



Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 13, Number 2 Spring 2009

Physicians Coalition for Injectable Safety Introduces New Consumer Website

By Mark Jewell, MD



Since the successful launch of our website www.injectablesafety.org, the Physician's Coalition for Injectable Safety had added numerous pages, advisories, videos and other information to the site, making our original design difficult for consumers to access important safety information.

At the Aesthetic Meeting, 2009, we will be launching a new site for both consumers and members, featuring "front and center" news and information, expanded video offerings, new logo and identity and an over-all "friendlier" user experience for this unbiased resource on the safe use and administration of cosmetic injectable products.

Included on our new home page is a cosmetic injection planner, videos of

common injectable products, news and events, and a fully optimized "back end" to ensure the best rankings among the web search engines.

This project, like all of the Injectable Safety initiatives, is a labor of love supported generously by Medicis, BioForm, Mentor and Artes Medical. Clinical and educational guidance is

provided by the Coalition members themselves, representing The American Society of Ophthalmic Plastic and Reconstructive Surgery, The American Academy of Facial Plastic and Reconstructive Surgery, The International Society of Aesthetic Plastic Surgery, The American Academy of Facial Plastic and Reconstructive Surgery, The Canadian Society for Aesthetic (Cosmetic) Plastic Surgery and, the American Society for Aesthetic Plastic Surgery.

In other news, the Coalition is planning its first "face to face" summit to take place summer 2009. This will give Coalition members the opportunity to finally meet on a personal basis and to plan our strategies and programs for the coming year.

iPod Downloads available at The Aesthetic Meeting 2009, Las Vegas, NV

Register to win a free iPod!

Since introducing iPod downloads at last year's Aesthetic Meeting, members have been asking for more!

You can purchase downloads of the following presentations by stopping by the DVD and iPod Download Sales Desk located in the Mandalay Bay Foyer. Bring your iPod to the desk and download a panel presentation before going home. Enter to win a FREE iPod to be given away each day in the Scientific Session. Extend your education beyond the classroom!



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The Aesthetic Society Central Office Moves to New Location

By Jeffrey Kenkel, MD

For the first time in its 42 year history, the Aesthetic Society has its own home. In mid-February, central office staff moved into its own facility at 11262 Monarch Street, Garden Grove, California. The purchase of this building was a cash exchange made possible by the conservative financial practices of ASAPS, the historical successes of your Annual Meetings, and the strategy of controlled growth that goes back to our Founding members. There will be no dues

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Aesthetic Society News

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Send address changes and membership inquiries to Membership Department, American Society for Aesthetic Plastic Surgery, 11262 Monarch Street, Garden Grove, CA 92841. Email asaps@surgery.org



The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

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Play the Winning Hand



Watch Your Fortunes Grow in Skin Care

April 29–May 2, 2009

SPSSCS 15th Annual Meeting

Mandalay Bay Resort

Las Vegas, NV

Contact: SPSSCS at 800.486.0611
spsscs.org



May 2–7, 2009

The Aesthetic Meeting 2009

Mandalay Bay Resort

Las Vegas, NV

Contact: ASAPS at 800.364.2147
surgery.org/meeting2009

May 2, 2009

The 14th Annual Meeting of The Rhinoplasty Society

Mandalay Bay Hotel &

Convention Center,

Las Vegas, NV

Jointly-Sponsored by ASAPS

Contact: Rhinoplasty Society at
904.786.1377



June 13–20, 2009

Aesthetic Surgery on the Eastern Mediterranean— Biennial Cruise

(Greek Isles and Turkey)

Regent Seven Seas Navigator

Co-Sponsored by ASAPS/ASPS

Contact: ASAPS at 800.364.2147
www.surgery.org/cruise2009

August 26–29, 2009

25th Annual Breast Surgery & Body Contouring Symposium

Eldorado Hotel, Santa Fe, NM

Co-Sponsored by ASAPS/ASPS

Contact: ASPSP at 800.766.4955

October 1-4, 2009

QMP Fifth Aesthetic Surgery Symposium

Renaissance Hotel, Chicago, IL

Endorsed by ASAPS

Contact: Andrew Berger at

314.878.7808

aberger@qmp.com

November 29– December 3, 2009

5th World Congress of IPRAS

New Delhi, India

Contact: Conference Secretariat

Tel: 91.11.23231871

desk@ipras2009.org



We have already demonstrated our commitment to transparency and integrity in leadership by developing and implementing a stringent Conflict of Interest and Disclosure policy that should reassure you as well as the public that your leadership makes decisions on your behalf free of any perceived or actual relationships that would call the independence of our Society or leadership into question and ensures only the promotion of ASAPS and not individual interests.

As I approach the end of my term as President of ASAPS, I have taken the opportunity of writing this last column to reflect on the events of this past year and to look at where we are both as a Society and as a specialty.

While the current disarray of our national and international economies has incredibly displaced the war in Iraq as our overriding concern and has directly and sometimes tragically impacted the lives of almost everyone, I am optimistic that we are beginning to see a gradual stabilization and return to “normalcy,” and that we will emerge stronger as a result of that adversity. So too, despite, or perhaps because of, the challenges and opportunities of this past year, I believe that both our Society and our specialty are now stronger than ever, and I am optimistic about that future as well. Let me highlight just a few areas of our ASAPS efforts on your behalf this year that I believe support that perspective.

In an economic environment in which we have seen a 40% or greater decline in the stock market, companies going bankrupt, and “Ponzi scheme” criminals stealing the life savings of unsuspecting investors, ASAPS has not lost a single penny of your money. Your leadership has always taken its fiduciary responsibility seriously, and through a careful and conservative investment strategy we have even been able to make a steady, although smaller, continued profit. We have completed the purchase of our new headquarters building in Garden Grove, California, enabling the staff to serve and represent you even more efficiently and effectively, while diversifying our investments with no increased debt.

Consistent with our mission, we have also continued to provide an ever increasing array of exciting and relevant

educational opportunities and innovative practice enhancement products and services.

We believe that Thomas Friedman’s far-reaching proposition that the “world is flat” applies to our specialty of Aesthetic Surgery as well. While we are not seeking to create another international society or to assume a role as international educators, we believe that we can learn as much from the experiences and creativity of our international colleagues as they can from ours. To that end, we have aggressively expanded our international outreach to other plastic surgery societies to strengthen or develop reciprocal and mutually beneficial relationships. We now have reciprocal positions with ISAPS as invited Board auditors, and have worked with them to develop and promote guidelines for “surgical tourism” and to jointly endorse international educational meetings and a number of each others programs. We have expanded our own International Committee and have encouraged greater international participation in our domestic educational programs, developing closer, exciting working relationships with the Brazilian Aesthetic Society, the Canadian Society for Aesthetic Plastic (Cosmetic) Surgery, and the Australian Aesthetic Plastic Surgery Society.

Recognizing the changing face of the

practice of aesthetic surgery and cosmetic medicine and the realities of the medical marketplace, we have also increased our cross-specialty cooperative efforts with other Board certified “core physician” groups. We have had very positive experiences with the Coalition for Injectable Safety and the relationships we have established with the professional societies of board certified dermatologists, otolaryngologists, and ophthalmologists out of a shared concern for patient safety and public education. We have found that we have many concerns in common as we confront the incursion of untrained or inadequately trained physicians into both aesthetic surgery and cosmetic medicine. In recognition of our belief that those board certified physicians working within their acknowledged scope of practice may actually become our strongest allies, we have formed a new ASAPS Interspecialty Task Force to explore further mutually beneficial relationships with those groups.

We have already demonstrated our commitment to transparency and integrity in leadership by developing and implementing a stringent Conflict of Interest and Disclosure policy that should reassure you as well as the public that your leadership makes decisions on your behalf free of any perceived or actual relationships that would call the independence of our Society or leadership into question and ensures only the promotion of ASAPS and not individual interests. We believe strongly that we need to codify similarly high standards of conduct for our industry supporters and partners and for our relationship with them. We feel that we need to be pro-active in taking a leadership position in self-regulation and demonstrate that it can work, rather than having such

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A Conversation with Dr. Thomas Baker

When the Aesthetic Society was founded in 1967, the only teaching in cosmetic surgery was the Baker Gordon symposium which preceded ASAPs by just under two years. After creating what has long been considered the gold standard in aesthetic surgery medicine meetings, Thomas J. Baker, MD came together with a group of pioneers in plastic surgery to put in the groundwork for the largest aesthetic surgery organization today.

A founding member and former President of the Aesthetic Society, Dr. Baker has put education first; teaching at multiple universities, writing books, countless articles, taking on fellows and mentoring future plastic surgeons worldwide. As a plastic surgeon, he has performed over 6000 facelifts, co-created the Baker Gordon formula for chemical peels and has sat on the board of numerous academic and medical organizations. There is no doubt that his legacy is felt amongst members of the Aesthetic Society and the plastic surgery community. We recently caught up with Dr. Baker to see what this leader in plastic surgery was up to:

Dr. Baker, thank you for talking to ASN. It's a real pleasure to catch up with a founding member of the Aesthetic Society. What are your current projects?

