



Integrative Physician Market Landscape 2017

A RealPersona™ Segmentation Study of U.S. Integrative MDs and DOs

PURE (branding)

**SPECIAL
PREVIEW**

SPECIAL PREVIEW

SPECIAL PREVIEW CONTENTS

This is a special preview of the *Integrative Physician Market Landscape 2017: A RealPersona™ Segmentation Study of U.S. Integrative MDs and DOs*.

The intent of this excerpt is to provide you with a better understanding of what is included in this market landscape through a sampling of data and insights found within the full report.

INCLUDED IN THIS PREVIEW:

| | |
|--|-----|
| Full Report Table of Contents | 4 |
| Introduction | 13 |
| Section 1: Profile of Integrative Physicians..... | 31 |
| Gaining Integrative Medicine and Experience..... | 40 |
| Timing of Transition..... | 42 |
| Personal Income | 49 |
| Chapter 4: Views of Food & Medical System..... | 53 |
| Length of Appointments | 93 |
| Chapter 11: Clinical Practice Details: Dietary Supplement and Other Products | 109 |
| Section 2: RealPersona™ Segmentation..... | 119 |
| Chapter 5: Dr. Constrained | 257 |
| Overview | 257 |
| Archetype..... | 258 |
| Demographics | 261 |
| Unique Segment Factors | 286 |

Integrative Physician Market Landscape 2017:
A RealPersona™ Segmentation Study of U.S. MDs and DOs

Publication Date: January 2017

Pure Branding is a research, insights and brand development agency for leading integrative health and wellness brands. Founded in 1999, it has applied its innovative and actionable research practices, including its RealPersona™ segmentation methodology, to a diverse range of companies and organizations. For more information about Pure Branding, visit www.purebranding.com.

Founder & CEO.....Yadim Medore
Executive Strategic Consultant.....Susan Haeger
Research Director.....Peter F. Littell
Senior Account Manager.....Kim Hutt
Assistant Project ManagerEmily Eno
Special AdvisorLeonard Wisneski, MD

Pure Branding, Inc.
196 Pleasant Street, Suite 301
Northampton, MA 01060
413-548-9900
www.purebranding.com

All content, illustrations, and data in this report Copyright © 2017 Pure Branding, Inc. All rights reserved.

RealPersona™ and Supplement Value Score™ are trademarks of Pure Branding, Inc.

All Kaiser Family Foundation and Medscape data used by permission.

Pure Branding RealPersona proprietary methodology, data analysis, insights and Report are the exclusive intellectual property of Pure Branding, Inc. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of Pure Branding.

Table of Contents

| | |
|--|-----------|
| Introduction | 13 |
| Study Background and Objectives | 14 |
| RealPersona™ Segments | 14 |
| Definition of Medicine and Practice | 15 |
| Respondent Pool | 16 |
| Methodology and Screening Criteria | 17 |
| Rounding Numbers..... | 18 |
| Executive Summary | 19 |
| Shared Values and Views | 19 |
| Differentiating Factors | 20 |
| Key Findings | 21 |
| Section I: Profile of Integrative Physicians..... | 31 |
| Chapter 1: Study Respondent Pool | 32 |
| Basic Demographics | 32 |
| Geographic Representation | 34 |
| Study Demographics Relative to U.S. MD and DO Population | 35 |
| Chapter 2: From Conventional to Integrative | 38 |
| Physician History, Profile, and Views | 38 |
| Gaining Integrative Medicine Education and Experience | 40 |
| Timing of Transition | 42 |
| Evolution into Integrative Medicine Viewpoint | 45 |
| Chapter 3: Current Practice Situation..... | 46 |
| Practice Ownership | 46 |
| Role in Decision-Making..... | 48 |
| Personal Income..... | 49 |
| Gender Pay Gap | 49 |
| Importance of Pay | 51 |
| Quality of Life | 52 |
| Chapter 4: Views of Food & Medical System..... | 53 |
| American Food System..... | 53 |
| American Healthcare System | 54 |
| Chapter 5: Barriers and Challenges | 56 |
| Integrative Medicine Transition Barriers | 56 |
| Integrative Medicine Challenges..... | 58 |
| Integrative Peer Support | 60 |
| Chapter 6: Self-Identification..... | 62 |
| Practice Description | 62 |
| Defining Integrative Medicine..... | 64 |
| Chapter 7: Motivation & Influences..... | 68 |
| Motivation to Practice Integrative Medicine | 70 |
| Influential Doctors..... | 72 |
| Educational and Professional Resources..... | 76 |
| Association Education Event Attendance..... | 78 |
| Association Membership..... | 80 |
| Conventional Medical Association Membership..... | 83 |

| | |
|---|------------|
| Integrative Medicine Fellowship Programs..... | 84 |
| Integrative Medicine Board Certification..... | 85 |
| Chapter 8: Certifications..... | 86 |
| Reasoning Behind Additional Certifications..... | 87 |
| Chapter 9: Clinical Practices..... | 88 |
| Practice Therapies..... | 90 |
| Usage of Integrative Medicine Techniques..... | 92 |
| Length of Appointments..... | 93 |
| Chapter 10: Business Practices..... | 96 |
| Patient Population..... | 96 |
| Hospital Privileges..... | 97 |
| Patient Communication Techniques..... | 99 |
| Payor Models..... | 100 |
| Self-Pay Practice..... | 103 |
| Patient Acquisition..... | 107 |
| Health Partners..... | 108 |
| Chapter 11: Clinical Practice Details: Dietary Supplements and Other Products..... | 109 |
| Dietary Supplement Recommendation and Sales..... | 110 |
| Factors Influencing Supplement Brand Recommendation..... | 113 |
| Recommendation of Popular Supplements..... | 116 |
| Other Products Used..... | 118 |
| Section II: RealPersona™ Segmentation..... | 119 |
| Methodology..... | 120 |
| Conducting the Segmentation..... | 120 |
| Determining Where There Are Differences..... | 121 |
| Archetype Determination..... | 122 |
| Character Attributes..... | 122 |
| Supplement Value Score..... | 122 |
| Spiritual Intensity..... | 123 |
| Chapter 1: Dr. [REDACTED]..... | 124 |
| RealPersona Overview..... | 124 |
| Archetype..... | 125 |
| Character Attributes..... | 126 |
| Demographics..... | 128 |
| Patient Population..... | 131 |
| Integrative Approach..... | 132 |
| Practice Specialties..... | 134 |
| Integrative Therapies..... | 136 |
| Integrative Use..... | 138 |
| Membership & Participation in Associations..... | 139 |
| Integrative Peer Support & Network..... | 141 |
| Spiritual Intensity..... | 142 |
| Barriers..... | 143 |
| Challenges..... | 145 |
| Influencers..... | 147 |
| Quality of Life versus Increase in Pay..... | 149 |
| Supplement Value Score..... | 153 |

| | |
|--|------------|
| Unique Segment Factors | 154 |
| Actionable Insights | 156 |
| Chapter 2: Dr. [REDACTED] | 158 |
| RealPersona Overview | 158 |
| Archetype | 159 |
| Character Attributes..... | 160 |
| Demographics | 162 |
| Patient Population | 165 |
| Integrative Approach | 166 |
| Practice Specialties..... | 168 |
| Integrative Therapies | 170 |
| Integrative Use | 172 |
| Membership & Participation in Associations | 173 |
| Integrative Peer Support and Network | 175 |
| Spiritual Intensity | 176 |
| Barriers..... | 177 |
| Challenges | 179 |
| Influencers..... | 181 |
| Quality of Life versus Increase in Pay | 183 |
| Supplement Value Score | 186 |
| Unique Segment Factors | 187 |
| Actionable Insights | 189 |
| Chapter 3: Dr. [REDACTED] | 191 |
| RealPersona Overview | 191 |
| Archetype | 192 |
| Character Attributes..... | 193 |
| Demographics | 195 |
| Patient Population | 198 |
| Integrative Approach | 199 |
| Practice Specialties..... | 201 |
| Integrative Therapies | 203 |
| Integrative Use | 205 |
| Membership & Participation in Associations | 206 |
| Integrative Peer Support and Network | 208 |
| Spiritual Intensity | 209 |
| Barriers..... | 210 |
| Challenges | 212 |
| Influencers..... | 214 |
| Quality of Life versus Increase in Pay | 216 |
| Supplement Value Score | 219 |
| Unique Segment Factors | 220 |
| Actionable Insights | 222 |
| Chapter 4: Dr. [REDACTED] | 224 |
| RealPersona Overview | 224 |
| Archetype | 225 |
| Character Attributes..... | 226 |
| Demographics | 228 |
| Patient Population | 231 |

| | |
|--|------------|
| Integrative Approach | 232 |
| Practice Specialties..... | 234 |
| Integrative Therapies | 236 |
| Integrative Use | 238 |
| Membership & Participation in Associations | 239 |
| Integrative Peer Support and Network | 241 |
| Spiritual Intensity | 242 |
| Barriers..... | 243 |
| Challenges | 245 |
| Influencers..... | 247 |
| Quality of Life versus Increase in Pay | 249 |
| Supplement Value Score | 252 |
| Unique Segment Factors | 253 |
| Actionable Insights | 255 |
| Chapter 5: Dr. Constrained | 257 |
| RealPersona Overview | 257 |
| Archetype | 258 |
| Character Attributes..... | 259 |
| Demographics | 261 |
| Patient Population | 264 |
| Integrative Approach | 265 |
| Practice Specialties..... | 267 |
| Integrative Therapies | 269 |
| Integrative Use | 271 |
| Membership & Participation in Associations | 272 |
| Integrative Peer Support and Network | 274 |
| Spiritual Intensity | 275 |
| Barriers..... | 276 |
| Challenges | 278 |
| Influencers..... | 280 |
| Quality of Life versus Increase in Pay | 282 |
| Supplement Value Score | 285 |
| Unique Segment Factors | 286 |
| Actionable Insights | 288 |
| Section III: Special Reports..... | 291 |
| Introduction | 292 |
| Chapter 1: Higher Quality of Life and Increase in Pay | 293 |
| Additional Key Group Differentiators..... | 294 |
| Brand Attribute Preferences | 296 |
| Chapter 2: Concierge/Membership Models | 297 |
| Group Overview | 297 |
| Personality of the Concierge/Membership Group | 298 |
| Definition of Integrative Medicine | 299 |
| Demographics | 299 |
| Practice Control..... | 299 |
| Pay/Income Factors..... | 299 |
| Practice Description | 300 |

| | |
|---|------------|
| Patient Approach | 300 |
| Specialties & Therapies | 302 |
| Challenges and Barriers..... | 306 |
| Associations..... | 309 |
| Diagnostics, Devices, and Supplements | 311 |
| Food and Healthcare systems | 311 |
| Personal Brand Attraction..... | 311 |
| Happiness and Pay | 312 |
| Chapter 3: Location | 313 |
| Overview | 313 |
| Definition of Integrative Medicine | 313 |
| Pay/Income Factors..... | 316 |
| Quality of Life | 316 |
| Patient Acquisition | 316 |
| Specialties & Therapies | 316 |
| Challenges | 317 |
| Barriers..... | 320 |
| Food and Healthcare Systems | 322 |
| Chapter 4: Market Size Estimate..... | 323 |
| Appendix..... | 325 |
| Open Field Answers..... | 326 |
| Specialty & Specialty Correlations..... | 367 |
| Therapy & Specialty Correlations. | 370 |
| Therapy & Therapy Correlations..... | 373 |

