



SMART BEAUTY GUIDE

BROUGHT TO YOU BY
THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY

The Brand	31
The Website.....	35
The Products.....	37

Designed to Help Your Practice Thrive!

Membership Myths

Do I have to be a member of ASPS to be a member of the Aesthetic Society?



No. Membership in ASPS is NOT required to be an Aesthetic Society member. For more information on ASAPS Membership, please see Page 5.

ZO[®] MEDICAL SOLUTIONS

Pigmentation Systems



INNOVATIVE Pigmentation Treatments by Zein Obagi, MD

It's time for a change. Many treatments for hyperpigmentation are outdated, ineffective and not compliant with FDA regulations. ZO[®] Medical solutions provide physicians a choice of HQ and non-HQ treatment systems to stabilize and correct a wide range of hyperpigmentation conditions.

Transformational Results in 6 Weeks

ZO[®] pigmentation solutions utilize novel formulations and innovative protocols to optimize the treatment of hyperpigmentation.



Before Treatment

After Treatment

ZO[®] HQ Pigmentation System

This treatment cleanses, corrects, conditions, exfoliates, stabilizes melanocytes, and protects.

ZO[®] Non-HQ Pigmentation System

Multi-action complex brightens and clarifies skin while active Vitamin A reverses the signs of aging.

ZO[®] 3-STEP STIMULATION PEEL

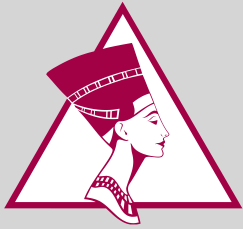
Enhances and extends results after completing a ZO[®] pigmentation treatment.



www.zoskinhealth.com
949.988.7524

ZO SKIN HEALTH INC

BY ZEIN OBAGI, MD



Aesthetic Society News

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

Editor-in-Chief
Sanjay Grover, MD

ASAPS Board of Directors

President
Jack Fisher, MD

President-Elect
Michael C. Edwards, MD

Vice President
James C. Grotting, MD

Treasurer
Daniel C. Mills, II, MD

Secretary
Clyde H. Ishii, MD

Members-at-Large
William P. Adams, Jr., MD
Al Aly, MD

John E. Gross, MD
Sanjay Grover, MD
Herluf G. Lund, MD
Kiya Movassaghi, MD
W. Grant Stevens, MD
Steven Teitelbaum, MD
Richard J. Warren, MD

Parliamentarian
Dennis Hammond, MD

Immediate Past President
Leo R. McCafferty, MD

Statements and opinions expressed in articles, editorials, and communications published in ASN are those of the authors and do not necessarily reflect the views of ASAPS or ASERF. Publishing of advertisements in ASN is not a guarantee, warrant, or endorsement of any products and services advertised.

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

© 2013 The American Society for Aesthetic Plastic Surgery

ASAPS Members Forum: www.surgery.org/members

ASAPS Website: www.surgery.org

ASERF Website: www.aserf.org

ASAPS Consumer Education:
www.smartbeautyguide.com

ASAPS Calendar

Joint Sponsored/Endorsed Events

December 5–7, 2013

The Cutting Edge 2013 Debating the Choices in Facial Rejuvenation

Waldorf Astoria Hotel
New York, NY
Tel: 212.249.6000
www.nypsf.org

January 23–25, 2014

ASAPS Las Vegas 2014 Aesthetic Symposium—Fat, Fillers, and Facts in Facial Rejuvenation

The Bellagio Hotel
Las Vegas, NV
Tel: 562.799.2356
www.surgery.org/lasvegas2014

January 30, 2014

7th Annual Oculoplastic Symposium

Intercontinental Hotel
Atlanta, GA
Tel: 435.901.2544
www.sesprs.org/meetings

January 31–February 2, 2014

30th Annual Breast Surgery Symposium

Intercontinental Hotel
Atlanta, GA
Tel: 435.901.2544
www.sesprs.org/meetings

February 4–8, 2014

Rejuvenation of the Aging Face 2014

Manchester Grand Hyatt
San Diego, CA
Tel: 540.374.8111
<https://members.aafprs.org/downloads/Meetings/AgingFace2014Preliminary.pdf>

