

Aesthetic Society News

Quarterly Newsletter of The American Society for Aesthetic Plastic Surgery

ASAPS Members-Only Website Boasts Unique Content, User-Friendly Navigation

BY PAUL E. KUSHNER

Launched in April, 2004, the Aesthetic Society Members-Only Website is "on its way to becoming the most comprehensive resource available anywhere for aesthetic plastic surgeons," says Charles E. Hughes III, MD, Chair of the ASAPS Intranet Steering Committee. "We made a conscious effort to focus exclusively and specifically on information of greatest importance to our members."

"What makes this site so unique," says Brian Kinney, MD, Chair of ASAPS Electronic Communications Committee, "is the approach we took from its inception: designing the Intranet from the ground up from our members' point of view. What this means for aesthetic plastic surgeons is convenient 'one stop shopping' for everything from new products to breaking news, and we're committed to building the most complete aesthetic plastic surgery educational resource on the planet!"

Get What You Need and Get Back to Work

This member-centric, password protected site is easy to navigate and very

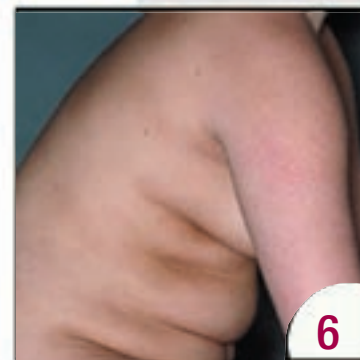
intuitive. It was carefully constructed so that even first-time users can find what they need quickly with the fewest number of "clicks," and quickly return to their practice and patients. As Dr. Peter Fodor noted in his recent President's Report, "The Aesthetic Society Intranet can become a very powerful tool in the implementation of a great variety of our Society's projects. I am committed to this project and strongly encourage members to familiarize themselves with, and take full advantage of ASAPS Members-Only Website."

Here's What's In It For You Right Now

- Popular presentations from ASAPS highly rated annual meeting
- Direct link to the Aesthetic Surgery Journal, searchable back to 1996

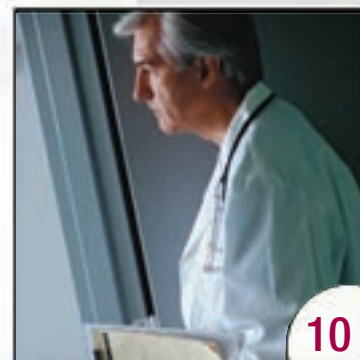
"...ASAPS' Members-Only Website is on its way to becoming the most comprehensive resource available anywhere for aesthetic plastic surgeons."

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The American Society for Aesthetic Plastic Surgery



The Aesthetic Surgery Education and Research Foundation

Aesthetic Society News

The American Society for Aesthetic Plastic Surgery
The Aesthetic Surgery Education and Research Foundation

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ASAPS Calendar

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Endorsed Events*



The Aesthetic Meeting 2005
April 28 - May 4, 2005
New Orleans Convention Center
New Orleans, LA
Contact ASAPS 800.364.2147
or 562.799.2356
Email: asaps@surgery.org

8th Annual Aesthetic Surgery Symposium
November 4-6, 2004
Westin Galleria Hotel
Dallas, TX
Endorsed by ASAPS
Contact: Jennifer Leedy 214.648.3792

**Advances in Aesthetic Plastic Surgery:
The Cutting Edge V Symposium**
November 12-16, 2004
The Plaza Hotel
New York, NY
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Contact: Francine Leinhardt 212.702.7728
Email: leinhardt@earthlink.net

21st Annual Breast Surgery Symposium
January 20-23, 2005
Grand Hyatt
Buckhead, Atlanta, GA
Endorsed by ASAPS
Contact: Elaine M. McCubbin 703.820.7400

10th Annual New Horizons in Cosmetic Surgery Symposium
January 28-30, 2005
Renaissance Esmeralda
Indian Wells, CA
Co-sponsored by ASAPS/PSEF
Contact: PSEF 800.766.4955

39th Annual Cosmetic Surgery Symposium
February 3-5, 2005
Miami, FL
Endorsed by ASAPS
Contact: Mary Felpeto 305.859.8250

**Recent Advances in Cosmetic Surgery &
22nd Annual Dallas Rhinoplasty Symposium**
March 3-6, 2005
Dallas, TX
Endorsed by ASAPS
Contact: Jennifer Leedy 214.648.3792

President's Report *ASAPS Strategic Planning: Bigger or Better?*

The recent American Society for Aesthetic Plastic Surgery Strategic Planning meeting, which took place in Dallas over an exceptionally hot weekend in July, was an opportunity to review and re-evaluate both the immediate and longer-term goals of the Aesthetic Society. During the discussions that occurred at this meeting, I was often struck by the fact that many aspects of our practice "landscape" have changed, yet the core values of our profession and our Society have remained very much the same over the past 35-plus years. These core values revolve around training, education and optimal patient care.



Peter B. Fodor, MD

ASAPS has grown from its 28 founding members to nearly 2200 members. Even with some of our long-standing members approaching retirement, ASAPS membership numbers will remain strong due to the many younger plastic surgeons now aspiring to join the Society. Those who are qualified will be welcomed into membership, but our standards will remain high. There is always the temptation to become "bigger" and it is sometimes assumed that "bigger" means "better." I believe, and those representing your interests in the ASAPS Strategic Planning process agree, that being bigger is not the goal of our Society. Our goal remains as always -- to be the best at what we do.