I'm actually taking it easy—playing golf, traveling, reading, playing poker with my friends. One of the nicest things about semi retirement is that I don't have to set an alarm clock. I still teach at the University of Miami and participate in grand rounds. I used to take on fellows for six-month periods, but that's very strenuous; however, visitors are still welcome anytime!

I think the Aesthetic Society has been a real driving force to cause teaching programs to incorporate aesthetic procedures into their residency training programs.

I come in at least one day a week to my practice to do small procedures and see previous patients, but I don't do big cases anymore. I miss it terribly, but we all get to a place in life where it becomes too rigorous and we need to change our direction. When one first gives up surgery it is difficult, but as time goes by one wonders how we got those things done.

Speaking of changing directions, you must have seen many changes over the years. How have the medical community's views on plastic surgery changed?

There was no forum for teaching aesthetic surgery when I started the Baker-Gordon meetings [with Howard Gordon, MD]. Cosmetic surgery was frowned upon by my professors who thought that there was no need for it.

Some felt that we would realize that there would be nothing left to teach after the first couple of meetings. One of my professors went as far as to say that we don't need a special organization to teach aesthetic surgery because you can learn all of it in two to three weeks.

That was the most ridiculous statement and it was, of course, given by someone who didn't know how to do the procedures himself. We were real renegades—the hierarchy came down on us from all sides and we proved them wrong.

In the very beginning, what was the role of the founding members?

We picked the cosmetic procedures we wanted to learn about and then tried to find individuals around the country we considered experts and put them on our teaching programs.

It was really a drawing card, like (Dr.) Tom Reese from NY—he was willing to teach smaller groups and people flocked to these courses. Younger doctors came in and after they learned it, they became the teachers for the next generation. The doctors who came afterward are really standing on the shoulders of the founders and it just kept building.

Being a professor in plastic surgery for many years, what are the main differences between how you learned and how residents learn today?

I only saw my professor do one facelift in my whole plastic surgery residency. When I hung the plastic surgery sign on my door, people assumed that I knew how to do plastic surgery and I really didn't. The most difficult thing I encountered early was the realization that I didn't know how to do aesthetic surgery. Also there were no training programs or opportunities to learn these skills.

I think the Aesthetic Society has been a real driving force to cause teaching programs to incorporate aesthetic procedures into their residency training programs. That stimulus is partially due to the demand from the public for well-trained aesthetic surgeons, but also, the directors realized that they have a responsibility to train doctors to be able to perform aesthetic

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Founding Members

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surgeries along with treating cancers, burns, and congenital defects like cleft palate. At the University of Miami, we have a day a week of just aesthetic training and then lectures throughout the program. The residents these days hang on to every word and are very eager to learn—they're just brilliant people.

What is the Society's role now that plastic surgery is so mainstream and the education is out there?

I think the people leading the organization now are the current pioneers of plastic surgery. They are the leading researchers and teachers in plastic surgery institutions. Many other plastic surgery organizations had no seminars on aesthetics at all—within the last few years they began to add limited programming to their meetings. Reconstructive training and research is very important, but the types of teaching and breakout sessions at our meetings are instrumental in educating the younger generation. Procedures are increasing and operations are becoming better and more sophisticated with far greater safety, particularly in the outpatient units. There will be a growing need and the Aesthetic Society will grow along with it.

In terms of the future and new discoveries, what's the next big thing that you're excited about?

The integration of stem cell research into aesthetic and reconstructive procedures is very exciting. This breakthrough has real potential to change the things that we do and the way we approach surgery. I see dramatic changes in reconstruction and throughout the aesthetic field.

As a plastic surgeon, an educator, inventor—what moment or achievement stands out?

Honestly, I would say being a founding member of the Aesthetic Society. It's been a joy to serve as a president, organizer and being on the original board of directors. I gave the keynote speech at the 40th anniversary meeting about the history of ASAPS and it was the first time I've ever

received a standing ovation. That was a great moment. Along with serving on the board of the American Board of Plastic Surgery and the books and papers I've written - just the fact that I've been able to put together programs and literature that served an educational purpose.

You've already contributed so much knowledge, but is there any wisdom you'd like to impart to surgeons who are just starting up their practice?

It's a tough time for a plastic surgeon to start a practice in this economy. The first thing I'd like to impart on all plastic surgery residents is to settle in the geographic location that you want to live—if you want to live in San Antonio, go there. Don't go somewhere just because you think it is better. You can make a living and be successful anywhere. Second, take a post-graduate fellowship in a plastic surgery specialty. You can't learn everything in a residency training program and we all become sub-specialists eventually. If you're interested in hand surgery or noses, do a hand or rhinoplasty fellowship. You have to decide where you're going and what direction will get you the maximum training so that you can do the very best in your field.

Photos Needed!

Are you a plastic surgeon who keeps fastidious records of all the patients that come into your practice? Do you have a vast collection of patient pre and post-operative photos on your computer that you would like more patients to see? If you said yes to both of these questions, you have the opportunity to gain exposure on the Aesthetic Society's newly updated online Patient Photo Gallery.

Updating and increasing the size of our Photo Gallery will draw more patients to view accurate information from board certified plastic surgeons on the Aesthetic Society website. We need your help to ensure that the Gallery will provide them with the images that will lead them to the most skilled, experienced plastic surgeons—our members.

As a contributor to the Patient Gallery, you will receive credit with a listing of your name in the Photo Gallery landing page of Surgery.org. Patients and colleagues alike will know that you are an advocate of educating consumers about the results they should expect after an aesthetic procedure. Therefore, when you submit your patient photos to surgery.org, not only are you helping the Society fulfill its public education mission, but you also gain wider exposure of your practice to potential patients.

All patient photographs will be “blind” reviewed by the Society's Photographic Reviewing Committee prior to being accepted. The pre and postoperative photos should be high quality electronic files (JPEGs, 300 dpi) and have consistent lighting, viewing angles, and neutral backgrounds. The patient should not be wearing heavy make-up, large jewelry and unnecessary clothing or have exaggerated facial expressions.

Please view the HIPAA Compliant form and the Guidelines for Submitting Patient Photos for more detailed information. All photos for review or queries should be emailed to Janet Cottrell, Marketing Assistant, Janet@surgery.org.

Members to Vote on Slate of Candidates

Active members of the American Society for Aesthetic Plastic Surgery (ASAPS) will hear reports on Society business, vote on proposed amendments to the Bylaws and elect new officers for 2009-2010 during the ASAPS/ASERF Annual Business Luncheon. All active members are invited to attend on Tuesday, May 5, 2009.



President Renato Saltz, MD

Salt Lake City, UT
Automatically ascends to
President



President-Elect Felmont F. Eaves, III, MD

Charlotte, NC
Private Practice
Current Board Position: Vice President
ASAPS Committee Work: Strategic Planning Committee (current Chair), Body Contouring Committee (current Chair), Editorial Board, Aesthetic Surgery Journal
National Affiliations: ASAPS, ASPS, PSEF, ACS, AMA
Training: University of Tennessee School of Medicine; General Surgery Residency,

University of Texas, Southwestern Medical Center; Plastic Surgery Residency, Emory University School of Medicine, Post Graduate Fellowship; Endoscopic and Minimally-Invasive Plastic Surgery, Emory University School of Medicine

ABPS certification: 1996



Vice President Jeffrey M. Kenkel, MD

Dallas, TX
Vice Chairman, Department of Plastic Surgery, University of Texas Southwestern Medical Center

Current Board Position: Secretary ASAPS Committee Work: Education Commission (current Chair), Program Committee (current Chair), Finance & Investment Committee (current Chair), Editorial Board, Aesthetic Surgery Journal
National Affiliations: ASAPS, ASPS, PSEF, ACS, AMA

Training: Georgetown University School of Medicine; Georgetown University School of Medicine; General Residency, Plastic Surgery Residency, University of Texas Southwestern Medical Center

ABPS certification: 1998



Treasurer James A. Matas, MD

Orlando, FL
Private Practice

Current Board Position: Treasurer
ASAPS Committee Works: Continuing Medical Education Committee (current Vice Chair) Strategic Planning Committee, Time and Place Committee, Publications Committee, Practice Relations Committee (former Chair)

National Affiliations: ASAPS, ASPS, PSEF, ACS, AMA

Training: University of Miami Medical School; General Surgery Residency, Indiana University Medical Center; Plastic Surgery Fellowship, University of Miami School of Medicine

ABMS certification: 1982

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Members to vote on Slate of Candidates

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Secretary Leo R. McCafferty, MD

Pittsburgh, PA
Private Practice

Current Board Position: Member-at-Large

ASAPS Committee Works:

Administration Commission
(current Chair) Finance and Investment
Committee, New Member Committee,
Program Committee

National Affiliations: ASAPS, ASPS,
PSEF, ACS, AMA

Training: Temple University Medical
School; General Surgery Residency,
Cedars-Sinai Medical Center; Plastic
Surgery Residency, University of Miami,
School of Medicine

ABPS certification: 1989

Members at Large (3-year terms)



Mark A. Codner, MD

Atlanta, GA



Michael C. Edwards, MD

Las Vegas, NV



James C. Grotting, MD

Birmingham, AL



Daniel C. Mills, II, MD

Laguna Beach, CA

Society members will also vote on
the following candidates for office:

TRUSTEE (3-year term)

Sherrell J. Aston, MD

New York, NY

ETHICS COMMITTEE (3-year term)

Midwest Anne Taylor, MD

Columbus, OH

Northwest Kiya Movassaghi, MD

Eugene, OR

JUDICIAL COUNCIL (3-year terms)

Southeast James L. Baker, Jr., MD

Winter Park, FL

North Central / Canada Thomas A. B. Bell, MD

Toronto, ON

MEMBERSHIP COMMITTEE (3-year terms)

Canada Frank R. Lista, MD

Mississauga, ON

Northeast Patrick K. Sullivan, MD

Providence, RI

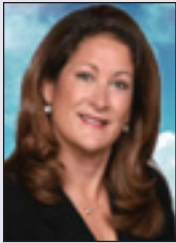
Midwest Al Aly, MD

Coralville, IA

Far West Julio Garcia, MD

Las Vegas, NV

The ASERF Nominating Committee recommends the following slate of candidates to be voted on for 2009-2010:



President **Laurie A. Casas, MD**

Glenview, IL
Automatically Ascends to President



President-Elect **Mark L. Jewell, MD**

Eugene, OR
Private Practice
Current Board Position: Vice President
ASERF Committee Work: Scientific Research Committee, Innovative Procedures Committee
National Affiliations: ASAPS, ASPS, PSEF
Training: University of Kansas Medical School; General Surgery Residency, Harbor General Torrance, CA Surgical; Plastic Surgery Residency, University of Tennessee
ABPS certification: 1981



Vice President **William P. Adams, Jr., MD**

Dallas, TX
Current Board Position: Secretary
ASERF Committee Work: Scientific Research Committee, Innovative Procedures Committee
National Affiliations: ASAPS, ASPS, PSEF
Training: Vanderbilt School of Medicine; Integrated General Surgery and Plastic Surgery Residency, University of Texas Southwestern Medical Center; Research Fellowship, University of Texas Southwestern Medical Center
ABPS certification: 1999



Secretary **Geoffrey R. Keyes, MD**

Los Angeles, CA
Current Board Position: Director
ASERF Committee Work: Website Committee
National Affiliations: ASAPS, ASPS, PSEF
Training: Loyola University, Stritch School of Medicine; General Surgery Residency, Barnes Hospital-Washington University; Plastic Surgery and Otolaryngology Residency, University of Illinois Medical Center
ABPS certification: 1987

Directors **(2-year terms)**

Joe M. Gyskiewicz, MD

Burnsville, MN

V. Leroy Young, MD

St. Louis, MO

Board of Trustees **Bahman Guyuron, MD**

Lyndhurst, OH
Automatically ascends to Chair

The following are currently completing the first year of a two-year term

Treasurer **James C. Grotting, MD**

Birmingham, AL

Directors **Michael C. Edwards, MD**

Las Vegas, NV

Daniel C. Mills, II, MD

Laguna Beach, CA



The Aesthetic Surgery Education and Research Foundation has had a very productive and, to me, gratifying year. I know the Foundation will be in strong and capable hands next year when my friend and colleague Laurie A. Casas, MD takes over as President of the Foundation.

Among the important studies currently under the ASERF imprimatur, made possible through your generous contributions and that of Allergan are:

- A controlled study on “Determining the Effectiveness of Mesotherapy and Phosphatidylcholine (PC), under the direction of V. Leroy Young, MD, and the St. Louis University Medical Center. After a great deal of administrative complications this important research is underway and will be reported on in the pages of the Aesthetic Surgery Journal.
- A Prospective Study of Autologous Fat Grafting for Breast Augmentation led by co- investigators Scott Spear, MD and Steven Baker, MD. This research, done in corporation with Georgetown University, will bring additional science to this exciting area
- A grant awarded to Navanjun Grewal, MD for his project entitled “Frozen Storage-Adipose Tissue Grafts May Damage Their Ability to Integrate into Host Tissue

- An additional grant awarded to Anand K. Deva, MD on Treatment of Surface Bacterial Biofilms using an in vitro model.

The Research Oversight Committee has several other grant requests that are under consideration and will be announced shortly.

Suggestions are always welcome for “directed” research...topics which you, our member plastic surgeons, consider important to your practices and to the future of our specialty.

In other ASERF developments, we have recently completed a two day “think tank” on the issue of outcomes in aesthetic medicine sponsored by Ethicon-Endo Surgery and are implementing a BOTOX® Cosmetic User Survey on behalf of Allergan, the results of which will be completed by the Aesthetic Meeting, 2009.

New Location

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increases or acquired debt from this purchase.

The building—your building—is located in a convenient suburb in Northern Orange County, California with easy highway access to both Los Angeles and John Wayne airports. It was designed to accommodate future growth and to provide our staff with a pleasant and productive work environment. The building has conference capabilities for webinars and on-line collaboration, features that we will utilize to trim expensive travel and meeting costs.

Dr. Jeffrey Kenkel is the Professor and Vice-Chairman, Department of Plastic Surgery The University of Texas Southwestern at Dallas and Secretary of the Aesthetic Society



Crew Resource Management (CRM) in Aesthetic Surgery

What can we learn from aviation?

Claude Oppikofer, MD

Editor's Note:

To learn some of the basics of Crew Resource Management, (CRM) we turned to the online encyclopedia Wikipedia. They offered the following description:

"Crew Resource Management (CRM) encompasses a wide range of knowledge, skills and attitudes including communications, situational awareness, problem solving, decision making, and teamwork; together with all the attendant sub-disciplines which each of these areas entails. CRM can be defined as a management system which makes optimum use of all available resources—equipment, procedures and people—to promote safety and enhance the efficiency of flight operations.

CRM is concerned not so much with the technical knowledge and skills required to fly and operate an aircraft but rather with the cognitive and interpersonal skills needed to manage the flight within an organized aviation system. In this context, cognitive skills are defined as the mental processes used for gaining and maintaining situational awareness, for solving problems and for making decisions. Interpersonal skills are regarded as communications and a range of behavioural activities associated with teamwork. In aviation, as in other walks of life, these skill areas often overlap with each other, and they also overlap with the required technical skills. Furthermore, they are not confined to multi-crew aircraft, but also relate to single pilot operations, which invariably need to interface with other aircraft and with various ground support agencies in order to complete their missions successfully.

CRM training for crew has been introduced and developed by aviation organizations including major airlines and military aviation worldwide. CRM training is now a mandated requirement for commercial pilots working under most regulatory bodies worldwide, including the FAA (U.S.) and JAA (Europe). Following the lead of the commercial airline industry, the U.S. Department of Defense began formally training its air crews in CRM in the early 1990s. Presently, the U.S. Air Force requires all air crew members to receive annual CRM training, in an effort to reduce human-error caused mishaps."

Just imagine one Boeing 747 crashing every day of the year, killing all its passengers and crew! That is unthinkable, yet, it corresponds to the number of yearly fatalities due to human error in medicine in the USA. However, "fatalities" does not mean "fate;" these deaths and the countless "near misses" are avoidable!

Aviation has managed to avoid accidents through **Crew Resource Management (CRM)**, the concept of maximizing effectiveness and safety by optimal utilization of all available resources of a team, especially the human factor. The airline industry considers CRM one of the most effective safety programs ever launched, and safety is THE most critical point for the survival not only of the passengers, but of the entire industry. *In fact, U.S. airlines have been able to announce two consecutive years (2007, 2008) without fatality for the first time in history.*

Just imagine one Boeing 747 crashing every day of the year, killing all its passengers and crew! That is unthinkable, yet, it corresponds to the number of yearly fatalities due to human error in medicine in the USA.

Since a surgery team acts and works much like a cockpit crew in an airplane, what works for them will work for us. Where can we learn from them? The difference is what I like to call "Aviation Culture." It is characterized by three closely linked key elements:

- Briefing/debriefing
- Working with checklists
- Dealing with errors

Every mission is preceded by a structured **briefing** in order to set every member of the team to the same level about the things to do, the way to do them, but also about likely contingencies. An important part of a briefing is the encouragement to all team members to speak up if they are uncomfortable or feel unsafe with any part of the mission. The **debriefing** is just as important. It can be very short but will answer the questions: what did we do well? What could we have done better? What lessons can we learn?

Checklists are not just a plan telling what to do, but in most cases a structured way to verify if what is/was done is correct. Especially in routine actions, checklists are an important safety element, whereas in extraordinary situations, they may be indispensable for survival.

Dealing with errors is probably the most important cultural factor. The question, "What is wrong?" is so much more important than "Who is wrong?" We must recognize that a surgeon can err—as can any other member of a team. If an error occurs, the effort must not be to punish as is often done in medicine. The most important question has to be how to avoid this error in the future. And when the answer is found, it has to reach everyone who could be in the same situation.

ASAPS has placed great emphasis on a "Culture of Safety." This requires **leadership**, as we are responsible for a culture of safety, in which programs like CRM play a crucial role. CRM programs are available from different sources and the effort of introducing them will pay back immediately. Fewer errors means less waste, less waiting time, less secondary (free) revision procedures. CRM is an effective personnel strategy to produce staff satisfaction, therefore less costly turnover. Operational excellence equates to patient

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CRM in Aesthetic Surgery

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satisfaction. It allows us to deliver our services at lower cost and thus give us a competitive advantage in challenging economic times.