Table of Figures

| | |
|--|----|
| Figure 1-1: Gender | 33 |
| Figure 1-2: Age Range | 33 |
| Figure 1-3: Top 15 Integrative States (vs. All Doctors*) | 36 |
| Figure 1-4 Areas of Specialty..... | 39 |
| Figure 1-5: Methods to gain Integrative Medicine Education and Experience | 41 |
| Figure 1-6: Timing of Transition | 42 |
| Figure 1-7: Timing of Transition Relative to Years in Practice..... | 44 |
| Figure 1-8: Evolution of Integrative Medicine Viewpoint | 45 |
| Figure 1-9: Ownership..... | 46 |
| Figure 1-10: Freedom to Decide Modalities..... | 47 |
| Figure 1-11: Role in Decision-Making..... | 48 |
| Figure 1-12: 2015 Personal Income..... | 50 |
| Figure 1-13: Income Boost or Decline Relative to Conventional Physicians | 51 |
| Figure 1-14: Change in Quality of Life Since Transition..... | 52 |
| Figure 1-15: Attitude Toward American Food System | 53 |
| Figure 1-16: Attitude Toward American Healthcare System..... | 55 |
| Figure 1-17: Barriers..... | 57 |
| Figure 1-18: Challenges | 59 |
| Figure 1-19: Integrative Medicine Community Support..... | 61 |
| Figure 1-20: Self-description of Practice | 62 |
| Figure 1-21: Most important Attributes of Integrative Medicine Practice | 65 |
| Figure 1-22: Importance of Spiritual Life..... | 67 |
| Figure 1-23: Reason for Practicing Integrative Medicine | 69 |
| Figure 1-24: Factors Contributing to Integrative Medicine Transition..... | 71 |
| Figure 1-25: Doctors Influencing Practice | 73 |
| Figure 1-26: Influential Physicians..... | 74 |
| Figure 1-27: Continuing Education Resources | 76 |
| Figure 1-28: Association Education Events Attended in the Last 3 years | 79 |
| Figure 1-29: Integrative Medicine Associations Membership..... | 81 |
| Figure 1-30: Membership in Conventional Professional Medical Associations | 83 |
| Figure 1-31: Qualified in Integrative Medicine Fellowship Program..... | 84 |
| Figure 1-32: Certifications Needed Beyond MD License | 86 |
| Figure 1-33: Reasons for Obtaining Additional Certifications | 87 |
| Figure 1-34: Practice Specialties | 89 |
| Figure 1-35: Therapies Used | 91 |
| Figure 1-36: Percentage of Patients Treated with Integrative Medicine Approaches | 92 |
| Figure 1-38: Length of Patient Appointment | 94 |
| Figure 1-39: Initial and Follow-up Average Appointment Times by Payor Model | 95 |
| Figure 1-40: Patient Population | 96 |
| Figure 1-41: Hospital Privileges..... | 97 |
| Figure 1-42: CAM Practitioner Network..... | 98 |
| Figure 1-43: Patient Communication Technologies | 99 |

| | |
|---|-----|
| Figure 1-44: Payor Model..... | 100 |
| Figure 1-46: Billing Policy for Medicare | 102 |
| Figure 1-47 Self-Pay Practice Business Model..... | 104 |
| Figure 1-48: Self-Pay Business Model | 105 |
| Figure 1-49: Self-Pay Features Offered | 106 |
| Figure 1-50: Method for Patient Acquisition..... | 107 |
| Figure 1-51: Health Partners | 108 |
| Figure 1-52: Product Usage | 109 |
| Figure 1-53: Recommend Supplements to % Patients | 110 |
| Figure 1-54: How Supplements Are Recommended | 111 |
| Figure 1-55: How Supplements Are Offered | 111 |
| Figure 1-56: Important Factors for Recommending Dietary Supplements | 115 |
| Figure 1-57: Types of Supplements Recommended..... | 117 |
| Figure 1-58: Diagnostic Labs Used | 118 |
| | |
| Figure 2-1: Dr. [REDACTED] Archetype..... | 125 |
| Figure 2-2: Dr. [REDACTED] Character Attributes | 127 |
| Figure 2-4: Dr. [REDACTED] Income | 129 |
| Figure 2-5: Dr. [REDACTED] Practice Location..... | 130 |
| Figure 2-6: Dr. [REDACTED] Patient Population | 131 |
| Figure 2-7: Dr. [REDACTED] Integrative Approach | 133 |
| Figure 2-8: Dr. [REDACTED] Practice Specialties..... | 135 |
| Figure 2-9: Dr. [REDACTED] Integrative Therapies | 137 |
| Figure 2-10: Dr. [REDACTED] Percent Treated Integratively | 138 |
| Figure 2-11: Dr. [REDACTED] Membership in Associations | 140 |
| Figure 2-12: Dr. [REDACTED] Integrative Community Support | 141 |
| Figure 2-13: Dr. [REDACTED] Spiritual Intensity | 142 |
| Figure 2-14: Dr. [REDACTED] Barriers..... | 144 |
| Figure 2-15: Dr. [REDACTED] Challenges | 146 |
| Figure 2-16: Dr. [REDACTED] Influential Doctors | 148 |
| Figure 2-17: Dr. [REDACTED] Quality of Life/Increase in Pay | 149 |
| Figure 2-18: Dr. [REDACTED] Key Factors 1 | 151 |
| Figure 2-19: Dr. [REDACTED] Key Factors 2 | 152 |
| Figure 2-20: Dr. [REDACTED] Involvement | 155 |
| | |
| Figure 2-22: Dr. [REDACTED] Character Attributes..... | 161 |
| Figure 2-23: Dr. [REDACTED] Age | 162 |
| Figure 2-24: Dr. [REDACTED] Income..... | 163 |
| Figure 2-25: Dr. [REDACTED] Practice Location | 164 |
| Figure 2-26: Dr. [REDACTED] Patient Population..... | 165 |
| Figure 2-27: Dr. [REDACTED] Integrative Approach..... | 167 |
| Figure 2-28: Dr. [REDACTED] Practice Specialties..... | 169 |
| Figure 2-29: Dr. [REDACTED] Integrative Therapies | 171 |
| Figure 2-30: Dr. [REDACTED] Percent Treated Integratively | 172 |

| | | |
|------------------|---------------------------------------|-----|
| Figure 2-31: Dr. | Membership in Associations | 174 |
| Figure 2-32: Dr. | Integrative Community Support..... | 175 |
| Figure 2-33: Dr. | Spiritual Intensity | 176 |
| Figure 2-34: Dr. | Barriers | 178 |
| Figure 2-35: Dr. | Challenges | 180 |
| Figure 2-36: Dr. | Influential Doctors..... | 182 |
| Figure 2-37: Dr. | Quality of Life/Increase in Pay..... | 183 |
| Figure 2-38: Dr. | Qualitative Key Factors | 184 |
| Figure 2-39: Dr. | Quantitative Key Factors | 185 |
| Figure 2-40: Dr. | Involvement | 188 |
| | | |
| Figure 2-41: Dr. | Archetype | 192 |
| Figure 2-42: Dr. | Character Attributes | 194 |
| Figure 2-43: Dr. | Age | 195 |
| Figure 2-44: Dr. | Income | 196 |
| Figure 2-45: Dr. | Practice Location | 197 |
| Figure 2-46: Dr. | Patient Population | 198 |
| Figure 2-47: Dr. | Integrative Approach | 200 |
| Figure 2-48: Dr. | Practice Specialties | 202 |
| Figure 2-49: Dr. | Integrative Therapies..... | 204 |
| Figure 2-50: Dr. | Percent Treated Integratively | 205 |
| Figure 2-51: Dr. | Membership in Associations..... | 207 |
| Figure 2-52: Dr. | Integrative Community Support | 208 |
| Figure 2-53: Dr. | Spiritual Intensity..... | 209 |
| Figure 2-54: Dr. | Barriers | 211 |
| Figure 2-55: Dr. | Challenges..... | 213 |
| Figure 2-56: Dr. | Influential Doctors | 215 |
| Figure 2-57: Dr. | Quality of Life/Increase in Pay | 216 |
| Figure 2-58: Dr. | Key Factors 1..... | 217 |
| Figure 2-59: Dr. | Key Factors 2..... | 218 |
| Figure 2-60: Dr. | Payor Model | 221 |
| | | |
| Figure 2-61: Dr. | Archetype | 225 |
| Figure 2-62: Dr. | Character Attributes | 227 |
| Figure 2-63: Dr. | Age | 228 |
| Figure 2-64: Dr. | Income | 229 |
| Figure 2-65: Dr. | Practice Location | 230 |
| Figure 2-66: Dr. | Patient Population | 231 |
| Figure 2-67: Dr. | Integrative Approach | 233 |
| Figure 2-68: Dr. | Practice Specialties | 235 |
| Figure 2-69: Dr. | Integrative Therapies..... | 237 |
| Figure 2-70: Dr. | Percent Treated Integratively | 238 |
| Figure 2-71: Dr. | Membership in Associations..... | 240 |
| Figure 2-72: Dr. | Integrative Community Support | 241 |

| | |
|---|-----|
| Figure 2-73: Dr. [REDACTED] Spiritual Intensity..... | 242 |
| Figure 2-74: Dr. [REDACTED] Barriers | 244 |
| Figure 2-75: Dr. [REDACTED] Challenges..... | 246 |
| Figure 2-76: Dr. [REDACTED] Influential Doctors | 248 |
| Figure 2-77: Dr. [REDACTED] Quality of Life/Increase in Pay | 249 |
| Figure 2-78: Dr. [REDACTED] Key Factors 1..... | 250 |
| Figure 2-79: Dr. [REDACTED] Key Factors 2..... | 251 |
| Figure 2-80: Dr. [REDACTED] Features Offered to Self-Pay Patients..... | 254 |
| | |
| Figure 2-81: Dr. Constrained Archetype..... | 258 |
| Figure 2-82: Dr. Constrained Character Attributes | 260 |
| Figure 2-85: Dr. Constrained Practice Location..... | 263 |
| Figure 2-86: Dr. Constrained Patient Population | 264 |
| Figure 2-87: Dr. Constrained Integrative Approach | 266 |
| Figure 2-88: Dr. Constrained Practice Specialties | 268 |
| Figure 2-89: Dr. Constrained Integrative Therapies | 270 |
| Figure 2-90: Dr. Constrained Percent Treated Integratively | 271 |
| Figure 2-91: Dr. Constrained Membership in Associations..... | 273 |
| Figure 2-92: Dr. Constrained Integrative Community Support | 274 |
| Figure 2-93: Dr. Constrained Spiritual Intensity | 275 |
| Figure 2-94: Dr. Constrained Barriers..... | 277 |
| Figure 2-95: Dr. Constrained Challenges | 279 |
| Figure 2-96: Dr. Constrained Influential Doctors | 281 |
| Figure 2-97: Dr. Constrained Quality of Life/Increase in Pay | 282 |
| Figure 2-98: Dr. Constrained Key Factors 1 | 283 |
| Figure 2-99: Dr. Constrained Key Factors 2 | 284 |
| Figure 2-100: Dr. Constrained Ownership..... | 287 |
| | |
| Figure 3-1: Specialties, Therapies, Journals Read | 293 |
| Figure 3-2: Distinguishing Factors for Higher Quality of Life/Increase in Pay | 295 |
| Figure 3-3: 2015 Brand Attribute Preferences | 296 |
| Figure 3-4: Self-Pay Benefits | 301 |
| Figure 3-5: Specialties | 303 |
| Figure 3-6: Therapies..... | 305 |
| Figure 3-7: Challenges | 307 |
| Figure 3-8: Barriers..... | 308 |
| Figure 3-9: Association Membership | 310 |
| Figure 3-10: Location and Integrative Approach..... | 314 |
| Figure 3-11: Location and Spiritual Life of Patient | 315 |
| Figure 3-12: Location and Top 8 Challenges | 318 |
| Figure 3-13: Location and All Other Challenges | 319 |
| Figure 3-14: Location and Barriers | 321 |

Introduction

Study Background and Objectives

Interest and engagement in integrative health and medicine is expanding rapidly. More and more Americans are disillusioned by today's healthcare system, and are being drawn to an integrative, whole person, model of healthcare. But that's the patients. What of the integrative MDs and DOs?