February 13–15, 2014

48th Annual Baker Gordon Educational Symposium

Hyatt Regency Hotel
Miami, FL
Tel: 305.859.8250
www.bakergordonsymposium.com

February 23–27, 2014

6th American-Brazilian Aesthetic Meeting

Jueree Hotel
Florianopolis, Brazil
Tel: 435.729.9459
www.americanbrazilianaestheticmeeting.com

March 5–6, 2014

17th Annual Dallas Cosmetic Surgery Symposium

Westin Galleria Hotel
Dallas, TX
Tel: 214.648.2154
www.dallascosmeticsymposium.com/announcements

March 7–9, 2014

31st Annual Dallas Rhinoplasty Symposium

Westin Galleria Hotel
Dallas, TX
Tel: 214.648.2154
www.dallascosmeticsymposium.com/announcements

April 24, 2014

The Rhinoplasty Society 19th Annual Meeting

San Francisco Marriott Marquis
San Francisco, CA
Tel: 904.786.1377
www.rhinoplastysociety.org

April 24–26, 2014

Society of Plastic Surgical Skin Care Specialists—Skincare 2014

The Palace Hotel
San Francisco, CA
Tel: 562.799.0466
www.spsscs.org/meeting2014

April 24–29, 2014

The Aesthetic Meeting 2014

Moscone Convention Center
San Francisco, CA
Tel: 562.799.2356
www.surgery.org/meeting2014

Would You Believe I'm Earning CME*?

Wherever you want, whenever you want, research your clinical questions and earn *AMA PRA Category 1 Credits™*. Put your RADAR Resource to work, helping you earn up to 20 *AMA PRA Category 1 Credits™* in Patient Safety while you search the *Aesthetic Surgery Journal* and specific bookshelves in the RADAR library. Annual subscriptions available at <https://anzumedical.com/store>.

**AMA PRA Category 1 Credits™*

American Society for Aesthetic Plastic Surgery
11262 Monarch St., Garden Grove, CA 92841-1441
(800) 364-2147 • (562) 799-2356
surgery.org/radar



Look for AnzuMedical

The Aesthetic Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Society for Aesthetic Plastic Surgery designates this Internet point-of-care activity for a maximum of 0.50 *AMA PRA Category 1 Credit™* per cycle.¹ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

¹ The AMA refers to a "cycle" as identifying a problem, searching online for information, and documenting results. The Aesthetic Society permits a physician to earn a 20 credits per calendar year by this method.



Jack Fisher, MD

It gives me great pleasure to bring you this special edition of *Aesthetic Society News*, the back section of which is an informative and comprehensive guide to our new consumer education and marketing campaign brand, Smart Beauty Guide. As I've discussed with many of you, I am pleased to see our society taking steps to own the aesthetic plastic surgery space, given our years of study and dedication to perfecting our craft. This new brand will help bring attention to the need for selecting properly qualified and skilled surgeons, and the website and advertising will send prospects to our members and help our practices thrive. I encourage you to read, understand, and embrace this new brand as your own and hope you'll read the section on Smart Beauty Guide, beginning on page 31.

This new brand will help bring attention to the need for selecting properly qualified and skilled surgeons, and the website and advertising will send prospects to our members and help our practices thrive.

The ASAPS Board of Directors continues to look to the future, and President-Elect Michael Edwards, MD, and ASERF President William P. Adams, Jr., have an important recap of our annual strategic planning meeting on page 15. Part of that meeting was focused on membership and the growth of the Aesthetic Society. At the Interim Board Meeting, the board approved changes to the Bylaws to ensure our continued growth. Please read my own article on these proposals, found on page 17, and send me your thoughts and suggestions.

As education has always been the focal point for our Society, I hope you also are aware of the inaugural meeting of the ASAPS 2014 Las Vegas Aesthetic Symposium, occurring January 23–25, 2014, at the beautiful Bellagio Hotel. This meeting, devoted to the face, is selling out quickly and features both a special cadaver lab and a day devoted to skin care.