An example of CRM as an answer to risk in my own practice: I feel that the quality of my medical work is reduced when I am under time pressure. When I am behind in my schedule, I may have a tendency to speed up the next consultation. Without doubt, the patient will notice this, and may eventually think I am so stressed that she/he better look for another surgeon. Or could it be, that the last post-op hematoma I had was due to the fact that I was already an hour late and may thus not have been as meticulous as required with hemostasis? Technical tools to manage patient calls and appointments are useful. But considering the risk involved, a culture allowing my receptionist to keep me from doing an unnecessary phone call when I am late already, or my scrub nurse to openly tell me that she thinks the wound is still bleeding too much, is of even greater importance.

In aviation, the pilot is physically threatened just the same as his passengers. This may explain why safety measures such as CRM are better accepted here than in medicine. Motivation is certainly higher when your own survival depends on the best use of your team's resources. It is an interesting intellectual exercise for us to think of ourselves as pilots sitting in the same aircraft as our patients, whenever we do something concerning their safety.

Would we act the same if acting the wrong way would mean "crashing" together with the patient?

ASAPS has a long history of innovation and preminent leadership in patient safety in aesthetic surgery. The process of CRM is a nice fit with existing programs.

Claude Oppikofer, MD is an International Aesthetic Society member practicing in Switzerland.



Aesthetic Surgery Journal Call for Manuscripts

Aesthetic Surgery Journal, now indexed in MEDLINE/PubMed, is inviting manuscripts meeting the following general criteria:

- Original research and review articles on topics relevant to the safe and effective practice of aesthetic surgery including anatomical studies, outcomes of clinical techniques, and patient safety
- Original articles outlining technical details of established and developing aesthetic surgical and non-surgical treatments for enhancement of the face, body and skin
- Important research and techniques in reconstructive surgical procedures having a highly significant aesthetic component
- Scientific evaluation and commentary regarding the effects of aesthetic surgical and nonsurgical interventions on such measures as quality of life, psychological and social functioning, and self-esteem in diverse gender, age and cultural contexts

Aesthetic Surgery Journal is a peer-reviewed, international journal. It is an official publication of the American Society for Aesthetic Plastic Surgery, and the official English-language journal of 10 international plastic surgery societies. The Journal has subscribers in more than 80 countries, and it is available in print and online.

Submit your manuscripts online at
www.aestheticsurgeryjournal.com

For information or assistance, contact Managing Editor
Melissa Knoll, Melissa@surgery.org, or call 800.364.2147
(or 562.799.2356) ext. 302



Ethical Marketing in This Day and Age

Times are tough. Practices are flailing and even closing all together. How does the savvy surgeon stay afloat in these uncertain times? I guess it comes down to the choices that are made. In an effort to avoid further commoditization of our specialty I hope most of us would choose the high road. Joseph P. Kennedy (the father of JFK) said it best with this quote, "When the going gets tough, the tough get going!"

There are plenty of examples in the business literature that tell us the answer to survival in this economy is marketing. But, how do we market in a responsible and ethical manner, and yet stay ahead of the competition? In modern practices marketing gets broken down into external and internal strategies. In simple terms, external marketing strategies are those that project an image of you and your practice to potential clients outside your current practice. Television, radio, print, and Internet campaigns are examples. These campaigns throw wide nets out into your market to catch a chosen demographic. Internal marketing strategies are those that keep patients coming back and referring new patients to you. They are usually centered within your practice.

When patients have a harder time finding the money to afford elective surgery, your choices about marketing efficiently become even more critical. Simply put, external marketing can be an expensive gamble. It is often the internal strategies, when elegantly practiced, which build your brand and image into one that can survive market volatility. In fact the most successful external marketing campaigns will ultimately fail if the internal mechanisms of your practice are not in place to capitalize on the increased patient volume.



Ethical external marketing strategies should capitalize on real strengths: board certification, years of experience, society membership, industry involvement, etc. The onus is upon you to make sure that what is said is the truth. Strategies designed to fool the consumer only serve to cheapen the patient experience and threaten your reputation amongst the public and your peers. You may make more money than your competition, but at what price? Recently the ASPS Ethics committee made a ruling that prohibited member surgeons from offering services as a prize/award from a raffle, contest, etc. An earlier version of this ruling was difficult to interpret making it onerous for surgeons to determine if they were within the letter of the ruling when deciding on being a part of such advertising. Staying above reproach in your advertising will favorably differentiate you from your competition.

Ethical internal marketing strategies optimize the patient experience. What your patients say about you speaks volumes about the treatment that other patients can expect in your hands. From the front desk staff, to your medical staff,

to you the surgeon, everyone plays a role in making a patient happy! It is important that patients be kept informed about you and your practice through newsletters and periodic email blasts. Prominent display of your before and after pictures show prospective patients the quality of your work. Patient information packets give information about your credentials and experience. Patient testimonials should be made available for prospective patients to get an objective opinion about you and your work. Once you become successful enough, hiring a patient consultant skilled at closing a sale becomes imperative.

For all your marketing efforts, it is important to track the data. This way you will know what works for your particular situation. This will allow you to spend your money wisely. The end result will be more patient interest and hopefully more booked surgeries.

Manish H. Shah, MD, PC is an aesthetic surgeon practicing in Denver, CO and a member of the ASAPS Candidates program.

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Beauty for Life

Popular program brings information to the people—and patients into waiting rooms

In 2007, the American Society of Plastic Surgeons and the American Society for Aesthetic Plastic Surgery joined together to create the Cosmetic Medicine Task Force. The Task Force tackled the challenge of an increasingly competitive landscape by positioning plastic surgeons as “uniquely qualified to partner with patients to maintain beauty throughout their lifetime.”

Through a public awareness campaign called “Beauty for Life,” the Task Force aims to educate patients about the value of choosing a plastic surgeon for all four levels of cosmetic care: non-invasive, minimally invasive, moderately invasive, and surgical procedures.

Since its inception, the campaign has reached tens of thousands of prospective patients—exceeding benchmark goals and winning positive feedback from the public, the blogging community, and plastic surgeons themselves:

- “For those considering surgery but wanting a more tailored approach than many sites offer, this is a great resource.” (Beauty Doc Blog, February 2008)
- “I got more interested when I read your message about healthy life in my mailbox.” (Registered user response to the September 2008 user email)
- “Hi, I’m a member, and I just ‘test drove’ this new website. Great!” (ASPS Member Surgeon, October 2008)

In fact, Beauty for Life Users are recommending the site to their friends and bookmarking it on social media sites including Technorati, Digg, and Furl.

The campaign initially launched with the *Beauty for Life Patient Guide*—a consumer-focused, full-color brochure designed to be placed in ASAPS and ASPS members’ reception areas. The brochure shows patients the cosmetic medicine options within the four levels of care while

highlighting the most popular and effective procedures at different stages of their lives.

Based on the success of the guide, the task force took the campaign to a wider audience by developing www.BeautyforLife.com—an interactive website featuring a wealth of tools to further educate prospective plastic surgery patients. Website visitors begin their interaction through a quiz on their demographics, body concerns, and the cosmetic procedures that interest them most.

Based on their responses to the quiz, visitors receive a personalized beauty plan describing procedures they may want to consider, offering links to cosmetic news stories, tips for choosing a surgeon, and a link to the Find a Surgeon tool. The answers also determine the type of personalized content and links back to the website that we offer in monthly emails.

To date, BeautyforLife.com has already surpassed initial goals of 8,000-10,000 visitors per month and 10,000 subscribers in the first year, and the site continues to be popular with the public. Almost 13,000 unique visitors come to the site each month, and the loyal subscriber base is more than 10,500 strong.

How are people finding BeautyforLife.com? This is one of the more exciting aspects of the campaign: the website’s ability to reach a previously untapped audience. Of the more than 142,000 visitors to the site, about 94% are net new users:

- 70% from paid searches, banner ads, and links



- 13% from direct traffic (people who enter “beautyforlife.com” in their web browser’s address bar)
- 11% from organic searches
- 5.4% from Plasticsurgery.org
- 0.6% from Surgery.org.

The majority of these users (75%) are under the age of 40, and half of them are under 30. This younger audience means more long-term opportunities to become their partners in maintaining beauty throughout their lifetime.

Although the initial registrations of these younger users provided the campaign with basic information, the February user email invited them to take part in a survey regarding three key areas:

- User demographics - gender and age, to help us better deliver the most targeted information possible
- Their attitudes about beauty at different stages of life, both in terms of themselves and others, for use in our media and public relations activities
- How informative and useful they find BFL website tools and content

About one month later, the survey was closed with 372 respondents, yielding a 4.98% margin of error at the 95% confidence level.