Annual Meeting Size

The Aesthetic Society was founded as an educational society, and that is where our focus remains today. A topic of intense discussion at the Strategic Planning meeting was whether ASAPS should control the size of its annual meetings. We know that our members generally prefer to avoid large convention centers. A sense of "intimacy" has been one of the hallmarks of the ASAPS Annual Meeting over the years and contributes to the atmosphere of camaraderie that we all enjoy. The unique character of our meetings, together with the unparalleled aesthetic surgery educational

opportunities it offers, is what sets ASAPS apart.

The Aesthetic Society has always felt an obligation to offer education to all board-certified plastic surgeons, and we will continue to do so. However, our first priority is to serve our members. New delivery methods for education, such as distance learning through the Internet, may allow us in the future to further expand our offerings to nonmember plastic surgeons. Our annual meetings will continue to provide preferential registration options for members, and we will do everything possible to limit our use of larger facilities in order to

maintain the atmosphere that our members find most conducive to a positive educational experience.

Membership Growth

Our membership has been growing at a rate of about eight percent each year. This is a reasonable rate of growth, and it has occurred with no diminution of our membership standards. Today it is more important than ever before for the Society to be able to say to the public that our standards are the highest and our members represent "the best of the best" in aesthetic surgery. This was reaffirmed at Strategic Planning. We have heard your voice on this issue, and there can be no compromise on membership standards.

The growth of our international membership was another subject of considerable discussion. The prestige of ASAPS, including the worldwide visibility of *Aesthetic Surgery Journal*, has led to increasing interest in affiliation by international surgeons and societies. There is no question that ASAPS welcomes the participation of international surgeons, and we believe that the interchange of knowledge and experience with international colleagues is of great importance to the advancement of aesthetic surgery. Our aim, as reconfirmed in the Strategic Planning session, is to recruit the very best inter-

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ASAPS Members-Only Intranet (Continued from page 1)

- An ASAPS exclusive: Customized abstracts taken from thousands of sources, from consumer magazines to scientific journals to government publications, delivered directly to you every month and available only to Aesthetic Society members. If it has to do with the practice of aesthetic plastic surgery, you will find it first on the ASAPS Members-Only Website.

- An online calendar to help you manage your day
- Opportunities to obtain CME credits
- Quick links to PubMed, Google, and other key resources
- Procedural videos
- Immediate access to the searchable ASAPS Member Roster
- Instant contact with your colleagues through the ASAPS members-only message board

Here's What's Coming to You In the Next Few Months

- Previews of the latest products and technology from the industry's leading manufacturers and service providers
- One-stop electronic shopping for everything you need to manage your practice for maximum profitably and efficiency
- Even more opportunities to obtain CME credits
- Animated navigation guide

Take a Quick Test Drive

Click on the animated car and sample the selection of educational courses available only to Aesthetic Society members.

"I am committed to the ASAPS Intranet website and I strongly encourage members to take full advantage of it."

What is an Intranet?

Simply put, an Intranet is a private network housed on an organization's website that uses the same underlying architecture as an Internet—with one important difference: only the people in an organization (in our case, members of ASAPS) can access or post information. Because an Intranet requires private identifications and passwords, it is closed to the rest of the world.

ASAPS Intranet will be used to allow members to communicate with each other, provide access to CME-approved courses, streaming videos, and a news service custom-made for ASAPS members.

"What makes this site so unique is the approach we took from its inception: designing it from the ground up from our members' point of view."

Let Us Hear From You

The ASAPS Members-Only Website was created for you. It will continue to evolve and function to its fullest potential only through your active input and active participation. If you have technical issues, please let us know. If you have ideas to increase its value to you, please let us know that as well. And if you happen to find something you're especially pleased with, share it with your colleagues, and tell us so that we can provide you with more of the same. ■ ■ ■

ASAPS

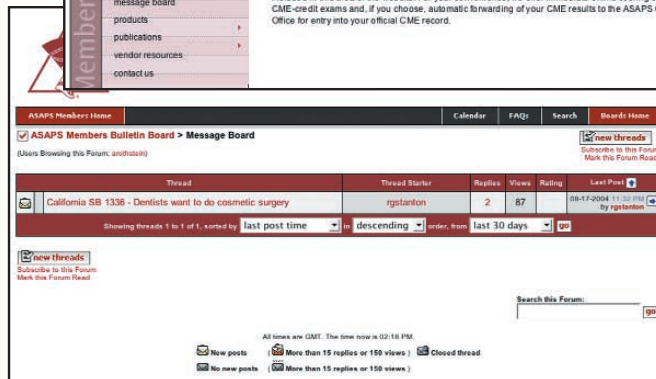
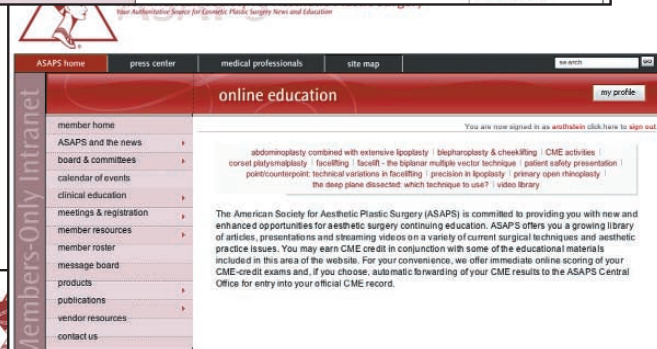
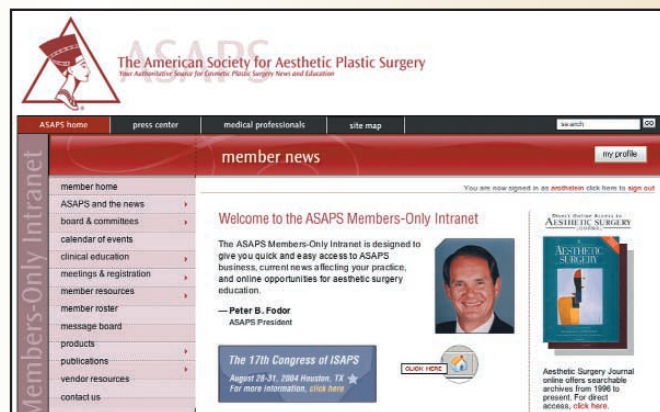
Incredibly Comprehensive Members-Only Website