As education has always been the focal point for our Society, I hope you also are aware of the inaugural meeting of the ASAPS 2014 Las Vegas Aesthetic Symposium, occurring January 23–25, 2014, at the beautiful Bellagio Hotel.

Please read Dr. James Grotting's article on page 7 for further information.

December marks the early-bird registration period for The Aesthetic Meeting 2014 in San Francisco, April 24–29, at the Moscone Convention Center. As always, we have a wide array of fascinating topics and instructors scheduled, and I know you'll find it stimulating and beneficial. For many of us, it is the highlight of our year! Look for the registration brochure in the mail soon or, for more information, visit www.surgery.org/meeting2014.

And, speaking of education, if you missed our October webinar, Premier Global Hot Topics 365, you really missed an outstanding educational session! The discussion continued after the event on RADAR via our Discussions forum on the platform. I encourage you to read more on page 10.

While this issue of ASN is jam-packed with useful information, please make sure to read our legal update from attorney Bob Aicher, as it is especially timely, as well as the articles on marketing, from contributors such as Scott Harvey, Keith Humes, and Karen Zupko.

The Aesthetic Society has been pivotal to my personal and professional growth, and I hope that it has been for you as well. I encourage you to reach out to me or others on the ASAPS Board of Directors with your ideas and feedback. As we continue to improve the organization, focusing on both our educational efforts and member benefits, we value your feedback and suggestions to ensure we're meeting your needs. See you in January in Las Vegas and in April in San Francisco!

Jack Fisher, MD, is an aesthetic plastic surgeon practicing in Nashville, Tennessee, and serves as President of the Aesthetic Society.



Membership FAQs

Do I have to be a member of ASPS to be a member of the Aesthetic Society?

No. Membership in ASPS is NOT required to be an Aesthetic Society member.

How do I begin the membership process?

You must contact an Active member of the Aesthetic Society and request that they submit a written request on your behalf via email to alicia@surgery.org or the ASAPS Central Office, initiating the membership process for you, the applicant.

Who may sponsor me for membership?

Any Active member of the Aesthetic Society, who is not a family member, an associate and/or partner in the same practice may sponsor you for Active membership.

What are the deadlines for submitting a membership application?

The two deadlines are January 5 and July 1.

When will my application be voted on?

Applications submitted by January 5th, 2014 will be voted on at the 2014 Annual Meeting during the Member Business Meeting. Applications submitted by July 1, 2014 will be voted on electronically at the end of December 2014.

Do I need to be a member of a professional organization in order to obtain CME?

No. Earning CME credits is not associated with any Society membership.

For additional information/questions, please contact our Membership Manager, Alicia A. Potochniak at alicia@surgery.org or via phone at 562.799.2356.

Known Previously as Expanding Horizons, the new ASAPs Las Vegas 2014 Symposium Offers Opportunities to Interact with Educators in an Intimate Environment. Register Today!


ASAPS Las Vegas 2014 Aesthetic Symposium

FAT, FILLERS, AND FACTS IN FACIAL REJUVENATION

January 23–25, 2014

The Bellagio Hotel
Las Vegas, Nevada



- **Anatomy and Techniques of Fat Grafting and Fillers:**
Thursday Morning Cadaver Lab
- The latest clinical and technical information on fat and fillers in facial rejuvenation presented by **leaders in plastic surgery education**
- **The Business of Skin Care:** In addition to Saturday's physicians' program, all skin care professionals can enjoy a full-day simultaneous session developed by the Society of Plastic Surgical Skin Care Specialists (SPSSCS)
- Earn up to 25.25 *AMA PRA Category 1 Credits™* including  Patient Safety CME



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC

www.surgery.org/lasvegas2014



Endorsed by The American Academy of
Facial Plastic and Reconstructive Surgery



The ASAPS Las Vegas 2014 Aesthetic Symposium Introduces Esteemed Faculty Symposium Endorsed by AAFPRS