The responses to the survey underscore the value and popularity of Beauty for Life:

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Continued from Cover

Available sessions include:

Monday, May 4, 2009

Scientific Session

1:45pm

Panel—What Was I Thinking? Reassessing Your Unsatisfactory Breast Augmentation Results

Moderator: Jack Fisher, MD

Panelists: William P. Adams, Jr., MD
Barbara B. Hayden, MD
Michael Scheflan, MD
W. Grant Stevens, MD

3:00pm

Special Presentation: In the Beginning... The Evolution of Breast Implants

Presenter: Thomas A. Biggs, MD

Tuesday, May 5, 2009

Scientific Session A

8:00am

Panel—Congenital Breast Deformities: Transitioning from a Reconstructive to Cosmetic Algorithm

Moderator: James C. Grotting, MD

Panelists: João Sampaio Goés, MD
G. Patrick Maxwell, MD
Brian D. Peterson, MD
Scott L. Spear, MD

9:15am

Interactive Video—Short Scar Breast Lift

Presenter: Frank R. Lista, MD

Moderators: Elizabeth Hall-Findlay, MD
Albert de Mey, MD

11:00am

Live Demonstration: Do Different Techniques Demand Different Designs?

Moderator: Scott L. Spear, MD

Discussant: Steven A. Teitelbaum, MD

Panelists: Jack Fisher, MD
Elizabeth Hall-Findlay, MD
Dennis C. Hammond, MD

Wednesday, May 6, 2009

Scientific Session A

8:30am

Panel - Liposuction 20 Years Later: Precision in Shaping, Prevention and Correction of Contour Irregularities

Moderator: V. Leroy Young, MD

Panelists: Claudio Calabrese, MD
Sydney Coleman, MD
Arturo Prado, MD
Simeon H. Wall, Jr., MD

10:45am

Special Presentation—Nutritional Assessment in the Massive Weight Loss Patient Impact on Outcomes

Presenter: J. Peter Rubin, MD

11:00am

Interactive Video—Expanding the Role of the Mini Brachioplasty—A Critical Review

Presenter: Lawrence S. Reed, MD

Moderators: Alan H. Gold, MD
Al Aly, MD

11:30am

Panel—Defining the Risks of Body Contouring Procedures: Methods for Reduction of Complications

Moderator: Franklin L. DiSpaltro, MD

Panelists: Al Aly, MD
James C. Grotting, MD
Geoffrey R. Keyes, MD
V. Leroy Young, MD

Thursday, May 7, 2009

Scientific Session

7:30am

Body Contouring Research Foundation Presentation—Body Contouring with Adipose-Derived Stem Cells

Claudio Calabrese, MD

11:15am

Speak Up or Forever Hold Your Peace—Breast Surgery

Moderator: Jack Fisher, MD

Panelists:

Brian D. Peterson, MD

Obtaining Consistent Results in Augmentation Mastopexy

Kaveh Alizadeh, MD

The Internal Autologous Bra

Christopher K. Patronella, MD

The Delay Fill Implant Fill Technique

Joe M. Gryskiewicz, MD

Transaxillary Breast Augmentation with Large Gel Implants: Can It Be Done?

Navin Singh, MD

Pocket Conversion Made Easy: A Simple Technique Using Alloderm® to Convert Subglandular Breast Implants to the Dual Plane Position

President's Report

Continued from Page 3

regulations forced upon us.

We have therefore formed a new ad hoc Committee on Industry Relations whose charge is two-fold.

First, in view of increasingly aggressive governmental oversight which absolutely and dramatically alters the current and future relationship between physicians and industry with potentially severe legal consequences, the new Pharma and AvaMed guidelines, and new ACCME standards for commercial support, a clear code of conduct for interactions between our members and industry will be

developed to keep you out of trouble.

The second charge is to develop a similarly clear Code of Conduct for Industry which will define what we consider appropriate conduct for companies who exhibit at our meetings, advertise in our publications, and support our activities. Those companies whose activities violate that code, are felt to pose a threat to patient safety, or are inconsistent with the guiding principals of our Society will no longer be welcomed as exhibitors, advertisers, or supporters.

With only these few highlighted

initiatives from amongst the many others instituted this year, I hope you are encouraged by the direction our Society is taking. The upcoming leadership is incredibly talented, energetic, committed to service, and shares a common vision for our Society. Be assured that ASAPS is alive and well, and is securely positioned to educate, represent and support you and your practice long into the future. I thank you for the confidence you expressed in me by allowing me to serve as your President for this past year. It has truly been both an honor and a privilege.



Inaugural American-Brazilian Aesthetic Meeting held in Park City, UT

Multi-national meeting brings together the two largest national aesthetic societies in the world.



The first ever American-Brazilian Aesthetic Meeting was recently held in Park City, Utah with faculty and attendees from Brazil, the United States and 10 other countries around the world. A total of 170 surgeons registered for this unique, educational event. The meeting was endorsed by both ISAPS and the Aesthetic Society.

Under the direction of Aesthetic Society President-Elect Renato Saltz, MD and Ricardo Riberio, MD, the program covered critical aspects of face and body surgical procedures, aesthetic and reconstructive, and included interactive videos, panels and patient safety issues. Full CME was available for all eligible courses.

The meeting also served as a new forum for residents, fellows and colleagues in private practice from around the world to present their innovative work in the United States, opening the possibility of future invitations for US National Meetings and publication of their work in the ISAPS or ASAPS Scientific Journals.

This venue provided an excellent

opportunity not only for a clinical exchange of knowledge but for discussion of the current economic climate as well; socioeconomic conditions and how they affect the plastic surgery community are essentially the same not only in Brazil and the U.S. but worldwide.

International Faculty of Thought and Opinion Leaders:

Faculty for the meeting included some of the best known names in North and South America. They included:

- João Carlos Sampaio Goés, MD, Past-President, International Society of Aesthetic Plastic Surgery—Plastic Surgeon from Sao Paulo, Brazil
- Alan H. Gold, MD, President, the American Society for Aesthetic Plastic Surgery—Plastic Surgeon from Great Neck, NY
- Mark Jewell, MD, Past-President, the American Society for Aesthetic Plastic Surgery—Plastic Surgeon from Eugene, OR

- Foad Nahai, MD, President, International Society of Aesthetic Plastic Surgery and Past-President, the American Society for Aesthetic Plastic Surgery—Plastic Surgeon from Atlanta, GA
- Ricardo Riberio, MD, Brazil, Meeting Co-Chair—Plastic Surgeon from Rio de Janeiro, Brazil
- Renato Saltz, MD, Meeting Co-Chair and President-Elect, American Society for Aesthetic Plastic Surgery—Plastic Surgeon from Park City, UT

Time to Enjoy Beautiful Park City

Sessions were timed to allow registrants and their guests time to enjoy Park City, listed by Forbes magazine as one of the 20 prettiest towns in the world. World class skiing and other activities allowed attendees to form and renew the social bonds that are a hallmark of the aesthetic surgery community.

Watch for next year's meeting

Next year's meeting will be held in Brazil and have the same atmosphere of international collaboration and learning as the Park City meeting. Look for details in future issues of ASN

João Carlos Sampaio Goés, MD is an aesthetic surgeon practicing in Brazil, past president of ISAPS and the ISAPS representative to the Physician's Coalition for Injectable Safety.

Dr. David Hidalgo on: Joan's Legacy

Dr. David Hidalgo is no stranger to the attendees of the Aesthetic Society Annual Meetings nor to his colleagues in the plastic surgery community. A frequent lecturer, prolific writer and well known aesthetic surgeon, Dr. Hidalgo, Clinical Professor of Surgery at New York-Presbyterian Hospital, operates a private aesthetic surgery practice in New York City.

What his aesthetic colleagues might not know is Hidalgo's dedication to a variety of philanthropic causes, from medical education to the arts.

None of these causes are as close to Hidalgo's heart as the private foundation Joan's Legacy. Created by Dr. Hidalgo's family in 2001, it is the largest private foundation funding lung cancer research in the United States. As we all know, lung cancer is the number one cause of cancer death today. Joan's Legacy, which focuses on nonsmoking related lung cancer, has funded over \$2,400,000 in research grants within its first four years of inception. Dr. Hidalgo chairs the medical committee composed of thoracic oncologists from some of the most prestigious institutions in the country. This committee selects projects for funding based on a rigorous peer-review process.

Joan's Legacy is named for Joan Scarangelo McNeive, a gifted writer, life-long New Yorker and nonsmoker, who died at age 47 in 2001 after a valiant nine-month fight with lung cancer. Started by her legion of family and friends, Joan's Legacy is now a leading resource in the search for new treatments and a cure for lung cancer, and the end to the smoking-related stigma that plagues victims of the lung cancer diagnosis. To learn more about the Foundation, we caught up with Dr. Hidalgo via email to learn more about this exciting venture:



William and
Aaron Tighe
with Dr.
David Hidalgo

A Foundation of this scope and influence seems like a daunting task to start—can you tell us how you and your family began Joan's Legacy?

It started as a heartfelt pledge among the family to memorialize Joan soon after we lost her. We had no idea what the scope of the project actually entailed, otherwise we probably would not have done it! We had a family nucleus consisting of a successful Manhattan commercial real estate broker who did the lion's share of early fundraising, the leader of a public relations firm that put us prominently in front of the community, a plastic surgeon who constructed a medical committee to review grants, a wall street trader who managed our money, and a structural engineer who managed our budget.