Here's what's in it for you right now:

- An ASAPS exclusive: Customized article abstracts, covering every aspect of aesthetic plastic surgery, delivered directly to your members-only website every month and available nowhere else
- All of the latest presentations from ASAPS' highly rated annual meeting
- Direct links to the *ASJ*, searchable back to 1996
- Opportunities to obtain CME credits
- Quick links to PubMed, Google, and other key resources
- Procedural videos
- Immediate access to the searchable ASAPS member roster
- Instant contact with your colleagues through the ASAPS members-only message board

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- Previews of the latest technology from the industry's leading manufacturers and service providers
- One-stop electronic shopping for everything you need to manage your practice for maximum profitability and efficiency.
- Even more opportunities to obtain CME credits
- Instant feedback on clinically relevant surveys



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Aesthetic Surgery After Dramatic Weight Loss

The Experts Weigh In

BY MARTHA J. DREZIN, CONTRIBUTING EDITOR, ASAPS

The recent escalation of bariatric surgery has yielded a new wave of aesthetic surgery patients. “In 2003, between 100,000 and 130,000 bariatric operations were performed for obesity, increasing the demand for postoperative bariatric plastic surgery.”¹

Serendipitously, the concurrent growth of reality TV has contributed to this trend. Inspired by the results of TV makeovers more and more obese viewers are single-minded in the pursuit of gastric bypass surgery and restorative aesthetic surgery. The surgeries also received recent intensive media coverage when celebrities such as Al Roker and Carnie Wilson shared their own personal odyssey of weight loss.

Aesthetic Society News approached Al Aly, MD, Iowa City, IA; Dennis Hurwitz, MD, Pittsburgh, PA; Alan Matarasso, MD, New York, NY; J. Peter Rubin, MD, Pittsburgh, PA; and Steven Wallach, MD, New York, NY, pioneers in the field of restoring normal body contours after dramatic weight loss, to get some pointers on the practical aspects of integrating this new subspecialty into an aesthetic surgery practice. According to Dr. Aly postbariatric surgery is the fastest growing specialty in plastic surgery. Dr. Matarasso predicts: “Postbariatric surgery will become our most common elective surgical procedure.”

No Small Commitment

The first task is to develop the expertise to perform the many surgeries that may be required after dramatic weight loss. Most of the techniques that Dr. Wallach learned were for thinner patients and, as such, less than ideal for people with the skin of two bodies. Further, Wallach warns that this may not be a specialty for everyone. “It’s hard work, you spend a lot of time sewing, and it is taxing, physically and mentally. You’ll devote a minimum of four to six hours physically maneuvering the patient and vigilantly trying to avoid complications.” Because this work is so difficult, Wallach does not believe that most general surgeons would ever attempt it. Dr. Hurwitz compares this process to working in a burn unit. “Like skin grafting, it demands long hours

“Postbariatric surgery will become our most common elective surgical procedure.”

and a lot of concentration for extensive cutting and sewing.” However, with these surgeries, he reports a joy and excitement in watching the body reshape into more normal contours.

Patient Characteristics

If you described these patients with just one word, it would be “savy.” Not only has reality TV figured as a force in shaping this patient population but so has the internet.

And there is a lot available. The Weight Loss Surgery Association for Morbid Obesity Support² has more than 220,000 members in its database. Go to their website (www.obesityhelp.com/morbidobesity/plastic-surgery) and click a state to get a postbariatric surgery referral. It is notable that plastic surgeons are evaluated in multiple categories including politeness, good listening skills, properly-sized equipment, and obesity sensitivity. Enter the chat room and you will get instant support for each phase of this odyssey, from tentative exploration to the nuances of what can be eaten postsurgically without inducing nausea.

Patients also get together in person, forming tightly knit groups. In support groups, they not only “tell all” but also are not shy about showing the results of their procedures.

Referrals

Most referrals are word-of-mouth and support groups and chat rooms are significant referral sources. Dr. Steven Wallach has gotten referrals by lecturing at support groups and nurturing relationships with bariatric surgeons. But since networking is key he also reciprocates by referring patients for hernia surgery and other procedures. Dr. Al Aly suggests pursuing as many bariatric surgeons as possible and telling them what you can do for their

Aesthetic Surgery After Dramatic Weight Loss

patients. Bariatric surgery causes a dilemma: patients are healthier but excess baggy skin makes them appear less attractive.