When Pure Branding set out to develop this first-ever Integrative Physician Market Landscape research study, there were as many questions as there were hypotheses about who the integrative doctor is in the United States. While there are usage statistics for the broader landscape of complementary and alternative healthcare in the U.S. that show over one-third of adult Americans use a complementary health approach (such as acupuncture, chiropractic, massage therapy, naturopathy, etc.)¹, and that out-of-pocket expenditures for complementary health approaches are over \$30 billion, with over \$14 billion spent on visits to complementary practitioners², there is little data specific to the integrative medical physicians in this growing movement.

We wanted to better understand the profile of a typical MD or DO practicing integrative medicine. We wanted to know what drives these physicians to transition from conventional to integrative medicine in both their clinical philosophy and therapies, how they define their clinical approaches, what motivates them, the barriers to their transitions, and the challenges they face as they pursue their profession. We assumed that not all integrative doctors were alike in terms of these questions, and set out to determine who were the key segments within the integrative physician community via RealPersona™ segment profiles.

RealPersona™ Segments

Evaluating the integrative physician research data as a whole is useful, as it provides a general understanding of the market landscape at a high level. This understanding is important so that readers can gain insight into general trends, usage, sentiment, and behaviors. Within the larger group are usually small groups — segments — and it is the depth of understanding of each segment that determines their value.

¹ "Trends in the Use of Complementary Health Approaches Among Adults: United States, 2002-2012" U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, National Health Statistics Reports, Number 79, February 10, 2015.

² <http://www.cdc.gov/nchs/data/nhsr/nhsr095.pdf>

Traditional segmentation tells us part of the story. We needed to look beyond practice behavior and demographics because we wanted the research data from this study to be actionable for those organizations and companies that want to better interact with integrative doctors.

PureBranding's RealPersona segments are drawn from psychology and archetype theory. They combine quantitative and qualitative research and segmentation is uncovered across multiple dimensions used for clustering. RealPersonas include social orientation, branding preferences, self-description and more.

Through our methodology, we discovered the larger group of integrative physicians was comprised of five distinct smaller segments. The value of these unique RealPersona segments is that they are actionable. They can point marketers to certain targets that are either closely aligned with their own brands, may present opportunities for brand growth, or bring an awareness to certain groups' behaviors that otherwise may not have been known. The information from the RealPersona segments provides insight into what motivates distinct integrative physicians to respond and interact.

To read how these RealPersona segments were created, along with our actionable recommendations, see Section II, Introduction, Methodology.

Definition of Medicine and Practice

One of the objectives for this study was how to define an integrative physician. For many years, integrative physicians were a self-identifying group with no standard practice definition serving to clearly link these physicians together. In 2000, the American Board of Integrative and Holistic Medicine (ABIHM) was founded to provide a peer-reviewed psychometrically validated board certification exam in integrative medicine. In 2014, a significant developmental milestone occurred when the American Board of Integrative Medicine (ABOIM) replaced the ABIHM as the defining, recognized platform for board certification in integrative medicine. The ABOIM was formed by the American Board of Physician Specialties (ABPS) as part of a working relationship with The University of Arizona Center for Integrative Medicine.

The National Center for Integrative and Complementary Medicine (NCCIH) states that there are many definitions of "integrative" health care, but all involve bringing conventional and complementary approaches together in a coordinated way.

The ABOIM defines integrative medicine as the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals, and disciplines to achieve optimal health and healing.

The integrative MDs and DOs who participated in this report weighed in on their definitions, and while there is commonality with the ABOIM's definition, the findings in this report show what is most important to integrative physicians in terms of defining an integrative approach in clinical practice.

Respondent Pool

Because Integrative MDs and DOs are not an easy group of physicians to reach for market research, Pure Branding is grateful for the support we received from a wide range of professional associations, media partners, and companies providing products and services to the integrative medicine community in order to ensure that a representative sampling was reached of MDs and DOs that self-identified as currently practicing integrative medicine. For this study, credentialed complementary and alternative practitioners — such as chiropractors, naturopathic medical doctors, acupuncturists, clinical nutritionists, etc. — were not included, unless they were also credentialed as MDs or DOs.

Our success in reaching that goal exceeded our expectations, with a total of 1,133 doctors participating across the U.S.

Pure Branding is confident that the findings presented in this report are representative of the integrative medical community as a whole. It is our hope that the data will provide valuable and actionable insights for companies, organizations and agencies looking for better ways to understand and engage with the growing community of integrative physicians.



Yadim Medore
Founder & CEO
Pure Branding



Susan Haeger
Executive Strategic Consultant
Pure Branding

Methodology and Screening Criteria

Pure Branding relied on multiple partners and sponsors in order to field this study, and we thank them for their contributions to the success of this study.

Our association partners included:

- Academy of Integrative Health & Medicine (AIHM)
- Academy of Integrative Pain Management (AIPM)³
- American College for Advancement in Medicine (ACAM)
- American Academy of Medical Acupuncture (AAMA)

Our media partners included:

- Functional Forum
- Today's Practitioner

In addition, we had numerous sponsors who provide clinical products and services to the integrative medicine community that fielded to their lists of MD and DO customers. These sponsors were blinded from each other.

Finally, we worked with one of North America's most respected medical panel providers to reach an additional set of physicians with no affiliation to any of our other partners and sponsors.

No single partner, sponsor or panel provider contributed to more than 15.9% of the entire respondent pool.

To qualify to participate in the survey, physicians had to meet these two criteria:

- Medical Doctor (MD) or Doctor of Osteopathy (DO)
- Currently practicing as an integrative physician or applying an integrative approach to their clinical practice

In order to reach a representative cross section of these integrative MDs, the survey was fielded from February 9 through June 20, 2016.

The respondents completed 82 multiple-choice questions, and they were incentivized through the groups (partners, sponsors and panels) that invited them to participate. They could opt in to participate in an in-depth qualitative phone interviews. Once the 5 segments were determined (see Section II, Introduction, Segment Methodology), three from each segment were interviewed for one hour.

³ Formerly American Academy of Pain Management (AAPM)

Section I

Profile of Integrative Physicians

Chapter 1: Study Respondent Pool

Basic Demographics

The study survey was completed by 1,133 participants. With these numbers, the overall confidence level is 95%, and the margin of error for the total sample is +/- 2.9%. From a demographic perspective — age, gender, length of time as doctor, geographic location, specialties — we are more than pleased with the make-up of this study, clearly representative of the diversity in the integrative medicine community.

The study participants' demographic profile was as follows:

Gender:

| | |
|-----|----------------------|
| 472 | Men |
| 630 | Women |
| 31 | Prefer not to answer |

Medical Degree:

| | |
|-----|-----|
| 949 | MDs |
| 184 | DOs |

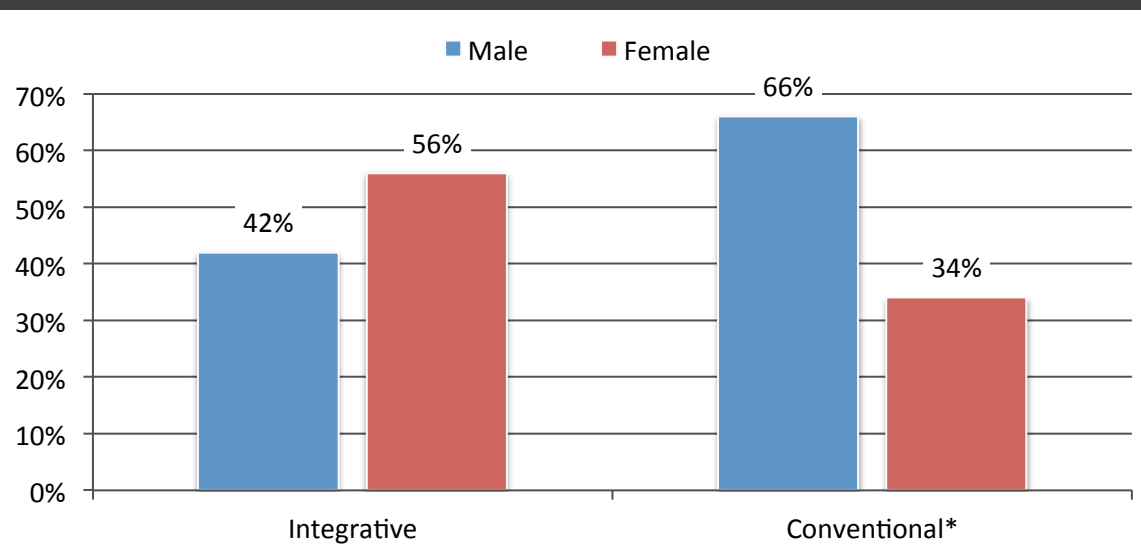
Integrative Medical Associations:

851 members (75% of respondents)

16 different associations represented in the multiple-choice options. (Respondents listed an additional 85 different associations in the write-ins answers, many of which are not necessarily integrative medical associations. See appendix for listing.)

While 66% of physicians in the U.S. are male according to the Kaiser Family Foundation, integrative MDs and DOs are much more likely to be women, with 56% of our study participants being female. When we launched this study, we hypothesized based on both our own industry experience and the interview intakes conducted with industry experts that more women are drawn to integrative medicine, and this proved to be true.

Figure 1-1: Gender



Q79. Please indicate your gender.

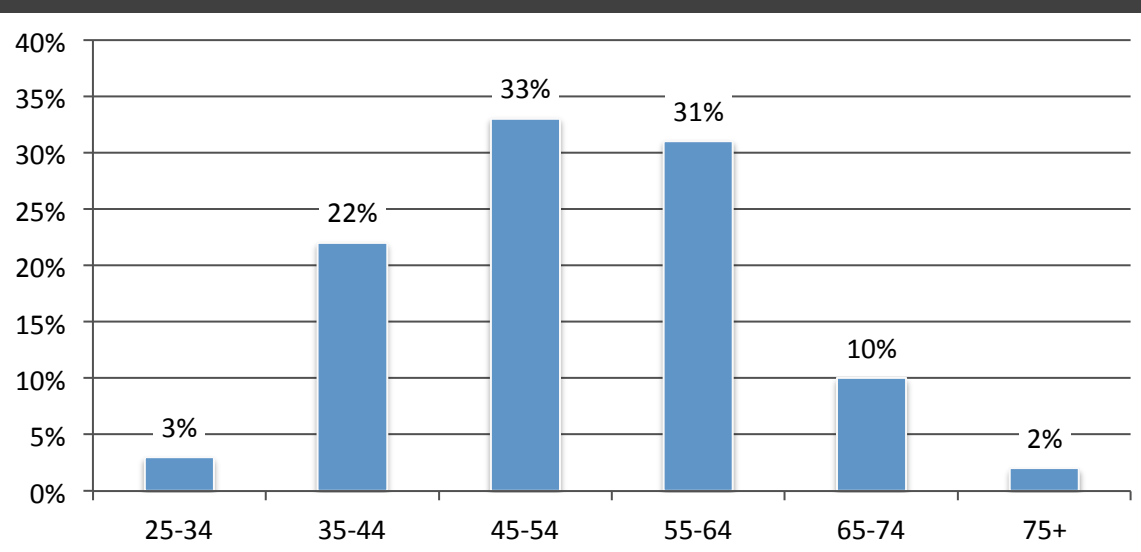
Base n= 1133; Source: Pure Branding, Integrative Physician Market Landscape 2017

*Distribution of Physicians by Gender, The Henry J. Kaiser Family Foundation, September 2016

The average income for integrative physicians was calculated to be \$163,000, which is lower than for conventional doctors. (More on income appears in Section III)

This study included physicians across a wide range of ages, with those in the 45-64 age group having the highest representation (64%). The mean age was 52.3 years.

Figure 1-2: Age Range



Q80. Please indicate your age group.

Base n= 1133; Source: Pure Branding, Integrative Physician Market Landscape 2017

Gaining Integrative Medicine Education and Experience

Integrative medicine is still new for many physicians, and 78% have relied on attending conferences or seminars to gain the information they need in order to feel confident enough to practice integrative medicine. For 41% of these doctors, these conferences and seminars did, in fact, have the strongest impact for them during their journey into integrative medicine.