By James C. Grotting, MD

Co-chair Dr. Jeffrey Kenkel and I are extremely pleased to announce that the faculty has been confirmed for the *ASAPS Las Vegas 2014 Aesthetic Symposium: Fat, Fillers, and Facts in Facial Rejuvenation*, and it is indeed stellar! Make plans to attend this exciting new educational event, formerly known as Expanding Horizons, taking place on January 23–25, 2014, at The Bellagio Hotel. We've invited the following top international experts in facial rejuvenation and fat grafting:

Chair: James C. Grotting, MD
Co-Chair: Jeffrey M. Kenkel, MD

Sherrell J. Aston, MD
Fritz E. Barton, Jr., MD
Fahd Benslimane, MD
Sydney Coleman, MD
Barry DiBernardo, MD
Jack Fisher, MD
Bahman Guyuron, MD
Glenn Jelks, MD
Val Lambros, MD
J. William Little, MD
Michael Longaker, MD
Timothy J. Marten, MD
Foad Nahai, MD
Mario Pelle-Ceravolo, MD
Patrick K. Sullivan, MD
Richard J. Warren, MD

AAFPRS Endorsement

Additionally, we are extremely pleased to announce that this year's symposium has been endorsed by the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS). As you may know, an endorsement is general recognition that a particular meeting or symposium is within the educational mission of the endorsing organization, in this case the AAFPRS, and would be of benefit to their membership. As we recognize that our facial plastic surgery colleagues are well-trained within their scope of practice and our memberships may have opportunities to learn from each other, the Society applied for this AAFPRS endorsement.

While to some it may appear as if ASAPS is supporting and educating "the competition" by opening this meeting to AAFPRS members, Aesthetic Society leadership recognizes that collaborating with the facial plastic

surgeons may eventually help counter the encroachment by non-plastic surgeons into the aesthetic space. ASAPS members can also obtain additional knowledge from our facial plastic surgery colleagues, which is why they have, at times, presented at past Aesthetic Society annual meetings.

While none of the faculty for the Las Vegas symposia will be from AAFPRS, as ASAPS is also endorsing an AAFPRS Facial Symposium scheduled about two weeks after our meeting in Las Vegas, ASAPS members who so desire will have the opportunity to learn from our colleagues at that symposium. These endorsements do not extend to the ASAPS annual Aesthetic Meeting, which continues to be the premier educational event for board-certified aesthetic plastic surgeons, since many of our teaching courses and scientific sessions include topics that are not in a facial plastic surgeon's scope of practice. Our policy restricting attendance to plastic surgeons has not changed for the annual meeting.

Two Important Aspects of the Las Vegas Symposium

We have two tremendous opportunities occurring during the symposium. On Thursday morning there will be a cadaver anatomy lab focused on techniques in fat and fillers, which is very reasonably priced and a great opportunity to learn. Also, on Saturday there will be an offering to skin care professionals and doctors titled "The Business of Skin Care," developed by the Society of Plastic Surgical Skin Care Specialists (SPSSCS). The faculty includes:

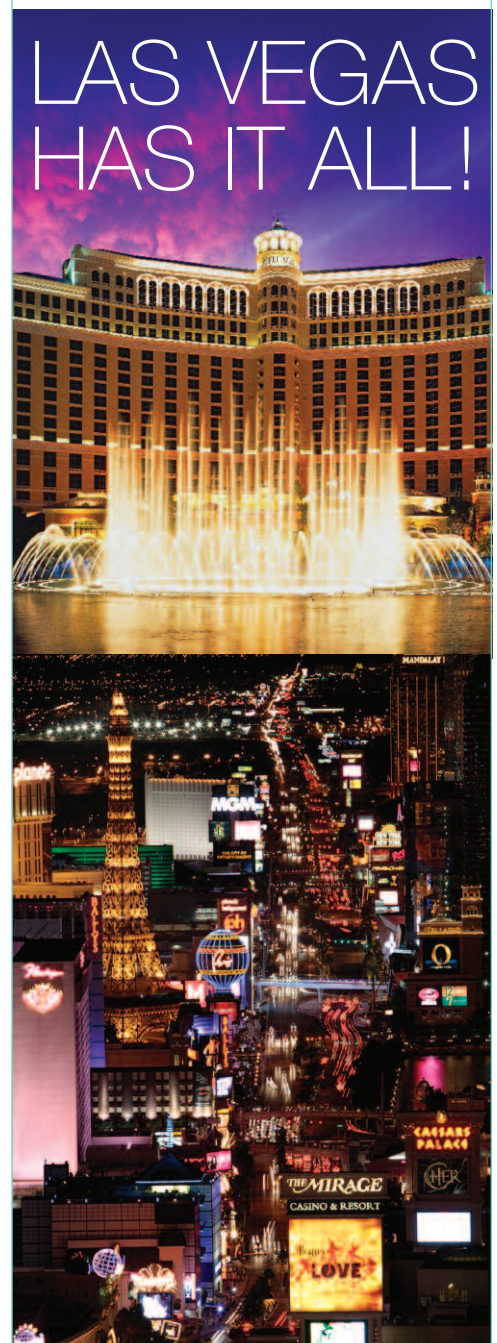
Sandra Adams
Craig W. Colville, MD
Bea Hunter Erdman
Abbey Helton, RN C, CPSN, CANS
Stephanie Holden, RN C, CPSN, CANS
Peter Houtz—Plastic Surgery Studios
Keith Humes—Rosemont Media
Ryan Miller—Etna Interactive

You'll also be able to earn up to 25.25 AMA PRA Category 1 Credits™ including 12 Patient Safety CME, by attending the ASAPS Las Vegas 2014 Aesthetic Symposium.

Registration information can be found online at www.surgery.org/lasvegas2014,

and hotel rooms can be booked now at The Bellagio Hotel. Please make plans to attend this inaugural event—with a faculty such as this, it will be a wonderful educational experience.

James C. Grotting, MD, is an aesthetic plastic surgeon practicing in Birmingham, Alabama, and is the Aesthetic Society's Vice-President and Chair of the Education Commission.



The Aesthetic Meeting 2014

San Francisco

BUILDING THE BRIDGE
BETWEEN SCIENCE AND ART

April 24–29

Moscone Center



www.surgery.org/meeting2014

Registration Begins December 2013





The Aesthetic Meeting 2014: San Francisco Building the Bridge Between Art and Science

By James C. Grotting, MD

Registration begins in December for The Aesthetic Meeting 2014 to be held in San Francisco, California, on April 24–29. This year we have a great mix of interactive Scientific Sessions with audience response, hands-on cadaver workshops, and live demonstrations taught by the finest surgeons and professionals in the specialty. Just a few of the highlights for 2014 include:

Essential sessions and courses in higher aesthetic education:

- **NEW! Aesthetic Immersion Modules.** Pick a course track (e.g. Face, Body, Breast, Rhinoplasty) and learn from your instructors and fellow students over the course of the next few years. This innovative, in-depth approach to learning is new this year. More information can be found at www.surgery.org/AIM.
- **Cosmetic Medicine—Advanced!** Designed with only surgeons in mind, this high level educational experience will focus on the latest in light therapies and injectables. With the addition of an audience response system, you'll be able to more fully participate.
- **NEW! Dueling Videos.** We have the opportunity to view videos highlighting different schools of thought in “Body Lift—Marking to Simplify Execution” and “High Lateral Tension vs. Traditional Abdominoplasty.”
- **NEW! Panel Discussion with Audience Response.** “I Can Fix That—Solutions for Challenges for Which There Are No Solutions.” Join with fellow surgeons to come up with solutions when none are easily apparent.
- **NEW! Panel Discussion: New Members with Difficult Cases.** Are you a new Aesthetic Society member, of five years or fewer? Send in your difficult cases, and a panel will share their insights. Details coming soon!
- **It's Back: Cocktails and Complications.** Due to popular demand, this interactive session is back and bound to be informative!
- **Always Popular!** Discover the latest innovations from around the world in ASERF's Premier Global Hot Topics and at the Research Luncheon.