We learned that creating a foundation is an extremely complex and time consuming endeavor that requires a variety of experts. In addition to accomplishing its stated purpose, a foundation must meet the ongoing legal demands associated with a 501(c)(3) entity, continually grow its board, expand its influence in the lung cancer community, raise awareness with the public, devise new mechanisms of fund raising, and measure up when reviewed and rated by independent organizations such as Charity Navigator. We eventually hired a full time Executive Director and

subsequently a Director of Development to not only manage the day to day operations, but to maintain momentum so that we could collectively develop and grow every aspect of the organization. Our extremely talented staff and dedicated founding members have taken the Foundation far beyond what we imagined possible at inception eight years ago.

I noticed that you are the Chair of the Medical Committee—can you tell us what that entails and how many grants you process on a yearly basis?

We solicit grant applications from the top NCI sponsored cancer research institutions in the U.S. We received 65 grant applications last year. The majority are basic science projects that investigate the etiology of the disease, most being complex genomic or proteomic based investigations, although others are more clinically focused. I read through all of them and compare notes with a lung cancer PhD that does the same. We send the 20 best applications to the full medical committee consisting of prominent thoracic oncologists at institutions such as Memorial Sloan-Kettering Cancer Center, Dana-Farber, MD Anderson and others. They collectively rank the projects in order of most desirable to less promising.

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Focus on Philanthropy

Continued from Page 18

We essentially offer these fully vetted projects as “product” that we either fund ourselves, partner with other organizations to fund, or offer them to families that sponsor them to memorialize a lost loved one. We do this through our parent organization “Uniting Against Lung Cancer.” This mechanism offers those who have effective fund raising vehicles to funnel their resources directly to research without having to duplicate the complex structure of a 501(c)(3) foundation and the overhead it entails. We typically give out 2 year awards for \$100,000 each.

In 2008 we funded 14 new projects and since inception have funded \$5 million in research.

I saw on the Joan's legacy website that the Foundation awards an annual journalism award—what can you tell us about that?

Joan was a serious journalist, having worked as both a writer and producer for Aaron Brown, Peter Jennings, and Tom Brokaw, among others. She appreciated quality reporting. The Joanie Award is given annually to the best story in the print or broadcast media that raises awareness of lung cancer. The winner is selected by a panel of judges that represent the major broadcast media and is given both a cash award and commemorative statue.

How can Society members get involved in the Foundation?

Opportunities range from the ambitious, such as organizing a regional event such as our Kite Flies with our assistance; the fun, by attending our annual Strolling Supper in New York each November where we have live Blues music, a star-studded presentation by media giants, and a fabulous silent auction; or the most direct, by simply making a donation. Further information is available at www.joanslegacy.org or www.unitingagainstlungcancer.org.

David Hidalgo, MD is an ASAPS member and aesthetic surgeon in private practice in New York City.

This year, in keeping with its commitment to fund groundbreaking research, including non-smoking lung cancer, Joan's Legacy and its partners in Uniting Against Lung Cancer will fund the following projects:

- Esther P. Black, Ph.D., University of Kentucky, College of Pharmacy: Dual Targeted Therapy: Can MEK Inhibition Improve Response and Reduce Acquired Resistance in EGFR-dependent NSCLC
- Rolf A. Brekken, Ph.D., University of Texas Southwestern Medical Center: Identification of Tumor Cell-derived Factors Associated with Resistance to Anti-VEGF Therapy in Lung Cancer
- Wenrui Duan, Ph.D., Ohio State University: Treatment of Spontaneous Non-Small Cell Lung Cancer in Transgenic Mice with PRIMA-1, a Novel Anti Cancer Agent
- Sizhi Paul Gao, M.D., Ph.D., Memorial Sloan-Kettering Cancer Center: IL-6/Jak Inhibition for the Treatment of Lung Cancer
- Randolph Hastings, M.D., Ph.D., Veterans Medical Research Foundation: Determinants of Lepidic Growth in Bronchioalveolar Carcinoma
- Faye Johnson, M.D., Ph.D., University of Texas - MD Anderson Cancer Center: The Receptor Tyrosine Kinase EphA2: A Novel Therapeutic Target for Non-Small Cell Lung Cancer
- William Y. Kim, M.D., University of North Carolina at Chapel Hill: The Role of HIF2 in LKB1-defective Lung Tumors
- Rachel M.A. Linger, Ph.D., University of Colorado, Denver: Synergistic Interaction Between Standard Chemotherapy and Novel Biologically Targeted Therapy for Treatment of Non-Small Cell Lung Cancer
- Philip C. Mack, Ph.D., University of California, Davis: Detection of KRAS and EGFR Mutations in Shed DNA in Plasma from NSCLC Patients Treated with Cetuximab or Gefitinib
- Poulikos I. Poulidakos, Ph.D., Memorial Sloan-Kettering Cancer Center: Targeting Oncogenic Raf in Non-Small Cell Lung Cancer: Identification and Characterization of Specific Molecular Subtypes of NSCLC
- Rajagopal Ramesh, Ph.D., University of Texas – MD Anderson Cancer Center: Targeted IMAT Multifunctional Nanoparticles for Bronchioalveolar Lung Cancer
- Lynne Regan, Ph.D., Yale University: Development of a Novel Class of Therapeutics for Bronchioalveolar Carcinoma
- E. Aubrey Thompson, Ph.D., Mayo Clinic: The Role of Phospholipase D1 in EGFR Addiction
- Yuzhi Yin, M.D., Ph.D., Georgetown University: Musashi1 as a Stem Cell Marker and Therapeutic Target for Bronchioalveolar Lung Cancer

Managing Your Practice in Challenging Times

ASAPS holds its first webinar for members and their staffs

By **Daniel C. Mills, MD**

On March 16, 2009, the Aesthetic Society held the first of what is hoped to be a series of webinars on practice management issues, this one titled “Managing your practice in challenging times.” This 90 minute educational program (free of charge to all members and candidates) attracted almost 350 registrants who signed up to hear information on such topical issues as: eliminating unnecessary expenses and renegotiating existing contracts and agreements, incentivizing staff to achieve greatest efficiency, exploring insurance plans and reconstructive surgery options, using internal and external marketing strategies to distinguish your practice at minimal cost and incorporating cosmetic medicine into your practice to boost revenues. The program can be viewed in its entirety by logging onto http://www.surgery.org/members/member_resources-mypict.php. It is available as both Power Point slides and as a video presentation.

The session was hosted by President-elect Renato Saltz, MD and featured nationally known speakers from both within and outside of the specialty including:

Daniel B. Dubin, MD

Vice Chairman and a Director at Leerink Swann, a leading healthcare and biotechnology investment banking firm, former instructor in Dermatology at Harvard Medical School.

Marie Czenko Kuechel

A nationally recognized consumer advocate, and practice consultant; author and expert in health, beauty and aesthetic medicine.

Mark A. Codner, MD

Chair, Communications Commission, The Aesthetic Society, aesthetic surgeon in private practice, Atlanta, GA.

Michael C. Edwards, MD

Vice-Chair, Practice Relations Committee, The Aesthetic Society, aesthetic surgeon in private practice, Las Vegas, NV.

Daniel C. Mills, II, MD

And myself, an aesthetic surgeon in private practice in Laguna Beach, CA.

The session was interactive, allowing for audience participation through real-time questions and answers with the panelists and quizzes with immediate answers from the participants.

Instant evaluations

Using web technology, we are able to get immediate feedback from participants—for this session the comments were overwhelmingly positive; however, a couple of members did think the session was too general for their needs and some of the information more pertinent to a larger, group practice than a solo practitioner.

More webinars to come

The convenience, speed and inclusion of webinars as part of your member benefits all suggest the success of these programs and the Practice Relations Committee will be planning more of them in the coming year. Some of the topics suggested by the Managing Your Practice in Challenging Times audience included:

- Staff management including handling layoffs and re-hires
- Until the economy improves, we need more help driving patients into the practice; more marketing help of this nature would be beneficial.
- More on how to incentivize the staff
- Creative marketing and advertising ideas for a practice with little to no budget
- Clinical topics—Fillers, Neurotoxins and other non-surgical modalities as an example



- Ways to “sell” adjunct procedures—how to fit it into the consultation, or advertise to returning patients—also a thorough evaluation of the lasers/resurfacing systems out there—what really works?
- Financial benchmarking
- Business management

We welcome suggestions from you—please send them to asn@surgery.org; all suggestions will be evaluated by the Committee and I will personally respond to any email or question.

Daniel C. Mills, II, MD is an aesthetic surgeon in Laguna Beach, CA and Chair of the Aesthetic Society's Practice Relations and Electronic Communications Committees.

Editor's Note:

My friend and colleague Dan Mills has written this article with his characteristic modesty. Our recent webinar received universally rave reviews and provided valuable information from a list of participants many Aesthetic Society members don't hear from on a regular basis. The Society applauds the efforts of Drs. Mills, Edwards and all members of the Practice Relations Committee in bringing this easy to use and access online learning application to the membership. —Julius Few, MD

I give...



Sharadkumar Dicksheet, MD

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Dr. Dicksheet, a selfless humanitarian and philanthropist living on social security, continues to give his time and expertise by providing thousands of cleft lip surgeries to children in need in India.



