If we don't have our stress under control, stress is our cortisol. So cortisol is stress hormone. our balance between our pituitary and our adrenals are off, it makes it tough to balance the thyroid.

So I will, I could probably say if you don't address stress and cortisol and a cortisol response, you're going to have a hard time dealing with any other hormones because cortisol is our main hormone.

We need that one to live. That would be two. And then probably the last one is sleep. Sleep is so important. It's when we store and regenerate and regroup and clear out all the bad stuff in the day ahead and get started for the next day.

So probably nutrition. Stress and sleep. If I had to say a fourth one, it would be exercise, but I only get three. Well, without these three, exercise is no good for the body.

Right. I'm really glad to hear that.

IV Drips and Other Wellness Services

Me being from the non-medical sector, just hearing to put them in very simple terms, like get the right nutrition, keep your stress at check, and get I think you're covering most of the basics, right?

And then add exercise to on top of it. So it sounds simple, but yet, yeah, hearing from the doctor, put it in the structure is always, always helpful.

And making it part of your routine. I Think that's the key thing for folks and taking care of patients over time. If it's part your team, it is pretty much automatic, so you don't even have to think about it, Yeah, most of the times what I have seen is it is always a bell-carrot.

If something goes wrong, then people start looking into it very well and then they get well, and they go down again because they feel very good and the habit goes on.

Yeah. You're exactly right. Yes, you're right to make that as a habit so that it's not a Bell-Carrots. On the same side, like, you know, we can't talk about metabolic health without talking about the Ozempic and VGAUI.

Like you have used this for years for diabetes, but now everyone wants them for weight loss. How do you manage the patient's expectations of a quick fix against your philosophy of long-term wellness?

This is a conversation I have more frequently than you would think. The first GLP-1 agonist came out back when I was in fellowship. It was a while ago.

And these generations have changed over time. So I feel very comfortable using these medicines. We knew that they would help with weight loss because we saw the benefits from our diabetes patients.

Now, the trick is Again, not getting into this magic pill, magic bullet sort of thought process, because patients will come in and say, I really want to lose weight.

And I think they're great tools in our toolbox, but they also aren't going to work on their own. So we have to address Um, nutrition as well. So we see a lot of muscle loss with, with folks, you're going to lose some muscle when you lose a lotta weight.

That's, that is what it is. But you wanna be able to maintain lean muscle. the GI issues like constipation. So staying on top of that, a lot of, especially women will experience hair loss if they lose a significant amount of weight.

But I think what has come up and I've realized is You know, one of the benefits of these medicines is it helps manage appetite. But we also have to address the fact that hunger is a hormone, it's a normal response.

Lifestyle Foundations for Thyroid Health

It is okay to be hungry. These medicines should not shut off your hunger for the rest of your life because these hormones are mediated by ghrelin and growth hormone.

And these are important hormone balances. This is kind of A common complaint I'm getting now is like, oh, the hunger's coming back. Well, you want to feel a little hungry.

You don't want feel like you're forcing yourself to eat. So this is the balance. I've been calling it my love-hate relationship with GLP-1 because they are great tools, but they have to be used in context.

Otherwise, we have more GLp-one combinations coming down the pipeline, and they're going to stronger and stronger. But if we don' address these concerns now, it's going be problematic later.

Oh, got it. So I think that's a good piece of advice over there on the GLP ones. I quickly want to jump onto something that you have done in 2023. You wrote a book, Thyroid Talk, and you published that book in Amazon, right?

That's correct. Okay, how has becoming an author changed the way patients perceive you? Did you see a shift in the type of patients finding your practice after the book came out or is it more of a reputation management kind of exercise for you.

It's kind of a combination. Writing a book was always something that I wanted to do, but it was like on the back burner. So when COVID hit, I had a little more time, so I just started writing one chapter at a time.

And then it kind came together. I have a lot of long-standing patients, they just love the idea that, and I think that's awesome. But we have had different type of patient who are seeking out more integrative endocrinology standpoint, because there aren't many integrate endocannologist out there.

So people are searching for different answers and different different kind of treatment options. So these are the

folks that are being drawn by the book.

I've been nothing but so happy with doing the books. Would I do another one? I'm not sure. It's a lot of work, but it's been a great experience. Thank you for asking.

Got it, got it. No, I was reading the reviews on Amazon. The reviews were really good. That's why I'm a little bit more interested to know whether you are able to tap into a new market after now people reading your book and then now dialing your office for your appointment.

Is it more? That is one angle. Other angle is your existing patient should be feeling proud of you. Right. Looking at the book. So it's been nice. Like we'll have new patients that come in with a book and they'll like want me to sign it.

Using GLP-1 Medications Responsibly

And then my my existing patients come and it kind of like a it is kind heartwarming. I appreciate the support. Awesome. Congratulations, by the way, for your work.