The integrative medicine community of doctors is actively seeking integrative education, with continuing education programs, self-study, and certification programs being cited by a majority of respondents. Interestingly, while many methods were used to help these doctors gain familiarity with integrative practices, only conferences and seminars were seen by a significant percentage of the population as being the most impactful. Less than half as many doctors found certification program to have the strongest impact, and only 12% valued continuing education as the best way to learn integrative techniques.



Timing of Transition

The time it takes to transition to integrative medicine varies greatly among these physicians, with 18% making the transition right after residency while 33% waited more than 10 years before they made the transition.

When comparing MDs to DOs, Doctors of Osteopathy are far more likely to transition to integrative medicine after residency. 32% of DOs entered an integrative clinical practice immediately after residency (compared to 18% from the total sample).

One doctor interviewed for this study discussed the challenges of transitioning: “You have to understand that medicine doesn’t allow you to make quick career changes. They’ve made it very difficult to transition from one job to another, very difficult, especially if you want hospital privileges or insurance at all. Choose wisely. When I transitioned from one job to the other 10 years ago, my last day was in November, and I took a couple of months off and started in February. You can’t do that now.”

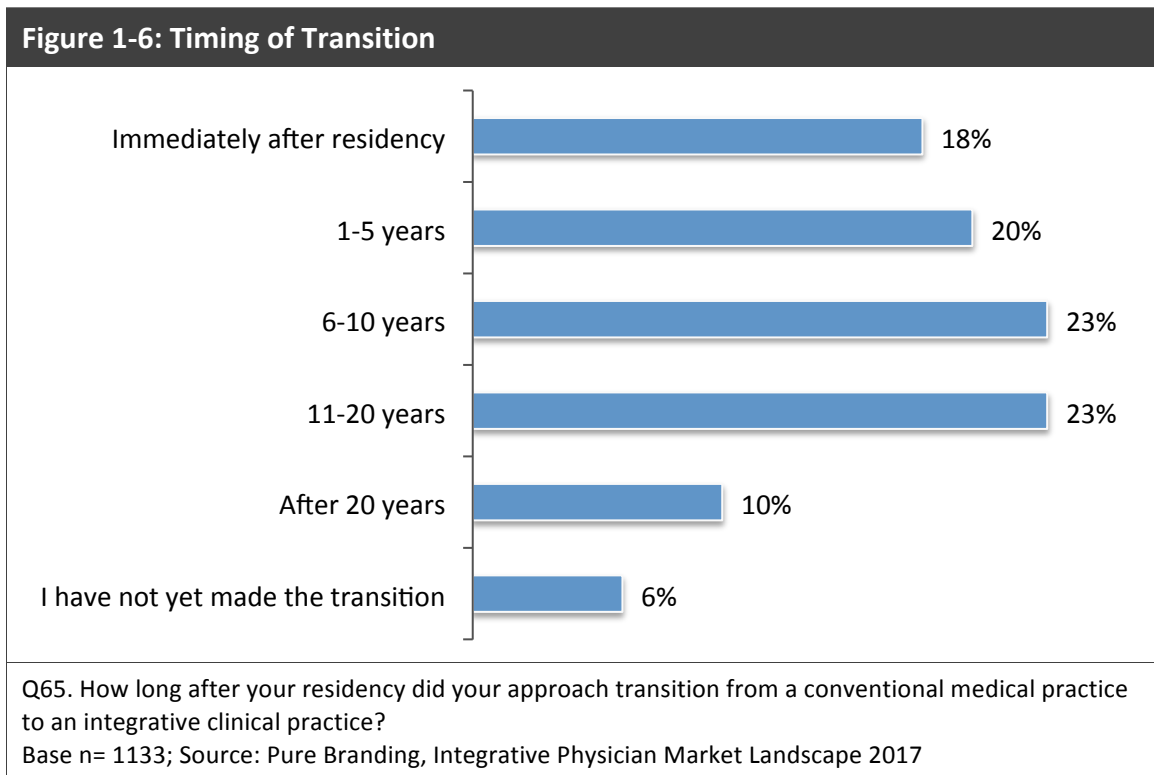


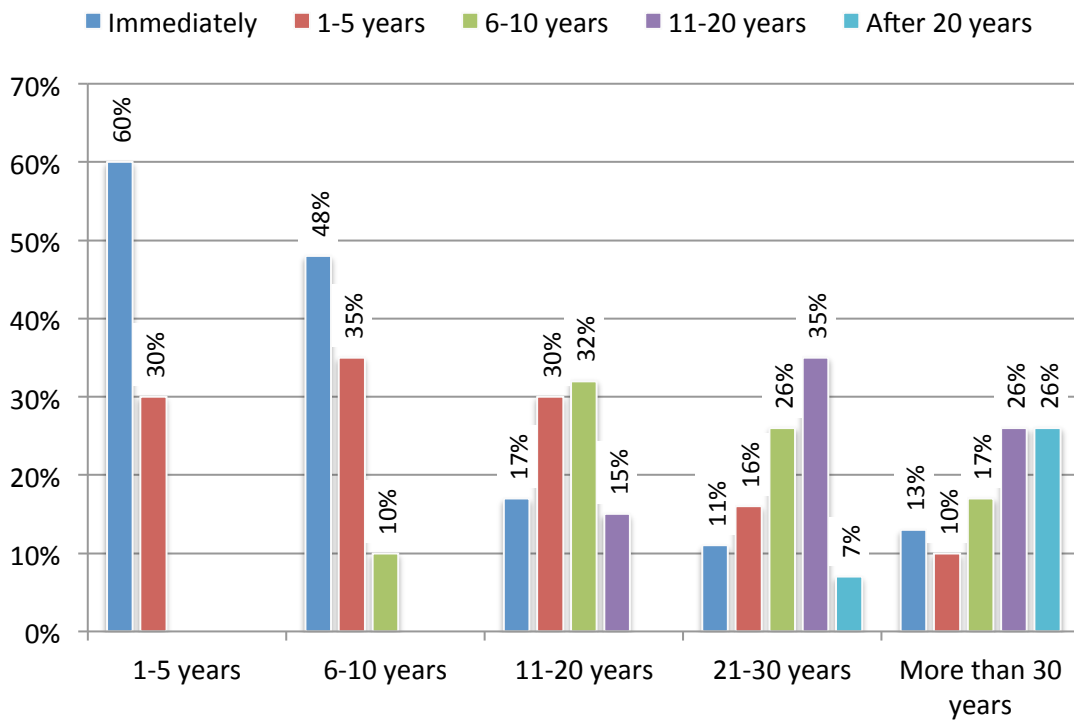
Figure 1-7 highlights the relationship between when these doctors transitioned to integrative medicine and how long they have been licensed physicians. The horizontal axis indicates how long these doctors have been practicing medicine. The vertical axis indicates how long after their residency it took for them to transition to an integrative clinical practice.

This chart validates what many in this community have hypothesized: younger doctors are much more likely to transition faster into becoming integrative doctors than their pioneering predecessors. This study only included doctors who self-identified as being involved with integrative medicine, so we can't judge them relative to their counterparts who may make the transition in the future. However, for this study, 60% of the doctors in practice 1 to 5 years made the transition to integrative medicine immediately after residency while only 48% of those in practice 6 to 10 years transitioned immediately. These percentages drop significantly for doctors who have been practicing medicine for more than 10 years. Also of interest is that the majority of doctors who have been practicing more than 20 years took much longer to transition than their younger peers. This trend of new doctors making a quicker transition to an integrative clinical practice is expected to continue.

Typical of this group of quickly transitioning doctors are those who have known all along they wanted to treat their patients with integrative medicine. One interviewee who recently completed his residency said: "I've always been interested in combining complementary, alternative and conventional approaches in clinical practice, because it seems like my path to health has always been utilizing integrated medicine over conventional medicine whenever I have a problem."

Doctors in practice more than 30 years (the aqua columns) took by far the longest to become an integrative MD. Doctors who have practiced for 11 to 20 years (green) best highlight the process of conversion to integrative medicine as doctors become more comfortable in their practice. These physicians made the transition much faster than their predecessors, a trend that is expected to continue with younger doctors.

Figure 1-7: Timing of Transition Relative to Years in Practice



Q65. How long after your residency did your approach transition from a conventional medical practice to an integrative clinical practice?

Base n = 1133

Q62. What year did you become a licensed physician?

Base n = 1133

Source: Pure Branding, Integrative Physician Market Landscape 2017

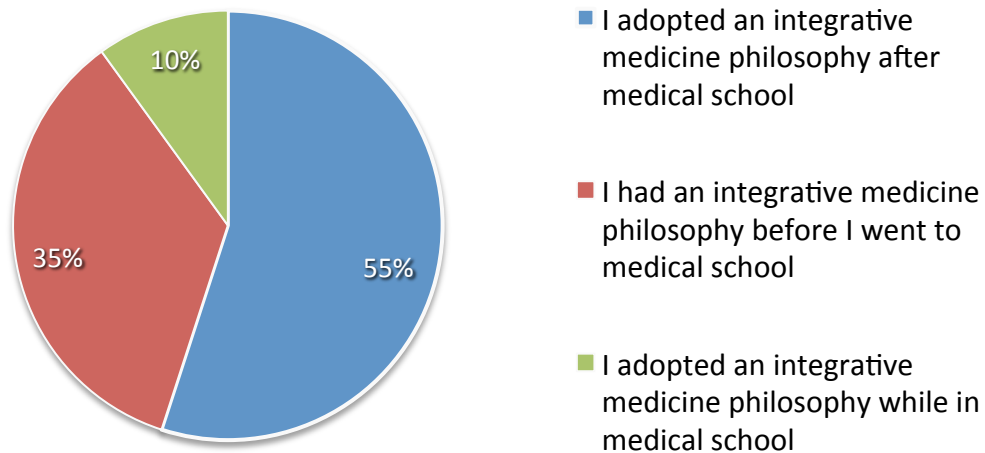
Evolution into Integrative Medicine Viewpoint

The transition to adopting an integrative medicine philosophy typically occurs after medical school. A significant quantity of these doctors (35%) had an integrative philosophy prior to entering medical school, but 55% adopted the philosophy after leaving school. Of note is that DOs (60% of them) are far more likely to have adopted an integrative medicine philosophy before they went to medical school. This explains why they are also more likely to join an integrative practice right after residency.

Only 10% adopted an integrative philosophy while they were in medical school, which highlights the lack of support or training for integrative medicine within the conventional medical school environment.

One young doctor interviewed went out of her way to gain the training while in medical school: “When I was in residency, I took opportunities when I could to do other rotations that other people probably wouldn't want to do. An acupuncture rotation here and there, or a rotation with a doctor of osteopathy who would do chiropractic, that sort of thing. I’ve always been interested.”

Figure 1-8: Evolution of Integrative Medicine Viewpoint



Q7. Which statement best describes how your view of integrative medicine evolved over time?
Base n= 1133; Source: Pure Branding, Integrative Physician Market Landscape 2017

Personal Income

On average, integrative doctors earn less than their conventional counterparts. For conventional doctors, the Medscape Physician Compensation Report 2016 reported that male and female primary care physicians enjoyed an average income of \$213,000⁹ or approximately 31% higher than our integrative physician's average income of \$162,948.

27% of integrative physicians reported a 2015 income of less than \$100,000.

The significance of their average incomes becomes more evident when looking at the RealPersona™ segments, which have average incomes ranging from \$130,882 to \$188,365. But even more significant is the gender gap with integrative doctors.