Dan Mills, MD • 53

Laguna Beach, CA • Life Insurance Policy

"I give because my mentor, Rex Peterson, once said, 'We should give back in the way that someone has given to us.' My chosen profession has been good to me and by providing a gift to ASERF I am able to give back in a way that is long lasting and benefits our specialty as a whole."



Luis López Tallaj • 37

Santo Domingo, DR • Life Insurance Policy

"I give knowing that ASERF is the research foundation arm of the Society, which has had a positive impact on my practice. I believe that as plastic surgeons we have a commitment to advance our specialty and standards and making a gift to ASERF makes that possible."



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Won't you?

- 30% of users felt that the site “has everything I need to learn about or research about cosmetic procedures.
- 45% agreed that the website “is my primary resource for information about cosmetic medical information, but I still visit other sites for cosmetic medical information.”

When given a multiple choice question on specifically how useful they find the site’s features (with the option of choosing all that apply), “Links to recent articles about cosmetic medical procedures” was selected most often (by 85%), “Before and after photos” ranked second (selected by 84.5%), “Cost of cosmetic medical procedures” ranked third (83.5%), and “Patient safety information” ranked fourth (81%).

When younger visitors were asked how they use the personalized monthly email, 67.9% indicated “I read it and visit the site to see what’s new” while 17.9% chose “I scan it quickly, and then delete it” and 10.3% chose “I read it and refer the site to my friends.”

While the above results show that Beauty for Life is providing the website users with the kind of information that they want in ways that they prefer, it is also doing an excellent job of funneling them to use the Find a Surgeon tool:

- 28% of survey respondents have used the Find a Surgeon tool
- 31.3% of Find a Surgeon users have contacted a plastic surgeon to set up a consultation
- Of the respondents who have not set up a consultation, 80% plan to consult a surgeon, 50% within the next 12 months
- Of respondents who have not used the Find a Surgeon tool, 63% plan to do so, and 42% in the next 12 months

From the creation of the Cosmetic Medicine Task Force to address competitive issues to the printed *Beauty for Life Patient Guide* to BeautyforLife.com, the campaign has been an overwhelming success. It not only provides valuable public education

and helps instill trust and confidence in members of ASPS and ASAPS, but also guides prospective patients along the decision-making continuum toward scheduling a consultation through the Find a Surgeon tool.

How can you help spread the word that plastic surgeons are uniquely qualified to partner with patients to maintain beauty throughout their lifetime?

- Have a supply of patient guides available in your reception area.
- Make sure you and your staff visit the Beauty for Life website often to stay current about messaging.
- Promote the website to your patients.
- Feature Beauty for Life messaging on your own website with free PDFs.
- Link to the website with free online banners and link buttons.

Contact John O’Leary, john@surgery.org for additional information on how you can help patients enjoy Beauty for Life.

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Online Physician Ratings: The New Word of Mouth

By Steve Gillies and Karen Zupko

Karen Zupko and Associates are Practice Management Consultants. Visit them on the web at www.karenzupko.com.

For decades the rule stood. A happy patient tells seven people about a plastic surgeon and an unhappy patient tells 11. With the advent of the Internet, take that old rule and multiply it by at least 100. Online physician ratings offer the latest, cutting edge twist on word-of-mouth marketing. Consider these postings:

- *“Quiet, somewhat unfriendly personality. For a guy who really markets himself as amazing he lacks a personality.”*
- *“I thought she knew what she was talking about but after surgery I had enormous bruises covering my face even though she said there would be almost no bruising.”*
- *“I breathe worse now than I did before. I paid over 6 grand to be fully dissatisfied. Please do yourself a favor. Seek another doctor FAST!”*

Obviously, the possibility for anonymous online reviews can cause reputational damage to a plastic surgeon; however they can also be a powerful promotional tool. Consider the following postings:

- *“I am 6 months out from having my rhinoplasty and I’m thrilled already! I know it takes a full year to see final results, but I’m so happy.”*
- *“I’ve wanted a new nose ever since I was 16 and the doctor understood what I wanted and that I still wanted to look like me and I do. I’m glad that my old nose is in the past and that I found the doctor and her staff.”*

The all-access, anything goes, anonymous nature of the Internet makes it unpredictable. For example, the past two postings were about the same physician. However, taking the time to familiarize yourself with the many online forums patients use to get information about plastic surgeons

will give you an advantage—particularly with Internet-savvy, post-Boomer patients with solid jobs and good health plans. Below, we profile the leading physician ratings sites and tell you what you can do to use these sites to your advantage, as well as minimize their negative effects.

Consumer Sites

RealSelf
www.realself.com

This marketing/ratings site focuses exclusively on cosmetic procedures performed by plastic surgeons, facial plastic surgeons, dermatologists and cosmetic dentists. The site allows its users to ask questions of enrolled doctors and give reviews for procedures, rather than for physicians. Reviewers list a procedure, how much it cost, the level of pain (uncomfortable, mild, severe), their level of satisfaction (poor, good, very good) and answer the question, “Was it worth it?”

Plastic surgeons can post a free profile including their picture, before and after pictures, links to their website, board certifications, maps to their facilities, and a link to book a consultation. Profiles for physicians on the “Find a Doctor” feature appear in order of how much a provider participates in the community—physicians who answer more questions are listed higher. While it means spending extra time answering patient questions, it provides a good opportunity to interact with prospective patients and a free venue to advertise your services. Aesthetic Society members are identified with the ASAPS logo on all Real Self answers they submit and also on their free profile page.

Plastic Surgery Review
www.plasticsurgeryreview.com

Like Real Self, Plastic Surgery Review focuses on plastic surgery, rather than a broad range of specialties. Plastic Surgery

Review bills itself as a social networking site, where patients can connect with each other, read blog entries about plastic surgery topics, as well as write reviews of plastic surgeons. While the reviews are written by registered users, registration is free. The reviews consist of an overall star rating (one to five stars) and comments.

No registration is required to read a review and viewers can search for reviews by procedure, physician, or area. Plastic surgeons can make their listings appear first when somebody searches a demographic area—for a cost of \$199 per month.

Yelp
www.yelp.com

Yelp is another social networking site—Half online Yellow Pages and half Facebook. However, Yelp reviews local “restaurants, bars, salons and retail businesses,” as well as physicians of all categories. Yelp draws an estimated 18 million readers each month. Physicians’ offices are a growing category, with close to a thousand entries in locations such as New York, San Francisco and Chicago. Overall ratings are given from one to five stars, with lengthy commentary included. The popularity of Yelp makes these entries highly visible to users shopping for medical services on this popular site.

One major plus for physicians is a feature that allows physicians to respond to disgruntled patients privately by clicking on the rater’s profile and then selecting “Private Message.” Thus, the wayward patient might be brought back into the fold, and even persuaded to alter or delete the negative comment.

For some ideas of what you can and cannot do to improve your status on Yelp, see www.yelp.com/business. Keep in mind, Yelp’s reputation for playing fair is in question. A March 9, 2009 Chicago Tribune story reported that business

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Online Physician Ratings

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owners in Chicago and San Francisco claim that Yelp manipulates reviews for advertisers on their site and sponsors of their Yelp Elite parties.

Google www.google.com

Not a ratings site per se, the Google Search Engine aggregates all other review sites, usually putting reviews from Health Grades first due to a partnership between the companies. There is a bare-bones review function on Google where patients can give a physician an overall rating out of five stars and enter comments. Because many ratings sites such as Angie's List and Health Grades are pay services and Google has such a high online search volume, Google's free online reviews may become the most important site to use for online ratings.

Health Grades <http://www.healthgrades.com/>

Health Grades, already one of the biggest physician ratings site, formed a partnership with Google that has made them a giant, with a reported 3 million users per month. At a cost of \$12.95, Health Grades provides a report on Training/Experience, Disciplinary Actions and Malpractice History, Insurance plans, Procedure Costs, Hospital affiliates, facility information and a Google map to the location.

Additionally, there is a subjective rating component where users rate practices on a scale of *Poor, Fair, Good, Very Good, and Excellent* on the following criteria:

- Ease of scheduling
- Office environment
- Office staff friendliness
- Wait time

Patients then choose between *Definitely Not, Mostly Not, Not Sure, Mostly Yes, and Definitely Yes* in response to the following statements regarding the plastic surgeon:

- Spends an appropriate amount of time with patients
- Listens and answers questions
- Helps patients understand their medical conditions

Negative Comments: A Legal Solution?

Because of the inability to know who is posting negative reviews and HIPAA can severely limit a plastic surgeon's ability to respond to negative comments, some physicians are opting for a preventative legal solution to combat negative reviews. Medical Justice, founded by neurosurgeon Jeffrey Segal, MD, provides mutual privacy agreements where patients agree not post comments online without physician consent.

Segal's company started in 2002 with the purpose of preventing physicians from being sued frivolously. Two and a half years ago, the company began helping physicians respond to the problems of doctor ratings when a client came to them in response to a negative review. In the time since, they've provided non-disclosure forms and monitoring services for more than two thousand physicians, with plastic surgeons among their top three specialties. The fee is \$495, with an estimated yearly renewal of \$350 per physician.

"The Internet is here to stay and ratings are inevitable. Our concern is that these sites use anecdotal commentary and subjective opinions as a surrogate for quality of care. The chasm between likability and quality of care is great," says Dr. Segal.