- **The Global Sessions: Artistry in Plastic Surgery—Focus on Technique.** These sessions which were highly successful at last year's Aesthetic Meeting in New York, and will be even better in San Francisco. A selection of top plastic surgeons from around the globe, including North America, are slated to discuss procedures which in their practices have stood the test of time and represent the best of what they do in aesthetic surgery of the face, eyelids, breast, and body. Technique including video will be emphasized.
- **Free for Your Staff!** Bring your office staff at no extra charge to “The Business Side of Aesthetic Surgery and Medicine,” loaded with great practice tips, useful information, and practice management exhibits.

Over 200 technical and scientific exhibits in The Aesthetic Marketplace, including:

- **ASERF Silent Auction.** Featuring products and services for your practice available at a fraction of their normal pricing, all proceeds from the auction will support the efforts of ASERF to build a plastic surgical data hub.
- **Practice Changers Theaters.** These short dynamic presentations were a hit in New York—make sure you visit the Aesthetic Marketplace for these practice pearls!

Over 130 teaching courses, including 18 exciting new topics!

- Up to 50 *AMA PRA Category 1 Credits™*
- Attend the entire 2014 Scientific Session and earn 21 CME credits, including 8 patient safety CME. An additional 29 CME credits can be earned by attending select optional courses. Of this, an additional 17.25 patient safety CME can be earned.

James C. Grotting, MD, an aesthetic plastic surgeon practicing in Birmingham, Alabama, is the Aesthetic Society's Vice-President and Chair of the Education Commission.

Reserve your hotel room now, as accommodations are filling up quickly. For more information on housing or The Aesthetic Meeting, visit www.surgery.org/hotel or www.surgery.org/meeting2014.

Attention Residents and Fellows!

Are you looking for funding to attend the Aesthetic Meeting 2014 in San Francisco, CA? Download the application and apply today! www.tinyurl.com/o4kcy9u

ASERF Travel Scholarship Program—Criteria

Submission Deadline:
December 15, 2013

Purpose: ASERF established the Annual Meeting Scholarship to benefit residents and fellows by providing financial support for travel expenses associated with attending The Aesthetic Meeting. This scholarship program has been made possible by a grant from The Allergan Foundation. We will be awarding ten grants in the amount of \$2,000 each to the residents selected.

Uses: Scholarship funds must be used to offset the expenses for travel, hotel, and per diem.

Qualifying Criteria: To apply for the ASERF Annual Meeting Resident Scholarship, candidates must meet the following criteria:

- Must be currently enrolled (in good standing) in an approved plastic surgery training program.
- A letter of recommendation from the resident or fellow's program director is required. Additional letters of recommendation may be submitted from a supervisor or peer (maximum of two).
- Agree to attend the entire educational session during the meeting.
- Agree to accept the scholarship funding after the annual meeting for which the scholarship was provided (to insure attendance).
- Agree to write a short article about their most important learning experience from the meeting, which may be used in an upcoming issue of *Aesthetic Society News*.

Download the application and apply today!
www.tinyurl.com/o4kcy9u



THE AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION

ASERF's Premier Global Hot Topics 365 Webinar

By William P. Adams, Jr., MD

The Aesthetic Surgery Education and Research Foundation's (ASERF) annual Hot Topics program at The Aesthetic Meeting has always showcased emerging technology, research, and techniques in a dynamically evolving landscape of aesthetic plastic surgery. In response to a high level of interest, ASERF saw a need to provide a half-year update and was proud to provide a complimentary webinar on October 1, 2013 to members, candidates, Premier Partners, and the Media. This is one part of a new Hot Topics brand by ASERF called "Premier Global Hot Topics 365," where members will have ongoing opportunities to learn about hot topics throughout the year.

There were 137 attendees with surgeons having the ability to earn CME and continue the discussion afterwards on RADAR Resource's Discussions platform. Attendees rated the content a 4.3 out of 5 and 90% believed that the webinar improved their professional effectiveness. Approximately 95% of those surveyed would recommend this webinar to their colleagues, which tells us that this will be an ongoing program for ASERF.