Gender Pay Gap

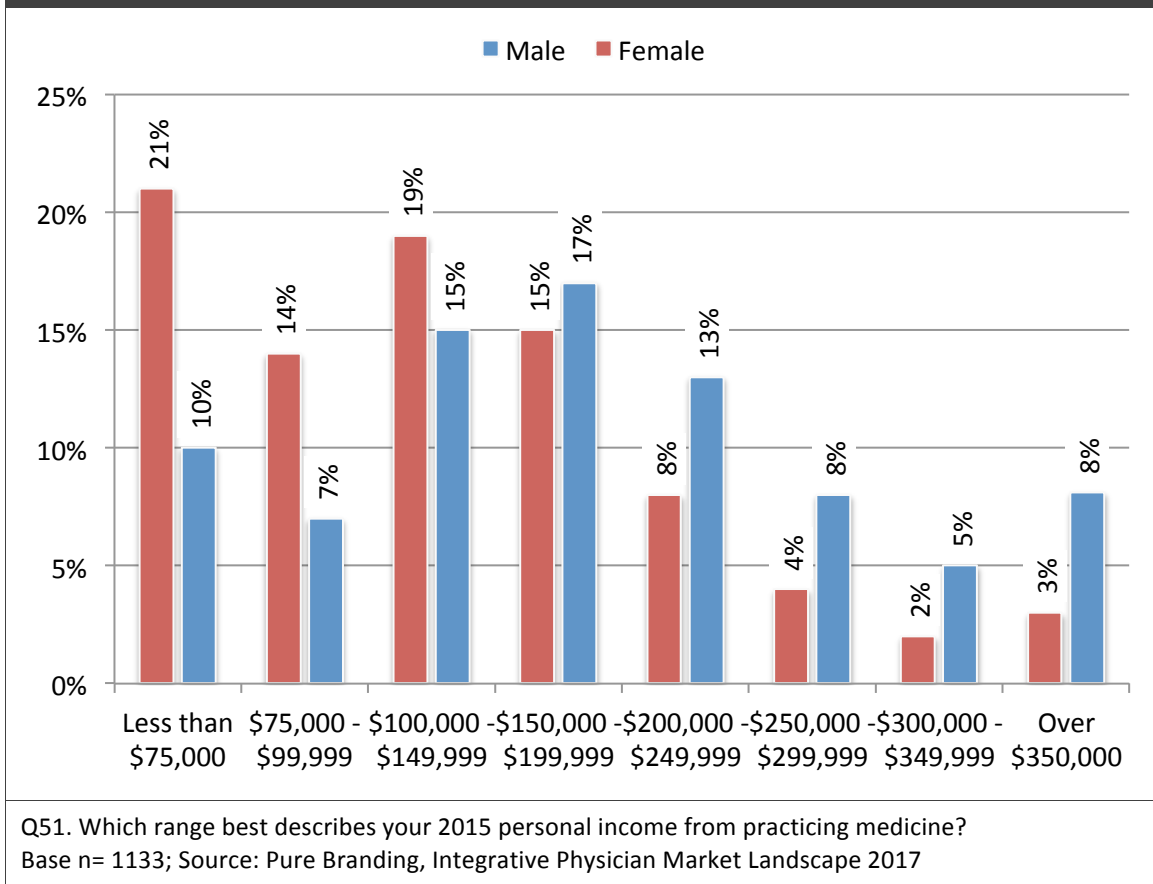
There is a pay difference between genders in conventional medicine. But it is a male-dominated profession. (Medscape estimates 65% of doctors are male, and 35% are female. Kaiser concurs with an estimate of 66% male.) In this study, the numbers are almost reversed, with 56% of integrative doctors being female, a jump of 21% from their conventional counterparts. One might think that since more women are practicing integrative medicine, the pay gap would be less, but this is not the case.

Medscape reports female physicians are consistently making less than their male counterparts. For instance, female primary care physicians reported an average income of \$192,000 versus \$225,000 for men. That's 15% less, and the gap is bigger for specialists, where males are averaging 25% more income.

The discrepancy in pay between male and female physicians is also significant in integrative medicine. Male integrative doctors made on average \$189,070, while female integrative doctors made \$144,567, 24% less. This percentage gap is more than it is for conventional primary care physicians and the same as it is for specialists.

⁹ Peckham C. Physician Compensation Report 2016. Medscape. Published April 1, 2016, <http://www.medscape.com/features/slideshow/compensation/2016/public/overview>

Figure 1-12: 2015 Personal Income

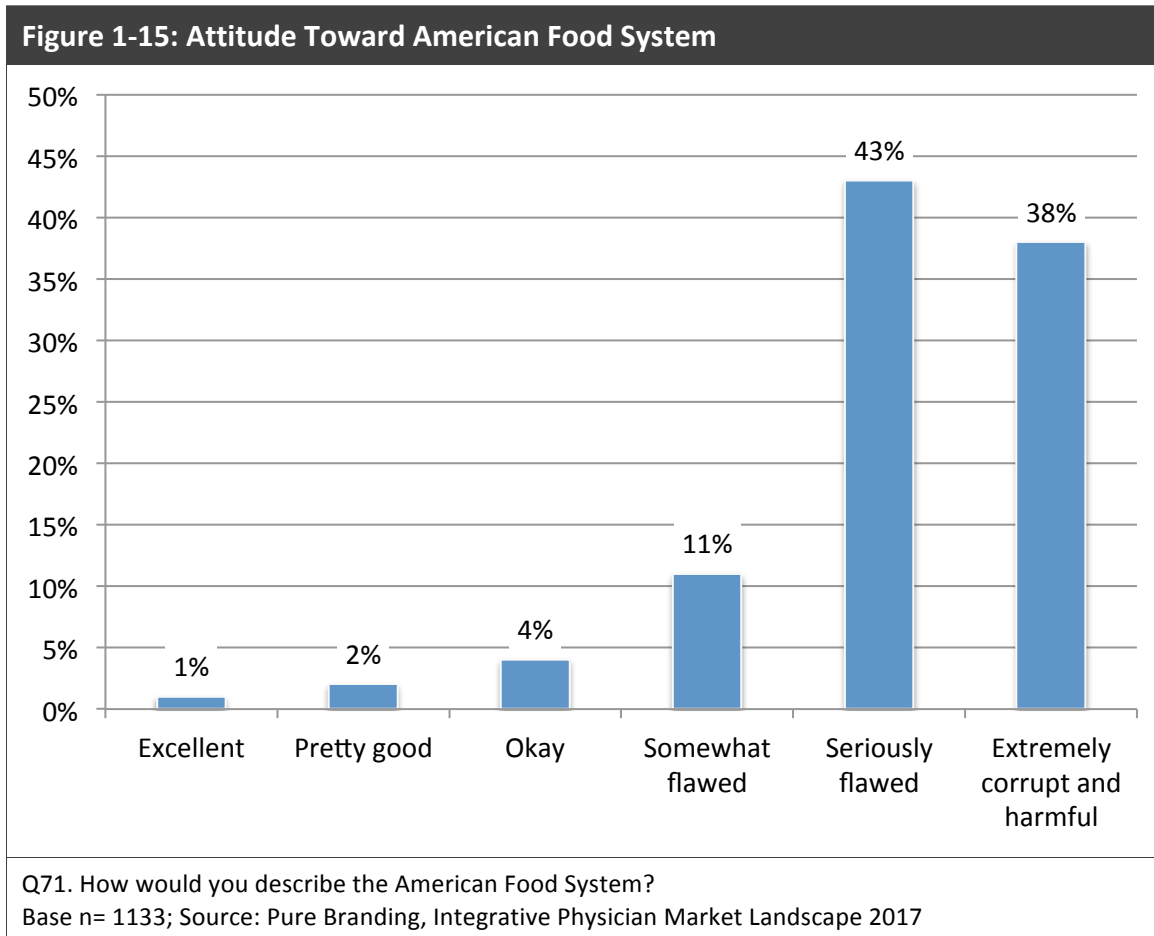


Chapter 4: Views of Food & Medical System

American Food System

These doctors are dissatisfied with the American food system as a whole, and integrative medicine is helping them to address this dissatisfaction. 82%* have a negative view of today's American food system.

Integrative MDs and DOs clearly don't like the food system, with only 7% indicating that it is okay or better. As we'll address later in this report, this is one reason why nutrition is such a big part of clinical practice in integrative medicine. These doctors recognize that the causes of so many maladies like obesity and diabetes are directly related to the quality of food being consumed in this country. One doctor put it bluntly, "In my opinion, most people don't eat real food."



*Note: Numbers may not add to 100% due to rounding.

American Healthcare System

Integrative doctors are slightly less negative concerning the American healthcare system compared to the food system, but a large majority is still dissatisfied: 73% have a negative view of the medical system. Only 10% feel that our healthcare system is okay, pretty good, or excellent.

Some of these doctors work closer to the conventional insurance model, while others further away, but doctors are fairly consistent in their negative attitudes toward today's healthcare system.

The in-depth qualitative interviews revealed a range of dissatisfaction, blaming the limitations of treatments, the administration of the system, and the lack of patient accountability. On the more moderate side, one doctor said, "I feel that our health system is doing its best to try to keep up and keep a finger in the dam, but the health system can only do so much if people are not willing to change their lifestyle."

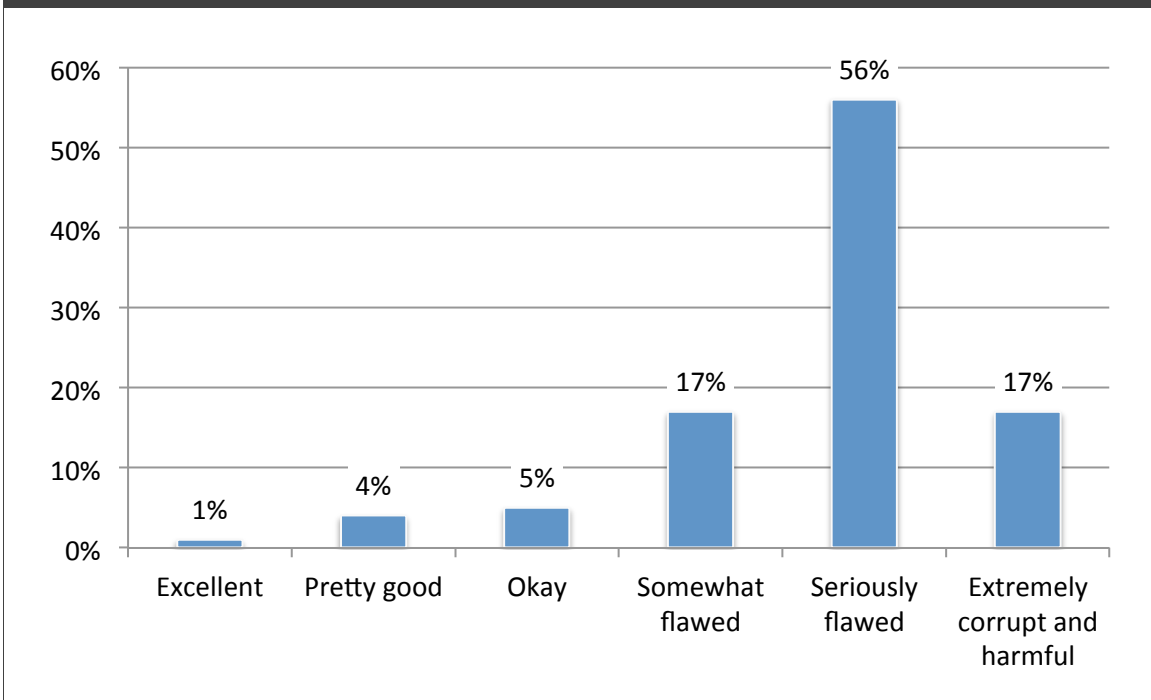
Another doctor railed against the training. "When I went through residency, I saw another face to the training, to medicine. They're torturing these young physicians. There's a problem with doctors committing suicide, that's a real thing, and it's just being talked about now. The training is exceptionally brutal, and because of that, the doctors themselves are traumatized during the training, and so they're not able to be present in certain ways with patients. They're not able to connect with patients in certain ways because of the way they're trained, and they're traumatized after, and so they're not compassionate."

Profit as a motive creating negative impacts was a common theme voiced. "There is a push to see volume and make profit. I see it wearing the practitioner out. I don't see it being healthy for the patients because it becomes more of a drug prescription rating system."