Five years ago, Dr. Schauer, the chief bariatric surgeon at the University of Pittsburgh, was looking for a plastic surgeon to be a team player and devote mental focus, time, and energy to this new field. He asked Dr. Dennis Hurwitz to make this commitment. Hurwitz says, "My interpretation was that I would do whatever I could to take care of the needs of his patients. I did a lot of fee adjustment then with the idea that my flexibility would be time limited and after three years I could be more selective. In the meantime, I would operate on anybody who was medically fit. I wanted to prove myself. Find bariatric surgeons who offer high quality care and offer your services. Perform as many of these surgeries as possible when you are starting out. Patients who can afford it will seek out those who have a reputation for doing it frequently and well. You can't develop that reputation unless you do it. Today, this subspecialty comprises one-third of my practice income but not one-third of my patients. Simply, it generates a lot of revenue."

Dr. J. Peter Rubin is director of the Life after Weight Loss Program at the University of Pittsburgh.³ He feels that it is vital that plastic surgeons be involved with bariatric patients from the beginning of the weight loss surgery. Rubin teams with bariatric surgeons, providing body contouring education to the bariatric surgery staff. "As bariatric surgeons identify you as a specialist they will readily refer their patients." Rubin also has his own support group for body contouring after weight loss in which he addresses as many as 100 people at a time.

The Time Factor

Called a life-changing procedure, postbariatric aesthetic surgery occupies more time than other aesthetic procedures. Aly has found that because of the extensive nature of the surgeries, it is imperative

that a great deal of time is spent in getting to know patients before surgery and explaining the surgical process. Postoperatively, the relatively long recovery period, especially with circumferential belt lipectomies, and the high rate of complications, necessitate frequent and diligent follow-up.

Matarasso notes that more consultation time is necessary simply because you talk about more than one body area, and with extensive surgeries there is more discussion about healing, hospitalization, and complications. In postoperative visits there are more stitches to remove than usual. In addition, you need time for consultation with the patient's bariatric surgeon and internist about metabolic issues and vitamin deficiencies. Matarasso visualizes a multidisciplinary team handling this, including weight loss specialists and psychiatrists.

Rubin has found an efficient way of coping with the demands of this subspecialty. Last week he managed to see 15 new weight loss patients in one day, his average on a clinic day. This is possible because he works with a team. Patients watch an educational video, see a nutritionist, and see a nurse practitioner before they see him.

Reimbursement

According to Rubin, anyone who can possibly pay will find a way. Patients choose body contouring over buying a car and taking vacations. "They have been through such an amazing transition that everything about their lives is different. They become mobile and active and are viewed as normal members of society; they begin exercising, socializing, and become outgoing and confident. However, there is a dilemma. Some patients present you with insurance reimbursement, which, in terms of time spent, is totally inadequate. However, if you reject third party payment you may alienate the referring bariatric surgeon who is deeply invested in seeing his patient achieve total rehabilitation. In my practice I have achieved a

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Aesthetic Surgery After Dramatic Weight Loss (Continued from page 7)

good balance between insurance cases and fee-for-service. And I also have a resident and fellow available to help me work more quickly and efficiently.”

Usually procedures that involve the abdominal pannus are insurance approved because this area is prone to rashes, which are considered a medical issue. But the insurance reimbursement is woefully inadequate in terms of the services delivered. Hurwitz has a pragmatic approach: “Take insurance, develop expertise, and ultimately you will be paid well.” However, he acknowledges that this personal solution does not address the societal issue. “Can we find a way for society to deal with this? I’d be surprised. With insurance reimbursement so low, it would be a shame if these procedures fell in the realm of insurance-based surgery.” Matarasso notes that a positive aspect of working on insurance patients is that they may develop the confidence to return for other elective procedures.

Now that Medicare is acknowledging obesity as a disease and reviewing the medical necessity of obesity treatments there will be repercussions for bariatric and plastic surgeons. Aly reflects that it is difficult to predict the effects of the Medicare ruling because of possible contradictory effects. The ruling may force Medicare to cover a greater number of bariatric surgeries. This may translate into more patients needing body contouring after massive weight loss, but it also may create an entitlement mentality in which patients feel that this is not something that they should pay for. If insurance companies are compelled to pay for massive weight loss body contouring procedures, and reimbursements are at an appropriate level, a huge flood of patients may result. However, if insurance companies are compelled to pay for the surgeries but are allowed to lower the reimbursement levels, most plastic surgeons will not be able to afford to perform them, recreating the same problems as in breast reconstruction reimbursement.”

Whether you perform limited procedures as part of a small team or ten-hour procedures supported by a

dedicated multidisciplinary team our experts agree that the number one issue is safety. Rubin advises, “Consider safety first; untoward outcomes related to inattention to safety will cause great problems for our field. Be careful about patient selection, the setting in which you operate, and deliver meticulous pre- and postoperative care.” ■■■

REFERENCES

1. Matarasso A, Lockwood T, Hurwitz D, Aly A. Body contouring after massive weight loss. *Aesthetic Surg J* 2004;24:
2. WLS Association for Morbid Obesity Support: <http://www.obesityhelp.com/morbidobesity/plasticsurgery>
3. Life After Weight Loss Program: <http://lifeafterweightloss.upmc.com>.