A recent editorial in *Modern Healthcare* characterized the patient consents as a "gag order." Dr. Segal disagrees. "In every other industry if something is open to debate there are two sides to it. In this case physicians can't respond due to HIPAA. What we're trying to do is provoke a national discussion and bring doctors to the table."

In a written response to *Modern Healthcare*, Segal listed four things that would make online ratings sites much more reasonable and fair.

1. Make sure the posting reviewer was, in fact, a patient.
2. Require a minimum of between 30 and 50 ratings before making them public.
3. Allow commentary only on subjective impressions and not technical details, unless they are backed up by an expert.
4. Post a caveat that ratings and commentary are not a surrogate for objective measures of quality of care.

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Online Physician Ratings

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- Patient trusts physician's decisions/recommendations are in the patient's best interest
- Patient would recommend physician to family/friends

Viewers can see the results of the practice ratings for free, but the physician ratings are only available with the purchase of the \$12.95 report.

One advantage with Health Grades is that plastic surgeons can update their own physician profile for free. This insures that correct information is available to prospective patients and physicians can make their listing stand out by uploading photos and highlighting their awards and publications. Physicians receive a free copy of their report by updating their profile.

Doctor Scorecard www.doctorscorecard.com

Unlike Health Grades, Doctor Scorecard has no Subspecialty search field. This website is also much less populated than Health Grades or Yelp, as no doctor is listed until a patient enters and rates them.

Patients rate physicians and their practices subjectively on Nursing Staff, Office Staff, Cost, Medical Equipment, Office Waiting Time, and Appointment Availability on a 10-point scale, and then give them a separate overall rating from one to 10. Patients can also leave lengthy comments detailing their negative or positive experiences.

For some ideas of what you can and cannot do to improve your status on DoctorScorecard.com, see www.doctorscorecard.com/doc-options.htm.

Angie's List www.angieslist.com

This popular consumer rating site for everything from plumbers to dog groomers has added physicians to the list of services they rate. Paying members grade doctors subjectively on a scale of A-F on the following categories: Price, Quality, Responsiveness, Punctuality and Professionalism.

Like Doctor Scorecard, no ratings exist until patient rates a doctor. Physicians can encourage patients that are Angie's List subscribers to rate them, and thus increase their visibility. However, the process involves giving Angie's List patient contact information, something to that

seems sure to raise HIPAA issues. Go to <http://www.hhs.gov/ocr/privacy/index.html> before releasing any of your patient's contact information.

Insurer Backed Sites

Insurance companies have noted consumer's desire to use the Internet to research and rate physicians and many have incorporated a consumer rating component into their plans. Below, we analyze how leading insurers use the Internet to give and get feedback about physicians.

WellPoint-Zagat

Insurer Wellpoint has teamed with noted restaurant reviewers Zagat to rate doctors. The Zagat Health Survey has rolled out to Wellpoint and Blue Cross Blue Shield members in Ohio, Connecticut, Los Angeles, San Francisco, San Diego and Sacramento so far, with more networks coming online soon.

The criteria-focuses on "soft side" aspects of the consumer decision: Availability, Trust, Communication, and Office Environment. Patients rate each category on a 30-point scale. When 10 patients rate a physician, the physician's rating information is activated and viewable online. Consumers also indicate whether or not they would recommend the physician and can leave comments. Network providers can access their own survey results online via a ProviderAccess website and send corrections and updates to the insurer.

Cigna Care Connections <http://www.mycigna.com>

Available to plan members on www.mycigna.com, beneficiaries can perform symptom -based searches and get cost information based on CIGNA's claim experience at the local market level, important if you are doing reconstructive surgery. Members can search for providers in their area and receive information on industry-defined metrics such as Group Board Certification, National Committee for Quality Assurance (NCQA) Physician Recognition Awards and Evidence-Based Medical (EBM) standards. The site also includes a Cost Value Rating measurement that ranges from one to three stars (lowest tier, middle tier, top tier). Though the exact formula for the Cost Value Rating

is unknown, the NCQA serves as their independent ratings examiner.

6 Steps Physicians Can Take to Improve Ratings

1. Pay Attention To The "Patient Experience." Are patients in your practice facing long wait times? Do they feel that the front desk staff is friendly? Do they feel that the plastic surgeon listened to their needs? While patients may receive quality care, if they aren't happy with other aspects of their experience it could lead to low ratings and poor word-of-mouth recommendations. The best advice is to establish a meaningful post-consultation patient survey to capture the source of disgruntlement and diffuse it.

2. Assign staff to become familiar with each of these websites and browse for new reviews. Google has made this incredibly easy through Google Alerts. Sign up at <http://www.google.com/alerts>, enter your practice name as the search term and Google sends an email alert with an aggregate of the latest web pages, news articles and blog entries about your practice.

3. List yourself. Can't find yourself or your practice? All of these sites allow you to list yourself or encourage patients to list you.

4. Don't respond to angry online comments. Getting into an online confrontation with a patient is a war you cannot win. Many plastic surgeons have had success going directly to the web master and requesting that the offending post be removed. Be careful here. "Dr. Carter is a jerk" is free speech and covered by the constitution. "Dr. Carter is a butcher who destroyed my life" is defamation of character—but remember—consult your attorney if you suspect defamation, and if you do respond to a post, never do so in anger.

5. Respond Frequently. Don't let an unhappy patient's comments go unanswered. The longer you let a negative comment or a bad rating stand, the more potential patients it may drive from your practice.

6. Promote your listings to your satisfied patients and encourage them to rate you and post comments on Google and Health Grades.



Off-Label Indictments: Are You Next?

The US Department of Justice is on a mission to eradicate off-label promotion by pharmaceutical manufacturers. Although they previously were satisfied with just collecting fines, now they are arresting individuals.

- 3/30/09 Mary Holloway, regional manager for Pharmacia, pled guilty to one count of distributing a misbranded drug (up to six months prison, \$100,000 fine) for telling her sales staff to encourage doctors to prescribe Bextra for surgical pain and deep vein thrombosis, both off-label uses.
- 1/15/09 Eli Lilly agreed to pay \$1.415 billion (that's right, with a "b"), which included a criminal fine of \$515 million plus a civil settlement of \$800 million, for training its sales staff to promote the anti-psychotic Zyprexa to primary care physicians for agitation, aggression, dementia, depression and sleep disorders. The former sales representatives who blew the whistle will receive \$78,870,877 from the civil settlement.
- 9/28/08 Cephalon paid \$425 million for promoting the cancer drug Actiq for non-cancer off-label uses, including migraines and sickle-cell pain crisis; for promoting the anti-epilepsy drug Gabitril for anxiety, insomnia and pain; and for promoting the narcolepsy drug Provigil for sleepiness, tiredness, lack of energy and fatigue, all by:
 - Training the sales staff to ignore the drugs labels;
 - Retaining medical professionals to advocate off-label uses; and
 - Funding CME to promote off-label uses.
- The former sales representative received \$46,469,978 for blowing the whistle.
- 7/13/07 Jazz Pharmaceuticals paid \$20 million in settlement for promoting the narcolepsy drug Xyrem (federally classified as a date rape drug) for depression and pain relief. Their promotion method: they hired Dr. Peter Gleason, a psychiatrist, to hold hundreds of seminars between 2003-2006 where he promoted Xyrem's off-label uses.
- 3/6/06 Peter Gleason, MD was arrested and charged with off-label promotion of Xyrem on behalf of Jazz Pharmaceuticals, which paid him over \$100,000 in 2005:
 - \$450/doctor visit
 - \$750/luncheon speech
 - \$1500/dinner speech

The Net is Widening. Go to www.usdoj.gov, search "off label," and you will find some familiar names among their convictions. Note that these US Attorneys are pursuing criminal charges against the manufacturers, an employee of a manufacturer, and a psychiatrist who was paid by the manufacturer. Of course, it isn't just that the doctor was being paid by the company; he was speaking extensively about off-label uses for the product, and that constitutes misbranding.

Here's Your Risk. If you are being paid by an FDA-regulated industry to promote their product for off-label uses, you run the risk of being arrested and criminally charged, because the US Code provides Qui Tam ("He who sues on behalf of the king as well as for himself") fees of between 15-30% of the recovery to whistleblowers who are themselves innocent. That's a major incentive for witnesses to name names.

Here's the Solution. Keep your paid presentations heavily weighted toward labeled uses, only mention off-label uses in passing, and before you accept the gig, not only make sure the company knows you have an ethical bright line that you won't cross, but make certain their ethical bright line matches yours.

Identity Theft

As of May 1st, ASAPS members are considered creditors by the FTC and must have a written policy to be aware of the "red flags" indicating identity theft. The AMA has been unable to convince the FTC that doctors aren't the same as credit card companies. While the fight goes on, the AMA has put together a fill-in-the-blanks policy at:

<http://www.ama-assn.org/ama1/pub/upload/mm/368/red-flags-rule-policy.pdf>

It is simple, easy to fill out, and should satisfy the FTC. It's also good for your patients.

com•plete/[kuh m-pleet] :

Having all parts or elements; lacking nothing; whole; entire; full

How does your current software define **Complete?**



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