The most common complaint is that the system is set up for acute care and is terrible for treating chronic diseases. One doctor explained, "If you're having a heart attack, yes you do need a cardiac catheter, you do need stents, and you do need to be resuscitated, and all that. I get it, but beyond that, allopathic medicine doesn't do much good. It's not for chronic conditions. It's more for just acute conditions. Let's get you out of the emergency situation. It's like a Band-Aid. How do I help these people to understand that there is such a thing that you are able to go off of your thyroid medicine, you are able to get off of insulin? There's story, after story, after story, after story. If we only listen to people, it's out there."

Another doctor pointed out why this is a problem. "The acute becomes the chronic."

Figure 1-16: Attitude Toward American Healthcare System



Q72. How would you describe the American healthcare system?

Base n= 1133; Source: Pure Branding, Integrative Physician Market Landscape 2017

Length of Appointments

One of the hallmarks of the integrative approach is spending more time with patients. On average, these integrative physicians spend at least twice as much time with their patients as is typical for conventional doctors. The initial appointment with an integrative doctor is almost an hour (58 minutes) on average, and the follow-up is about 36 minutes. By comparison, Medscape data shows that conventional doctors generally only spend 13 to 22 minutes with a patient.¹¹

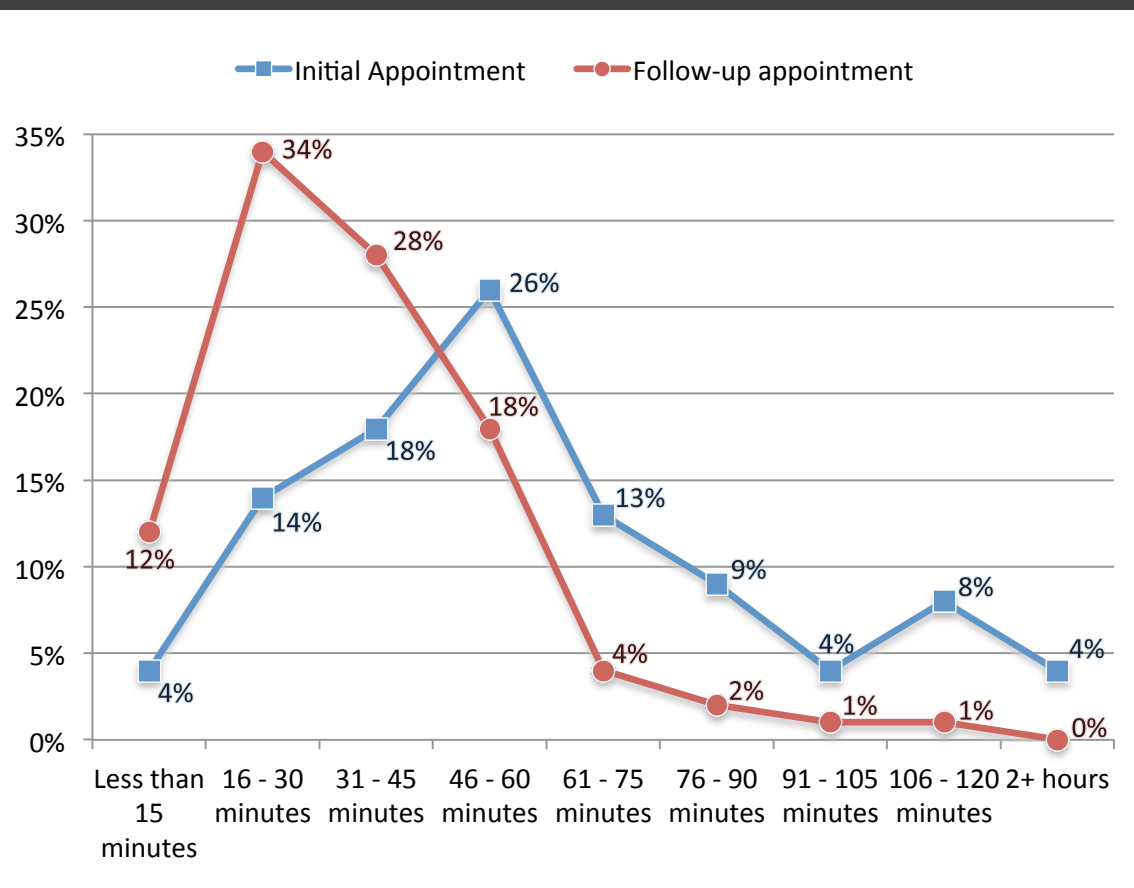
Even while understanding the demands of the healthcare system on their conventional colleagues, there is outrage within the integrative medical community about the limited time most conventional doctors spend with patients. Here are just a few quotes that our interviewees expressed about time constraints.

“I do a lot of integrative oncology consulting, a lot of translating [between the oncologist and the patient]. I don't make changes in their therapeutic plans, but I do talk to them in ways that their oncologist doesn't have the time for, or doesn't take time to do.”

“I experienced, ‘here's your base pay if you see 30 patients within seven hours, and you can make more than that if you can see more patients.’ That's kind of outrageous. That's not really even good medicine.”

¹¹ Peckham C. Physician Compensation Report 2016. Medscape, April 2016, <http://www.medscape.com/features/slideshow/compensation/2016/public/overview>

Figure 1-38: Length of Patient Appointment



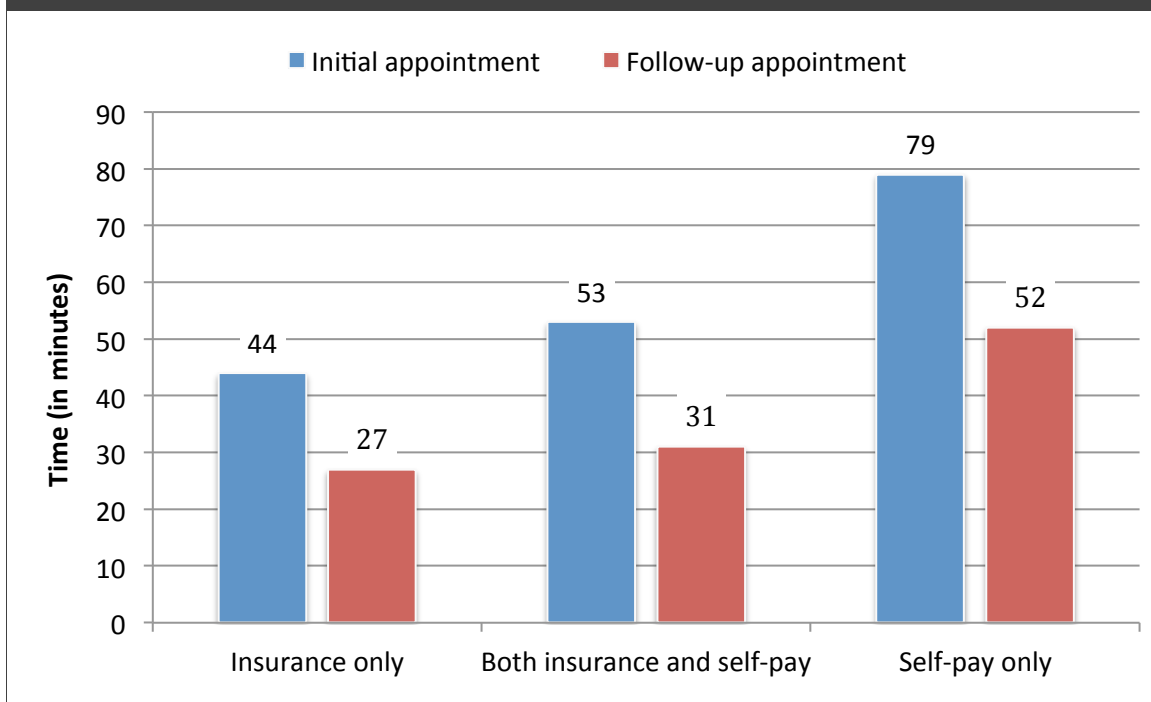
Q19. On average, how long is a patient appointment?
 Base n= 1133; Source: Pure Branding, Integrative Physician Market Landscape 2017

The issue of insurance versus self-pay plays an important role in the time that even integrative physicians have to spend with patients. Self-pay patients get nearly twice as much time on average with their integrative doctors as do patients who rely on their insurance benefits. But even those who accept insurance are still spending more time with patients than their conventional counterparts (average 13-20 minutes). This variance is true with initial appointments as well as with follow-ups.

While it might be counterintuitive, a few doctors in our in-depth interviews made a case for longer appointments actually saving money. “We saved a lot of money already to the system because we have longer visits and we can get better history and spend time with patients and develop trust. We don't have to send everyone with low back pain for an MRI.”

Mentioned earlier was the correlation between percent of patients treated with integrative medicine and time with patients. Those who treat 91-100% of their patients with integrative therapies spend far more time than the total sample. For initial visits, 64% of them spend more than an hour with patients, compared to 38% of the total sample. And for follow-up visits, 47% spend more than an hour vs. only 8% that spend more than an hour.

Figure 1-39: Initial and Follow-up Average Appointment Times by Payor Model



Q19. On average, how long is a patient appointment?

Base n= 1133

Q38. Which statement best describes your practice's payor model?

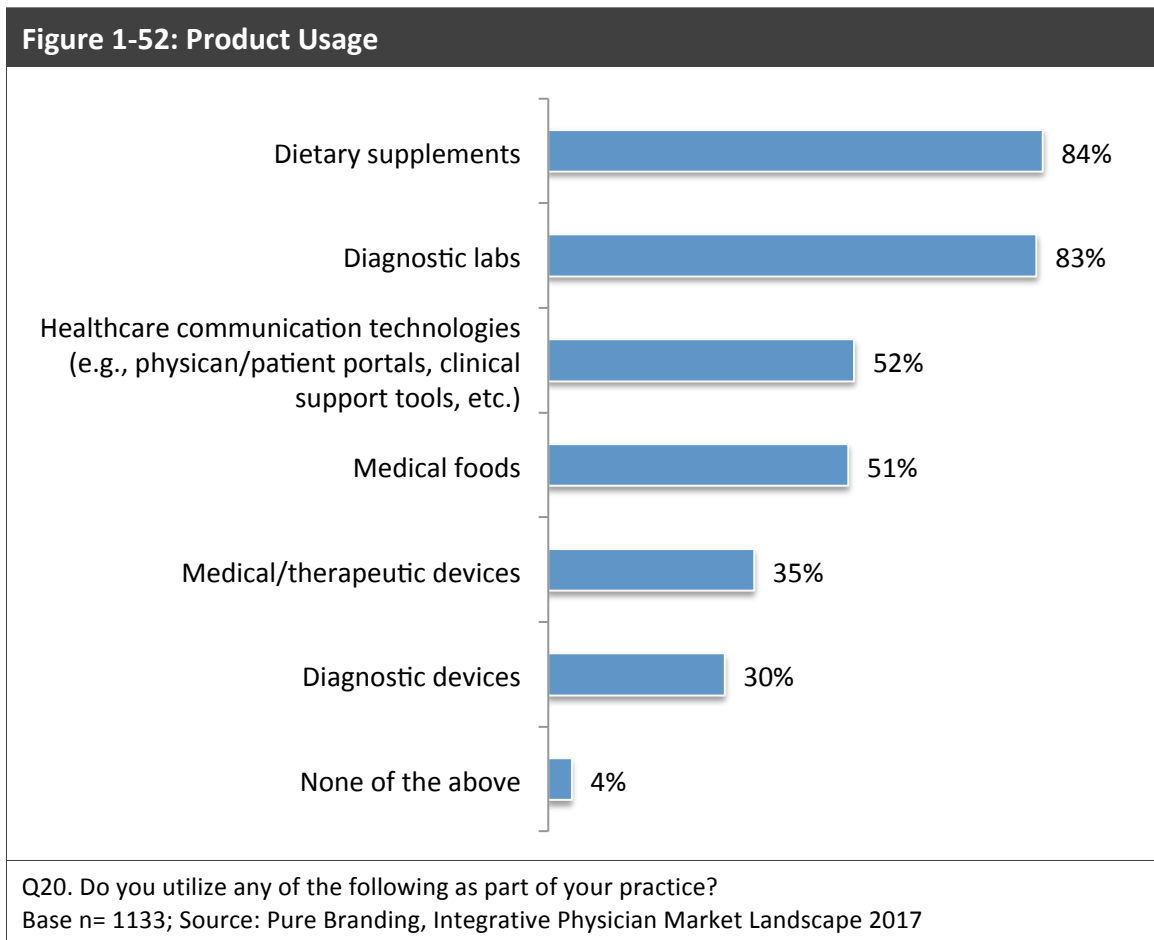
Base n= 1133

Source: Pure Branding, Integrative Physician Market Landscape 2017

Chapter 11: Clinical Practice Details: Dietary Supplements and Other Products

Integrative physicians are using a wide range of products and services in order to support their practice. As a group that is dissatisfied with the American food system and is generally focused on providing their patients with better nutrition, it shouldn't be too surprising that 84% use supplements in their practice. Medical foods are also used by about half of the doctors, which is impressive for a product category that remains relatively small compared to dietary supplements.