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The Art of Catching—and Keeping—a Great Plastic Surgery Staff

BY QUINT STUDER

In any medical practice, high employee turnover is a costly problem. But in a plastic surgery setting, it can be devastating. Besides obvious costs like training expenses and overtime pay, there is a psychological factor to plastic surgery that makes the issue even more critical. Most patients elect to have plastic surgery, and most have a complex range of emotions about the decision. Furthermore, many patients will come back for more than one procedure. So having a stable, comforting, professional staff who are in it for the long haul is an absolute necessity.

What can you do to make sure your employees are happy at your practice? Here are a few suggestions.

- **Craft and Nurture a Culture of Excellence.** To keep employees happy—and just plain keep them—you need an organizational culture in which high achievers can flourish. Every decision you make should work toward this end. I have found that when staff members leave, they're not looking for another position—they're looking for another practice. That's why everything you do should be aimed at creating a work place where the best employees want to work.

- **Get to Know Your Employees and What's On Their Minds.** Consider keeping a preference card on each employee that states what drives him or her. Sometimes it's opportunities for professional development. Sometimes it's flexible hours. Sometimes it's just the right tools and equipment to do the job. Just ask, and invite honest feedback. You might be surprised by how simple their answers are. I recently talked with a manager at a surgery center who asked her employees how they liked to be recognized, and one lady said she'd really appreciated a handwritten thank you note sent to her home. Once you know what the "what" is—that one thing that makes each person want to stay—you can start providing it.

- **Manage Up.** In essence, managing up means

passing along positive comments to people whenever you hear them, spreading good news around, giving credit when it is due. At cosmetic surgery centers, it's critical that staff members manage each other up. After all, surgeons get so much publicity that the staff can feel left out. When a patient comes in for a consultation, introduce a staff member by saying something like "This is Susie, our makeup expert. After your surgery she will show you how to apply your makeup so you will look your absolute best. She is thoroughly trained and has been doing this for 12 years."

- **Get Rid of Low Performers.** It is easy to spend too much time with low performers and not enough with high performers. Strive to do the opposite. And here's a major point to remember: You must deal with low performers. Don't be afraid to let disruptive people go. If you don't, these low performers will affect your high performers, causing them to 1) leave the practice, 2) channel their positive energies into outside interests, or 3) pace themselves and slow down.

- **Harvest Intellectual Capital.** A worthwhile "Bright Ideas" program (not to be confused with the old-fashioned "suggestion box") fosters accountability and positively affects your bottom line by increasing efficiencies and lowering costs. Consistently seek to harvest good ideas from your staff. Put a system in place that rewards employees for new ideas that get implemented. Perhaps you could hold a drawing and award a cash prize on a quarterly basis.

- **Create and Develop Leaders.** If we allowed an untrained clinician to care for a patient, it would be considered medical malpractice. I believe that not investing in leadership development is the equivalent of organizational malpractice. And in a small practice, where everyone wants to be a leader, good leadership is especially critical. If you can get your practice managers off to some type of

The Art of Catching—and Keeping—a Great Plastic Surgery Staff

local leadership training, say, four times a year, you'll be doing yourself a huge favor.

• **Incorporate the Personal Touch.** Remember what I said earlier about the employee who loved receiving the thank you note at home? Here's another, simple "personal touch" idea that works well in a small practice: If employees have children, keep track of their birthdays and budget \$25 per child. Each year send the child a nice gift from the physician or practice center. What could be a better motivator for a parent than having her child say, "Mom, you work at a great place!"

When all is said and done, employees want three things: They want to know that the organization has purpose, they want to know that their job is

worthwhile, and they want to feel like they are making a difference. All of these tips will help you accomplish these things. They will create a culture of excellence that attracts and keeps the best employees in the plastic surgery industry. ■■■



*Quint Studer is president of Studer Group, an executive coaching firm and national learning lab headquartered in Gulf Breeze, Florida. He is the author of the acclaimed book *Hardwiring Excellence: Purpose, Worthwhile Work, Making a Difference*. For more information, contact www.studergroup.com.*

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Cosmetic Surgery and the Law

Medicare and Post-Bariatric Cosmetic Procedures

BY ROBERT AICHER, ESQ., ASAPS LEGAL COUNSEL



Recently, the Centers for Medicare and Medicaid Services (CMS) removed from section 35-26 of their Medicare Coverage Issues Manual the following language: "Obesity itself cannot be considered an illness." Media incorrectly reported that Medicare now covered

obesity, and many organizations hailed this minor revision as a major victory for patients, including the American Obesity Association (www.obesity.org) and the American Society for Bariatric Surgery (www.asbs.org), even though it did not change existing law.

The illnesses associated with obesity, such as heart disease, diabetes, and orthopedic injuries continue to be covered medical procedures under all forms of insurance. According to Dr. Steve Phurrough, Director of CMS' technology unit, over the next several months CMS will receive testimony and review research to determine whether surgery, diet, and/or exercise regimens produce sufficient long-term results to warrant a National Coverage Determination for Medicare's 40 million beneficiaries. This could be, but is not yet, a far-reaching decision, because according to the Centers for Disease Control, the obesity prevalence among American adults age 65-74 is following an alarming trend.

CMS' primary focus will be on identifying reliable long-term studies that demonstrate proven weight loss treatments. Bariatric surgery continues to be the most efficacious, despite it often being a treatment of last resort, with a 1% mortality rate. Now that the CMS has begun its fact finding, existing law and procedures are not expected to change for between 7 and 15 months.