Yeah, I hope I have more books coming in the future then. We'll see. Well, they always say that the first one is the hardest one and then the rest of them will flow.

So yeah, yeah. I just want to jump on to. Yeah, definitely. If you could wave a magic wand and redesign the way the average patient is diagnosed and managed for thyroid disorders in the US, like what is the one thing that you would change immediately?

Wow, that's a pretty big question. I think probably the biggest thing I would change is just relying upon a single lab test. So TSH is kind of like the standard of care for screening, and that stands for thyroid stimulating hormone.

It's actually an indirect hormone, it comes from the pituitary, so it sometimes misses a lot of subtle thyroid issues. so I'd say maybe a more expanded thyroid panel including circulating levels like free T4, free t3, thyroid antibodies, because there's a lot of undiagnosed autoimmune thyroid disease out there, and the antibodies help kind of find those folks.

And listening to symptoms. So I think it's always a great idea to take a good system intake, no matter what we're looking at, whether it is hormones or cardiac or GI.

I'm a fan of a log of symptoms because you don't know where you're starting out. And even if we make changes in treatment, I want to know Okay, are you still feeling tired?

How's your sleep? What's going on with your skin and hair? how's you gut? Any chest pain, heart racing, like those sort of things. Taking a look at the whole person in a more expanded thyroid panel would help us kind of uncover a lot of folks that may be suffering from thyroid issues, but their TSH is always just technically normal.

Wow, that's an eye opening. So how could a patient navigate these issues then? That's a great question too. So I'm a huge fan of, I am a patient advocate.

Talking to your doctor, going in with a list of concerns to you visit, just trying to be proactive about your health. And if you feel like you're not getting the answers you need from one provider, there's no harm in seeking a second opinion.

It's okay. Got it. You provide training sessions for other clinicians, right? Where can these clinicians learn more about your training programs?

Writing Thyroid Talk and Growing Her Reputation

Do you have any schedule that is published or how does it work for you? Sure, I do a lot of teaching mainly through

an organization called A4M. It's a society for anti-aging and regenerative medicine.

So I teach with the fellowship modules there. I teacher thyroid and adrenals. Those are programs that are available to any clinician. They can sign up for symposiums or conferences.

they can even do online learning. As far as patients, I do have online master classes. So to really help kind of dig into thyroid and all the things that thyroid affects, how to talk to your doctor, what are the tests that you need.

We talk about stress, sleep, nutrition, gut health, a lot of gut help. And that's available online too. And I have a podcast, so we talk about thyroid issues and concerns and those sort of things.

So I feel like there's a couple of different avenues out there that folks can kind of learn more information. What is the podcast name? It's called Thyroid Talk with Dr.

Angela Mazza. Yeah, whoever is listening, please go and subscribe. Definitely. So yeah, definitely. Where can patients find your book, The Thyroid Talk, then?

Sure, sure. The book's available on Amazon. It's ThyroTalk, an integrative endocrinologist guide to optimal thyroid health. Awesome. And also they can subscribe to your podcast.

Of course, of course. Yeah, perfect. Before I let you go, Dr. Meza, I just want to ask you one final question. the new hit in the block, AI. So how do you perceive AI now?

Is it disrupting or is it helping you or how you see it?

Improving Thyroid Diagnosis and Patient Advocacy

I've been trying to use AI on a just a regular basis, test it out. I think we have to embrace it. It's here, so we should be able to to it to its ultimate.

Um, I, it's going to be helpful for not only physicians, but patients. The concern from a provider standpoint is that, uh, Will we be replaced somehow by AI?

I'm not, I don't think so because I think that would be kind of tough to do, but I we have to utilize it to our advantage. That's for sure. Well, that's how it should be, right?

Like now we should do embracing the change. I do. Yeah. So A is not going to make a decision that you accumulated your years of experience, right? And there is no way it just helps you to now maybe to read 200-page history document of a patient easily.

Right. I think it really adds to time efficiency. Yeah. Got it. Thank you for your wonderful talk, Dr. Meza. Oh, thank you so much. And thanks for having this platform for providers to get more information about running their own business.

Teaching Clinicians, Podcasting, and Embracing AI

I do have to admit it can be pretty daunting in the beginning, but it's really well worth it. When I talk about stress, it is a good stress. Got it, got it.

Yeah, see, our goal is to bring in professionals like you talk about the business side and the leadership side of what you're dealing with. Because now we felt, you know, that's where a lot of them are struggling with, with the vendors, the internal teams and a hundred different things to do along with taking care of the patients.

At the end of day, care should be at the core and everything should revolve around it but Now, whenever you are running a business, running the business will become the core and then the rest becomes layers on top of it.

So that's why experienced professionals like you should be talking more about it and we really appreciate your talk and the time today, Dr. Mazur. Oh, I so appreciate it, thank you so much, Rakesh.

Yeah, Thank you.