Approximately 4 out of 5 of these MDs and DOs are using diagnostic labs as part of their services.



Section II

RealPersonaTM Segmentation

Methodology

Conducting the Segmentation

Evaluating research data as a whole is useful, as it provides a general understanding of evaluated metrics at a high level. This understanding is important so that readers can gain insight into general trends, usage, sentiment, and behaviors. However, the larger group often comprises smaller groups that can be evaluated independently, as each of the smaller groups may share similar patterns. Uncovering the presence of these smaller groups and their uniqueness can point marketers to certain targets that are either closely aligned with their own brands, may present opportunities for brand growth, or bring an awareness to certain groups' behaviors that otherwise may not have been known.

Regarding this research, a segmentation analysis was performed to determine if these theories held true in the integrative physician space among the representative data collected. To perform the segmentation, a number of contributing factors were first evaluated. A factor analysis was applied to reduce the many available dimensions in the data set so that a manageable number of meaningful variables were included to run the next phase of analysis. Another reason researchers apply a factor analysis is to minimize the effect of multicollinearity, an occurrence in which two or more variables in a multiple regression model are highly correlated.

Primary factors used for the segmentation came from key questions. These primary factors were used as primary inputs into a latent class analysis. This analysis was chosen as an explorative analysis to unveil structures (or similar behaviors) within the data. For this segmentation, the number of groups was not dictated, and homogeneous groups of respondents were naturally formed as a result of the model with the Bayesian information criterion (BIC) pointing to five unique segments.

The table below shows some of the technical diagnostics used to determine the number of classes, as well as some related statistics. Some of the most interesting and perhaps useful include the following:

- The number of classes with the lowest BIC is preferred as this is the best indicator for the roles of outcomes versus the parameters.
- The R-Squared statistic is shown below, but should not be interpreted in the same way that is common with regression models. The higher the number of variables in a model, the lower the R-Squared. However, the R-Squared of .794 shown below is deemed to be good based on this data set, parameters, and model.
- It was also determined that the respondents were accurately assigned to each of the classes with an entropy score hovering at 0.8.

Fit statistics

| | Log-likelihood | Parameters | BIC | McFadden R ² | Entropy | Iterations |
|-----------|----------------|------------|------------|-------------------------|---------|------------|
| Aggregate | -30,893.271 | 57.000 | 62,187.402 | .000 | NaN | 2.000 |
| 2 classes | -30,214.323 | 115.000 | 61,237.398 | .022 | .714 | 62.000 |
| 3 classes | -29,896.427 | 173.000 | 61,009.498 | .032 | .754 | 190.000 |
| 4 classes | -29,654.687 | 231.000 | 60,933.911 | .040 | .762 | 218.000 |
| 5 classes | -29,440.149 | 289.000 | 60,912.727 | .047 | .794 | 97.000 |
| 6 classes | -29,284.181 | 347.000 | 61,008.683 | .052 | .812 | 220.000 |

The estimated size of each segment as a percentage and in terms of number of respondents is included in the table below.

| | % |
|---------|----|
| Class 1 | 8 |
| Class 2 | 16 |
| Class 3 | 32 |
| Class 4 | 21 |
| Class 5 | 23 |

The association between these classes and eventual RealPersona™ segments is:

- Class 1 – Dr. [REDACTED]
- Class 2 – Dr. [REDACTED]
- Class 3 – Dr. [REDACTED]
- Class 4 – Dr. [REDACTED]
- Class 5 – Dr. Constrained

Determining Where There Are Differences

A statistical examination was performed to evaluate where highly significant differences may exist and used a variety of measures such as computed p-Values and performed t-Tests to determine when comparisons are made between measures. These significance tests help to determine whether a difference is likely to reflect a meaningful difference, at a 95% confidence level.

Archetype Determination

To determine the archetype for each RealPersona, we looked at answers from the question: “Which description do you think best fits you?” The objective was to show differentiation. To determine a distinct archetype for each RealPersona, responses were evaluated for greatest variance above the total sample average. Archetypes were combined for distinction across RealPersona segments, including identifying the less chosen archetype with greatest variance above the total sample average.

Character Attributes

To determine the character attributes for each RealPersona, we looked at answers from the question: “Which of the following words or phrases most accurately describe you?” Because absolute ranking for all five RealPersona segments identified “Helps others” first, and “Committed to high ideals” second, these attributes were determined to be baseline character attributes and not differentiating. Therefore, “Top Character Attribute” is based on absolute ranking of next highest identified. “Unique Character Attributes” were then evaluated for greatest variance above the total sample average to determine uniqueness for each segment.

Supplement Value Score

To determine which of the RealPersona segments for this report demonstrate the greatest involvement with dietary supplements, we developed a Supplement Value Score (SVS).

This score combines the following factors:

- Average patient population
- Percent of patients recommended supplements
- Percent of practices within the RealPersona that dispense branded supplements from their office
- Percent of practices that are sole decision maker on items stocked in dispensaries and have more than 50% of the decision-making influence

Three steps were used to compute the SVS:

Step 1. Calculate formula of average patient population x % patients recommended supplements x % dispense branded supplements from office x % (sole decision maker for dispensary + decision maker with more than 50% influence).

Step 2. Using score of 200 as top figure, calculate formula total as percentage of top figure.

Step 3. Translate percentage into a SVS number with 10 as top score.

Chapter 5: Dr. Constrained

RealPersona Overview

When it comes to integrative medicine:

I'm at a crossroads.

I want to treat more patients using integrative therapies that I've trained in, but I'm not in a setting that lets me do so. I'm part of a big clinic, and what's frustrating is that I know I could help people with approaches other than conventional care, but I'm not getting a chance to. I'm constrained, and don't see a way out of it. I don't want to have an adversarial relationship with the American medical system, but I see a lot that's broken and not getting fixed. I feel both idealistic and cynical at the same time.



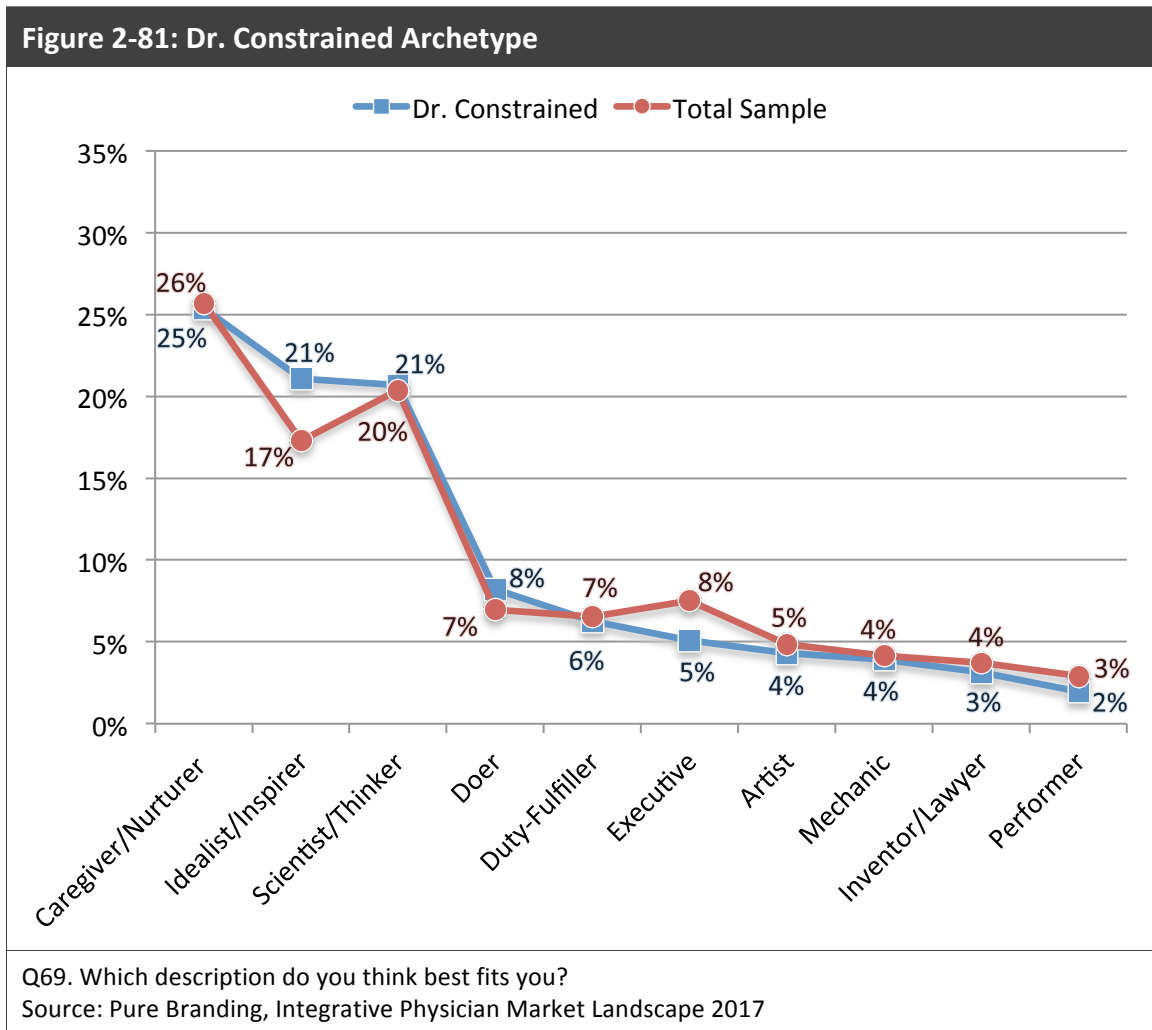
I am relatively young, and where I am today is not where I plan on being tomorrow. I have a picture of what my ideal practice would be: I would own it, have a small staff, and be able to network with practitioners of other holistic specialties, like acupuncture or massage. I would give cooking classes. It would be a very calm, very inviting, spiritual type of office where, when you come in, you feel invigorated from the get-go. But when you put pen to paper to make that a financial reality where I live, it is not possible. I've thought about relocating to another part of the country where there is greater openness to integrative treatments. But this is where my family and friends live, so moving my practice would not be an easy choice.

Archetype

Idealist / Thinker

*Interested in serving humanity and follows high standards. He is bored by details, but is logical, analytical, and determined. He is interested in theories and knowledge.*³⁶

Dr. Constrained's idealistic tendencies are clear, and given that he is one of the youngest of the personas, it is likely that his age and idealism go hand in hand. Dr. Constrained is the second-highest segment in terms of the tendency to be a scientist/thinker.