Patient rights groups have been advocating insurance coverage for obesity for some time. One major victory has been Internal Revenue Service recognition of obesity as a disease independent of comorbidities for tax year 2002. Yet even reclassifying obesity as a stand-alone disease is not like-

ly to affect plastic surgeons because, unless medically necessary, post weight loss procedures will still be regarded as cosmetic and hence excluded under virtually all insurance programs.

Insurers also can be expected to resist coverage for obesity treatments based upon the cost. Diet and exercise plans may not be expensive to administer, but insurers will raise premiums for all policyholders to offset the significant expense of bariatric surgery. Many private health insurers have dropped coverage entirely for bariatric surgery, yet they may find themselves covering the procedure if approved by Medicare because health insurers that offer their over-65 patients Medicare HMOs or PPOs are contractually required, in exchange for receiving a fixed amount each month from CMS, to provide health care equivalent to Medicare. Where Medicare leads, industry follows.

For plastic surgeons, the likely outcome of Medicare's revised rule will be the best of both worlds. Patients will receive expanded coverage for medically necessary weight loss treatments, while non-medically necessary postsurgical procedures will continue to be excluded as cosmetic and thus remain self-pay. Insurers will become allies in this scenario because even though cost is not generally a factor considered by CMS in determining whether Medicare will cover any given treatment, it is always a factor for private insurers. If they are forced to cover bariatric surgery, they can be expected to even further limit coverage for non-medically necessary cosmetic procedures.

Although vigorously advocating the medical necessity of post-bariatric surgical procedures may trigger coverage for your patient, and lower surgical reimbursements for you, more likely, such procedures will continue to be non-covered. Additionally, as the stigma of obesity is eroded by potential insurance coverage through Medicare and private health insurers, the pool of patients in need of post-bariatric cosmetic procedures can be expected to surge in late 2005, which could be very good news for your practice. ■■■

A Guide to Running an Aesthetic Surgery Practice

BY MARIE CZENKO KUCHEL, MA

As an aesthetic surgeon running a private practice, you also are a businessperson functioning as employer, team leader, role model, listener, and patient advocate. You need decision-making skills and effective strategies to address evolving industry competition, business demands/opportunities, clinical choices and patient demands. Aesthetic surgery growth has not created these issues; it has expanded them exponentially.

The Job at Hand

Second to your role as an aesthetic plastic surgeon, your role as a businessperson is the most significant. Not only does your ownership give you the ultimate responsibility for all clinical and business decisions, it also requires that you carefully address industry competition and seek out business opportunities. Your business strategy must include the following:

- Hiring the right people
- Setting an agenda
- Defining expectations
- Monitoring progress

First, surround yourself with employees and consultants whose special training and skills match your training and skills in plastic surgery. However, hiring the right people does not ease your burden, it expands it. Now you must be employer, team leader, and role model. Even if you do not own the business in which you practice, the business of aesthetic medicine influences your ability to practice. An aesthetic plastic surgeon functions as a

- Team leader, motivating staff with principles and goals
- Role model, setting standards with exemplary behavior

Second to your role as an aesthetic plastic surgeon, your role as a businessperson is the most significant.

- Listener, responding sensitively to patients and staff
- Patient advocate, demonstrating that the safety and well-being of the patient takes precedence above any other goal
- Private person, who knows when to put work aside, what to keep outside of work, and respects these rights in others

To administrate effectively and be able to focus on clinical practice, you must entrust and empower qualified staff and advisors to handle the day-to-day management of your business activities including practice development/marketing, finance, technology, human resources and information/socioeconomics.

Practice Development

Industry competition dictates that your practice must be effectively branded and distinguished among a sea of market-driven consumer confusion. Keeping pace with industry competition also requires keeping a pulse on what the market will bear in pricing and consumption and what it expects in terms of service and outcomes. This includes the following:

- Define your brand and empower a capable employee or appropriately experienced agency. Outline a global plan of concepts, principles, programs, and actions to generate the revenue necessary to sustain and, if it's your goal, to increase business.

- Make sure that the costs invested in the strate-
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gies you adopt produce not only a return on investment but also a profit.

- Monitor progress by reviewing reports from your financial experts about returns on investments. If returns on investment and revenue expectations are not met, it is time to revise the agenda.

Don't mistake marketing for advertising. Marketing is just one of the business demands that you must manage and monitor, but not micromanage. It is as vital to your business as money. Marketing includes all the strategies to grow and develop your practice, including decisions on services and pricing. It also includes consistent communication with your market, your patients and your referral sources. For example, when was the last time your office sent a letter to referring physi-


cians thanking them for their trust and affirming your care and acceptance of their patients?

Money

All the expenses and revenue tied to your ability to offer your services create a complex financial agenda that cannot be managed by you alone.


- Hire and empower a trusted office manager and, likely, an accountant, investment advisor, and banker to perform analyses, generate reports, and offer strategies necessary to meet or exceed your financial goals.
- Clarify your goals for personal earning and for the return on investment you have made in your practice. Without defining these objectives, a financial advisor cannot help you achieve your goals.

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Media Notes & Quotes

A sampling of current media coverage on cosmetic surgery

*“It is too soon to say whether Sculptra will prove to be a wrinkle-filling revolution, said Peter B. Fodor, a plastic surgeon in Los Angeles and president of the **American Society for Aesthetic Plastic Surgery**. The last such breakthrough, he said, was the FDA approval of Restylane late last year. It offered an alternative to Zyplast, a bovine collagen product to which some people were allergic.”*

*–The Wall Street Journal
August 4, 2004*

*“Holly Millea contemplates what can be gained and lost by going under the knife...According to the **American Society for Aesthetic Plastic Surgery**, more than 8 million cosmetic procedures were performed last year – the top three surgical procedures being liposuction (384,626), breast implants (280,401), and eyelids (267,627)... Many people assume that all plastic surgeons are equal. But in order to be certified by the ABPS, the gold standard in the field of cosmetic surgery, a doctor must undergo another five years of surgical training. Still there are no laws controlling which surgeries a person can do, so long as he or she has a license to practice medicine. Just remember: Unless a doctor is certified by the ABPS, there are no guarantees – unless you’re willing to extensively research your doctor’s background and qualifications – that he or she has received the proper surgical training in the entire field of cosmetic surgery.”*

*–Elle Magazine
September 2004*

*“Call it an extreme vacation, as CBS reports, some people combine safari with nip-and-tuck... The **American Society for Aesthetic Plastic Surgery** warns it is difficult to check the credentials of foreign doctors. And follow-up care could become problematic. You haven’t met your surgeon, how can you be confident that he’s even competent let alone skilled?... ‘One of our biggest problems is the fact that the patient has traveled a long way,’ says the surgeon in Africa. ‘They can get what they call economy-class syndrome. We do all the blood tests, there’s a screening test, you can see for clots in the legs.’ One couple estimates their African adventure*

has cost them about \$20,000 in all -- \$13,000 of that for the surgery (eye lift, a face lift, and an arm lift.) They easily could have spent at least \$30,000 in the United States for the surgery alone.”

*–CBS - 48 Hours
August 6, 2004*

*“The willingness to spend big dough on small containers of skin creams represents the eternal quest for beauty and youth among the Baby Boomers who are very affluent and can afford the lotions and potions that may help them get back what they once had. Dr. Lawrence Bass, a Park Avenue plastic surgeon who is a member of the nonsurgical procedure committee at the **American Society for Aesthetic Plastic Surgery**, says, none of these creams is going to be a face-lift in a bottle, none of them are capable of producing that degree of improvement. There are products that give skin a tightening effect, but they only work when you use them, Bass says. In other words, when you run out, the wrinkles are baaaaaceck”*

*Newsday
August 9, 2004*

*“Between 2002 and 2003, Botox injections increased by 37 percent and chemical peels by 46 percent, according to the **American Society for Aesthetic Plastic Surgery (ASAPS)**...Approximately 700,000 women in the United States had laser hair removal last year, according to ASAPS. And as newer, better lasers become more widely available experts expect that number to climb.”*

*–Allure Magazine
August 2004*

*“Considering plastic surgery? It’s best to find a reputable, board certified doctor. Where will the surgery be performed? Where does the doctor have privileges, in case you develop problems? If the doctor operates in an accredited ambulatory or office-based facility, is the facility accredited? For a list of guidelines, visit the **American Society for Aesthetic Plastic Surgery** Website, www.surgery.org.”*

*–Detroit Free Press
July 6, 2004*

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- Expect a monthly report from your money manager that allows you to easily monitor cash on hand, outstanding debt, status of investments, and future obligations such as funding your retirement, balloon loan payments, and growth and expansion strategies.

Why monthly monitoring? The status of finances and external forces change very quickly. For example, lines of credit may have been of little burden to you in the past few months but as interest rates rise, you will need to determine just how much your credit is costing you and how much leverage you can bear.

Technology

Your practice needs to manage all the data related to your patients and to communicate with your market and your patients. But all you need to know is how to use the technology in your office.

- Hire a resource or appoint a key staff member whose job it is to manage all technology (hardware, software and systems), to determine the most effective technology to use and to anticipate the challenges and changes in data and communication systems.

- For the technology you use in treatment (surgical, laser, light, soundwave), determine what to use and when to upgrade, even if you are not the one administering treatment. Despite who administers treatment, you are the physician, and the potential risk of treatment is always your risk.

- Keep your technology up-to-date and keep monitoring it. When technology advances enough to make an effective difference in productivity it is time to upgrade.

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President's Report (Continued from page 3)

national surgeons into our organization -- those who have shown unquestioned leadership within their own countries. The standards that we apply to our own U.S. and Canadian members must be appropriately applied to all international members.

Core Values, Basic Realities

As I mentioned in my last report, we continue to expand various patient safety initiatives as representative of the core values of our Society. Some of these initiatives are being undertaken unilaterally by ASAPS and some are in conjunction with the American Society of Plastic Surgeons (ASPS) and other organizations. The ASAPS Patient Safety Steering Committee is chaired by Dr. Felmont Eaves, who reported at Strategic Planning on the Committee's goals for the future. What is envisioned is the cultivation of a "culture of patient safety" among board-certified plastic surgeons. Although heretofore this "culture of patient safety" was implicit, it must now become explicit. ASAPS will incorporate patient safety principles into all our educational activities, from our meeting presentations to our Intranet to our public education efforts. Some of these activities will be coordinated centrally by our Patient Safety Steering Committee, in cooperation with the Education Commission, Communications Commission and the Aesthetic Surgery Education and Research Foundation (ASERF).