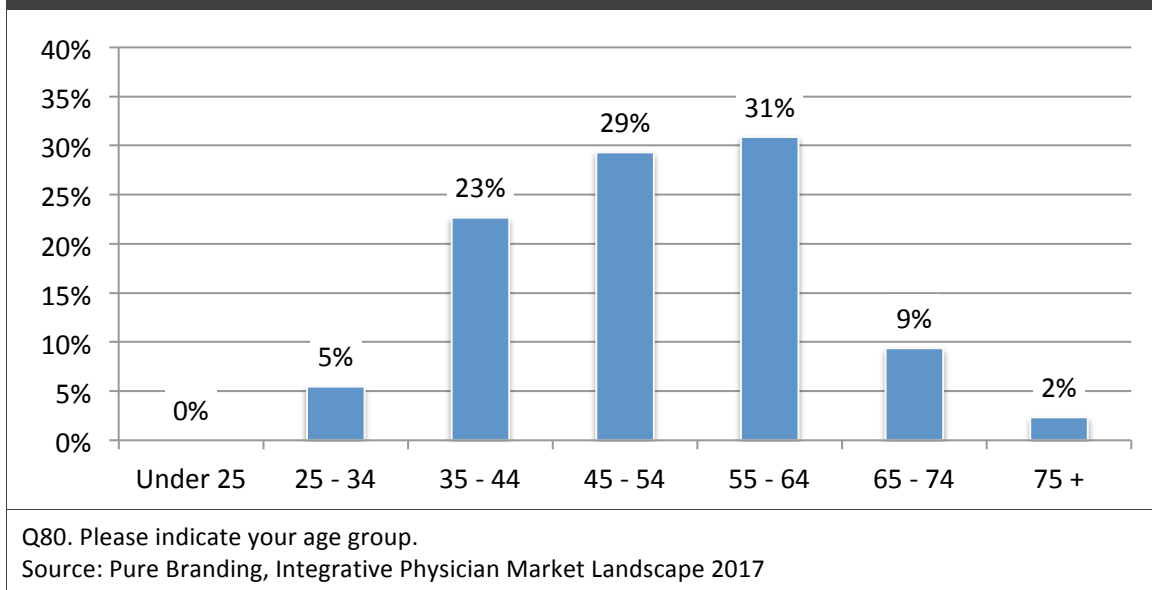


³⁶ To read how we determine archetypes, see Section II, Methodology, Archetype Determination.

Demographics

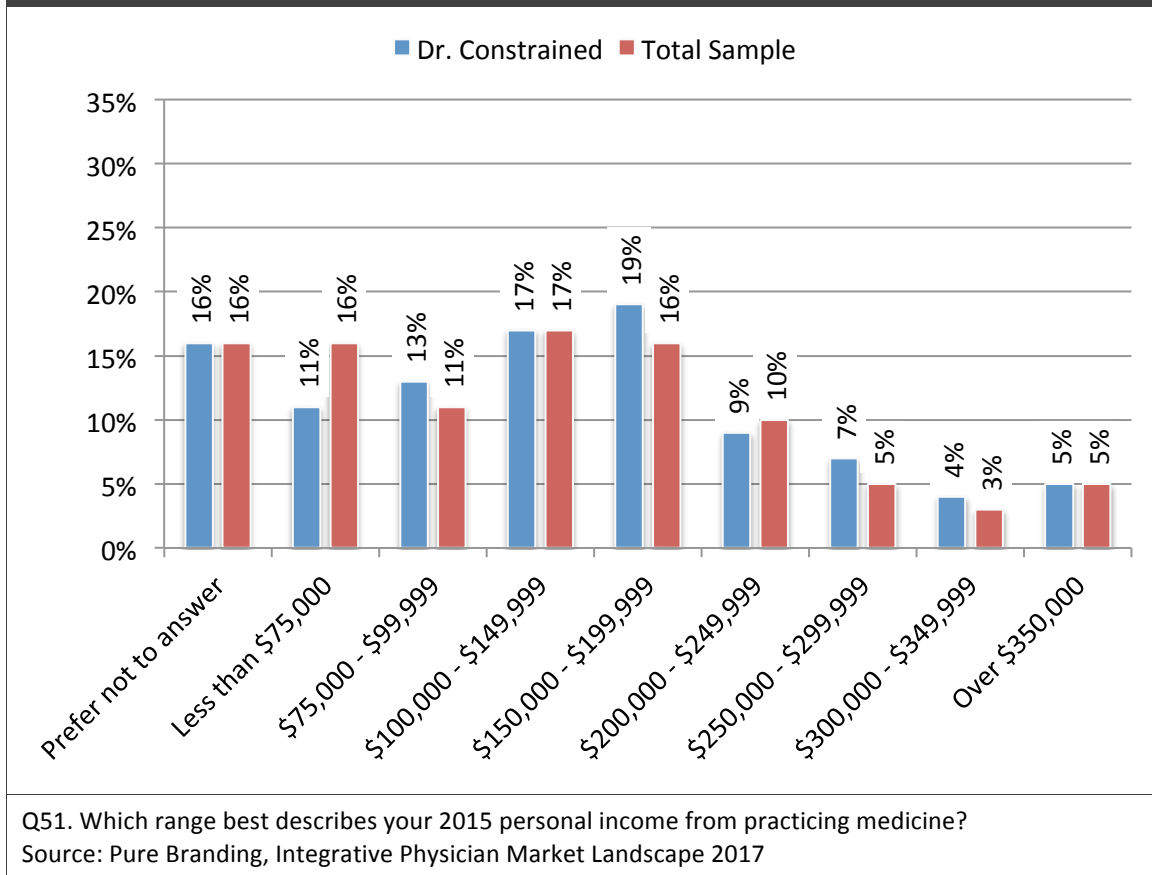
When compared to the other personas, Dr. Constrained has an above-average likelihood of being male (45% vs. 42% for the total sample) and slightly less than average likelihood of being female (52% vs. 56%). For this reason, we are attaching the male gender to Dr. Constrained. He is slightly more likely to be one of the younger personas. 28% of the segment is between 25 and 44 years old, and 29% is between 45 and 54.

Figure 2-83: Dr. Constrained Age



Dr. Constrained’s annual income is actually slightly above average, at \$166,488. 24% of the segment has maintained an income above \$200,000, but 24% are making less than \$100,000.

Figure 2-84: Dr. Constrained Income



Unique Segment Factors

The physicians in the Dr. Constrained segment are unique in the following ways:

- Dr. Constrained spends the least amount of time with his patients: 51 minutes for the initial appointment (compared to 58 minutes from the total sample), and 33 minutes (compared to 36 minutes) for the follow-up appointments.
- He is more dependent on insurance payments (Insurance only: 14% vs. 11%. Insurance and Self-Pay: 55% vs. 49%), and is less likely to operate a self-pay only practice (26% vs. 36%).
- Dr. Constrained has an average level of interest in integrative medicine certifications, but is least likely to obtain them for marketing purposes (29% vs. 39%).
- When gaining integrative medicine education, Dr. Constrained is like most other integrative physicians in terms of participation in events or reading of journals, but where he draws the line is with vendor-sponsored courses (12% vs. 18%).
- He is less likely to use technology to communicate with his patients. He uses less email and text messaging (57% vs. 65%), and has the highest likelihood to not communicate electronically (None of the above: 18% vs. 12%).
- Dr. Constrained is less likely than his peers to be a sole owner of his practice (50% vs. 59%), and is more likely to co-own (11% vs. 8%). In terms of decision-making for dispensary items or therapies used, there is greater likelihood that someone other than him makes the decisions (19% vs. 13%) (Figure 2-100).

READ WHAT OTHERS HAVE TO SAY ABOUT THIS COMPREHENSIVE REPORT

Integrative Physician Market Landscape 2017:
A RealPersona™ Segmentation Study of U.S. Integrative MDs and DOs

“I have never seen such a rigorous and insightful study of the integrative physician community. For anyone wishing to understand and engage with the field of integrative medicine, this research study and its insights will be invaluable.”

— **Leonard A. Wisneski, MD, FACP, former Medical Director, Marriott International, professor of medicine at Georgetown University, George Washington University and the University of Colorado**

“This landscape report stands out for its rigor, its level of detail, and the logic behind its insights. But most importantly, it’s actionable. The integrative and functional medicine practitioner community is rapidly growing and this report has helped us to determine where to focus and allocate spend for both growing current customers and developing new audiences.”

— **Nikki Yas, VP Marketing, Healthcare Practitioner Brands, Atrium Innovations**

“It’s one thing to know what physicians select for their dispensary. It’s another thing to know what motivates them to do so. This landscape report provides us with an inside look into what integrative MDs and DOs need from us, and how we can better support them. The comprehensive nature of the report has made it essential market intelligence for our strategic planning and continued growth.”

— **Fran Towey, President and CEO, Natural Partners**

“As a private investment and strategic growth advisor, I look for certainty in market data. This research report has more substantive information and insights than I’m used to seeing. I now have a very good understanding of where the opportunity lies and how that can be applied to our clients. I was impressed by the market size triangulation and the rigorous segmentation that provide insights into what these doctors are thinking and how to reach them.”

— **David Thibodeau, Managing Director, Wellvest Capital**

PURCHASE NOW AT:
www.purebranding.com/integrative

THE MOST COMPREHENSIVE STUDY OF THE U.S. INTEGRATIVE PHYSICIAN LANDSCAPE

Integrative Physician Market Landscape 2017:
A RealPersona™ Segmentation Study of U.S. Integrative MDs and DOs



Profile of Integrative Physicians

The 117-page baseline report provides a comprehensive profile of the total sample integrative physicians profiled in Section I of the report.

Five 11x17 RealPersona™ Segment Profile Boards (FULL REPORT ONLY)

Each market segment profile is fully realized with a RealPersona board. A mix of first-person narrative and friendly data visualizations, carefully presented on a printable 11x17 sheet, the RealPersona boards create a distinct personality for each segment profile. You can see at a glance their makeup, what motivates them, how they differ from the total sample, the percent of patients they treat with integrative medicine, their integrative approach, their degree of connection to the integrative community, their challenges, influencers, and more.



Four Special Reports

33 pages of four special reports provide insight into:

- **Higher Quality of Life and Increase in Pay:** Factors that hold the key to integrative physicians who report both a higher quality of life and higher pay as a result of their practicing integrative medicine.
- **Concierge/Membership Models:** These models are a growing trend within integrative medicine.
- **Location:** Whether location matters when it comes to the success of an integrative medicine practice
- **Market Size Estimate:** The first-ever, data-driven triangulation of the integrative MD/DO market size. How big is it, really?

Appendix

The 48-page appendix includes:

- Answers to open field questions
- Crosstab results on therapies and specialties that determine:
 - **Specialty to specialty correlations** within a practice
 - **Therapy to therapy correlations** within a practice
 - **Specialty to therapy correlations** within a practice

RealPersona™ Segmentation (FULL REPORT ONLY)

The 170-page RealPersona segment profiles are drawn from psychology and archetype theory and include social orientation, branding preferences, self-description and more. The value of these unique RealPersona segments is that they are actionable. They point marketers to specific customer targets that:

- Are closely aligned with their own brands
- Present opportunities for brand growth
- Have unique behaviors that can be leveraged and needs that can met
- The information from the RealPersona segments provides insight into what motivates distinct integrative physicians to respond and interact.

Custom Crosstab Data & Brand-Specific Segmentation Distribution (CUSTOM DATA ONLY)

- Custom crosstab showing percentages of:
 - Total sample
 - Each RealPersona™ segment profile
 - Your brand or category users
- User profile of your brand's or category customers
- Brand- or category-specific segmentation distribution chart

PACKAGE PRICING OPTIONS

| | Baseline Report | Full Report | Full Report + Custom Data |
|--|-----------------|-------------|---------------------------|
| Price* | \$5,000 | \$10,000 | \$15,000 |
| • Profile of Integrative Physicians (117 pp.) | ✓ | ✓ | ✓ |
| • Four Special Reports (33 pp.) | | ✓ | ✓ |
| • Appendix (48 pp.) | | | ✓ |
| • RealPersona™ Segmentation (170 pp.) | | ✓ | ✓ |
| • Five 11x17 RealPersona™ Segment Profile Boards | | ✓ | ✓ |
| • Custom brand crosstab data | | | ✓ |

*Single division site license. Inquire for multiple division pricing.

PURCHASE NOW AT: www.purebranding.com/integrative