ASAPS is an educational society, but we cannot ignore the basic realities of aesthetic surgery practice in the current environment of increased competition from other specialists and non-surgeons, as well as in the face of battles over office surgery, insurance coverage and tort reform. ASAPS cannot and should not aspire to become a socioeconomic organization, duplicating what we regard as the single most important mission of ASPS. Instead, we believe our members want us to directly support and participate with ASPS and other organizations on appropriate socioeconomic issues that impact our members, while maintaining our focus on aesthetic surgery education -- what we do best.

By now, you are certainly aware of California Governor

Schwarzenegger's veto of a bill that would have allowed non-physician dental surgeons to legally perform cosmetic surgery of the head and neck in their offices. The Coalition for Safe Plastic Surgery, which included the California Society of Plastic Surgeons, California Medical Association, American College of Surgeons, American Society of Plastic Surgeons, ASAPS, and other groups was instrumental in achieving this important victory in California. I am proud that ASAPS leadership and financial support had a direct and significant impact. ASAPS is also providing hands-on direction and contributing necessary funds for other joint initiatives in key states. These initiatives reflect ASAPS members' strong opposition to cosmetic surgery taxation and your strong support of much-needed tort reform.

ASAPS intends to further strengthen its vital public education activities. In fact, our members have affirmed time and time again, through formal surveys and informal discussion, that public education about the importance of plastic surgery credentials and about the added value of selecting a surgeon who is an ASAPS member is one of our most crucial missions. I am proud that ASAPS has been able to accomplish so much in recent years, becoming the most frequently cited organization representing cosmetic surgery in the media, which is one of our vital links to the public.

ASAPS Intranet: Your "Town Hall"

These are only a few of the subjects that were covered in our two days of meetings in Dallas. For ASAPS, as for any organization that must deal with constant change, strategic planning is an ongoing process. The ASAPS leadership encourages the participation of all members through your comments and opinions about what the Society is doing and what you would like to see us do in the future. Please engage in this dialog by logging onto the ASAPS Members-Only Intranet (www.surgery.org/members). The concept of the Message Board is a continuing "town hall" where all members can be part of the process. Your ideas and thoughts will be considered by other members, including the ASAPS leadership, as we move forward together in building a Society focused on exceeding the expectations of its members. ■ ■ ■

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Your role as an aesthetic plastic surgeon requires that you know the issues that apply to you on national, state, local and specialty levels.

People

Have well-defined procedures, functions, and goals in place for all the people in your practice.

- Your agenda is not managing the people, but the process. Even the best process requires a dedicated person to carry out your human resources agenda: scheduling, salaries, benefits, continuing education, staff enrichment, regular reviews, retention, and, when necessary, hiring.
- It is your job to define the expectations you have of everyone who works for you, whether a clinical assistant or a cleaning service.
- Monitoring human resources is tough when you are not in the same setting at all times. Therefore, you need to empower all your human resources to work together, and to monitor one another. Encourage them to solve their differences cooperatively but keep a pulse on everyone working in your practice because, ultimately, you are responsible for anything and everything those human resources produce.

Information/Socioeconomics

Your role as an aesthetic plastic surgeon requires that you know the issues that apply to you on national, state, local and specialty levels. With increasing market demands and the current spotlight on patient safety, new issues involving regulation, market expectations, industry, and patient expectations are constantly evolving. While you need to monitor the changing landscape that affects your practice first hand, you cannot possibly review all the news that crosses the wire or your desk. Appoint someone in your

office to monitor the media, prioritize what you need to know, and distribute information to staff. Make sure that this information is timely and organized, calling attention to the issues and indicating if a reply or action is expected. The distribution of information is best monitored through regular meetings focused on core agendas in your practice operations: clinical, business, enhanced services and overall goals. Politics and progress can affect any portion of your business, ranging from the financial duty to collect, report, and submit a “luxury tax” on cosmetic services to the multitude of innovations in services that are being reported on daily. To be viable and successful, you must stay informed.

Your Precious Time

Many aesthetic plastic surgeons use personal time to manage business so that office time is specifically used for clinical practice. But when business strategies are instrumental to your ability to succeed and require an ongoing interaction between you and those you empower, you need to set aside practice time for business functions.

If managed properly, an hour or two, weekly, will go a long way to avoid a situation that places burdens on your private time. Schedule administrative time on a regular basis, schedule communication or meetings with your advisors on a regular basis, and do so without sacrificing your personal time. Think like a CEO: set the agenda, motivate, make your expectations clear, monitor and communicate, and reward those around you and yourself for a job well done. Lead a practice in which many experts contribute to making your business a success. ■ ■ ■

Marie Czenko Kuechel, MA is a consultant to the industry and practice of aesthetic medicine, the author of the practice management guide, Aesthetic Medicine: Practicing for Success, and numerous patient education publications including the ASAPS/ASPS joint patient education and practice and procedural brochures, and DVD patient education series.

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10:00 AM		Banker, Elizabeth T Surgeon - Facial - Needs to pay remaining balance H:(545) 544-8028 W:(545) 874-5554	
10:30 AM			
11:00 AM			
11:30 AM		Ostertag, Greg Special Meetings - Non-Clinical H:(516) 548-4887 W:(516) 653-2168	
12:00 PM			
12:30 PM			
1:00 PM			
1:30 PM		Haves, Wochow	
2:00 PM		Zamboni, Carolyn A (mc) Surgery - Breast Augmentation - Needs Contacted H:(354) 654-8979 W:(354) 654-9874	
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