Joined by an impressive panel of experts in the field, I was proud to co-moderate with ASERF Past President, Joe Gryskiewicz, MD, and my Co-Chair of the Innovative Procedures Committee, Simeon Wall, MD. Dr. Wall did double-duty as a panelist, giving us an update on an exciting new device to treat cellulite called the Cabochon cellulite device. Not yet available, the initial studies and reports of its efficacy show a promising new treatment for a very stubborn problem.

Julius W. Few, MD, started off the evening introducing Juvéderm Voluma from Allergan, Inc., a new filler intended to increase volume in the cheek and mid-face. Voluma just received FDA approval in the USA and will be available soon. Then we moved from filling to suctioning as Bruce W. Van Natta, MD, presented on a new liposuction technology called Hydrasolve. He stated that, like most technologies, the best outcomes can be achieved by a skilled and experienced user.

As an ongoing research initiative, Anand Deva, MD, joined in from Sydney, Australia, and presented new information about Biofilm

and breast implant interactions. The research is very cutting edge and has discovered a significantly larger bacterial load on textured implants. The significance of this finding is still under investigation.

Attendees asked questions throughout the webinar and we had a lively Q&A portion. Questions and comments about the webinar continued after the live event on RADAR Resource. Using the RADAR Discussions feature, users were and are still able to leave questions and/or comments for the moderators and panelists from the webinar.

If you are interested in reading the discussion thread or adding your own comments, please see the RADAR Discussions article on page 11 of this issue for details. On RADAR, look for the "Premier Global Hot Topics" discussion thread to join the conversation!

William P. Adams, Jr., MD, is an aesthetic surgeon practicing in Dallas, Texas and is the President of ASERF.

Learn from the Finest Minds in Aesthetic Plastic Surgery

Finished with an international residency?* Apply to The Aesthetic Society's International Fellowship Program by January 6, 2014. Two winners will receive the opportunity to visit and observe experts in the specialty, including reimbursement for food, housing, and transportation of up to \$7500 for one year. Apply at www.surgery.org/international-fellowship-program today!



*Residents from the U.S. and Canada are not eligible for this program.

ESTABLISHED THROUGH
A GENEROUS GRANT FROM

sientra.

SIMPLICITY IS BEAUTY



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.



RADAR Discussions: Stay Connected, Stay Informed

By William P. Adams, Jr., MD

As you likely know by now, RADAR Resource is a benefit to ASAPS members, candidates, and residents enrolled in our Resident Program. While it has long been our goal to make RADAR a valuable tool, helping you view and organize society and industry's aesthetic surgery education, RADAR now has some amazing capabilities to connect you to fellow aesthetic plastic surgeons to ask questions, give feedback, and learn through interaction with our peers.

While The Aesthetic Meeting occurs once a year and is an invaluable resource for connecting with our peers, this new Discussions tool allows such interactions throughout the year, maintaining those relationships well after The Aesthetic Meeting has concluded.

Not only can you create a discussion about any topic or article that intrigues you, but there will also be various "planned" discussions occurring in the coming year, in an effort to create a more interactive Discussions platform. For instance, after viewing the most recent ASERF Webinar, "Premier Global Hot Topics 365," RADAR users were able to continue the conversation for several days following with the instructors and moderators. The opportunity for ongoing conversation and learning can continue for weeks following an educational event.

To join, simply tap on the Discussions icon at the top of any screen within the RADAR library to stay connected to your colleagues and join the conversation. Visit www.surgery.org/radar for more information on using the Discussions feature.

New RADAR educational content recently added:

- **Aesthetic Surgery Journal:** The September 2013 issue is now available, as well as the supplement issue on the topic of "Barbed Sutures in Aesthetic Surgery," with Guest Editor Alan Matarasso, MD
- **Premier Global Hot Topics 365:** If you missed viewing the recent Premier Global Hot Topics 365 webinar live, now view it in its entirety on RADAR. As previously mentioned, join my discussion thread for the webinar as well, to see follow-up comments and questions or to provide your own feedback.

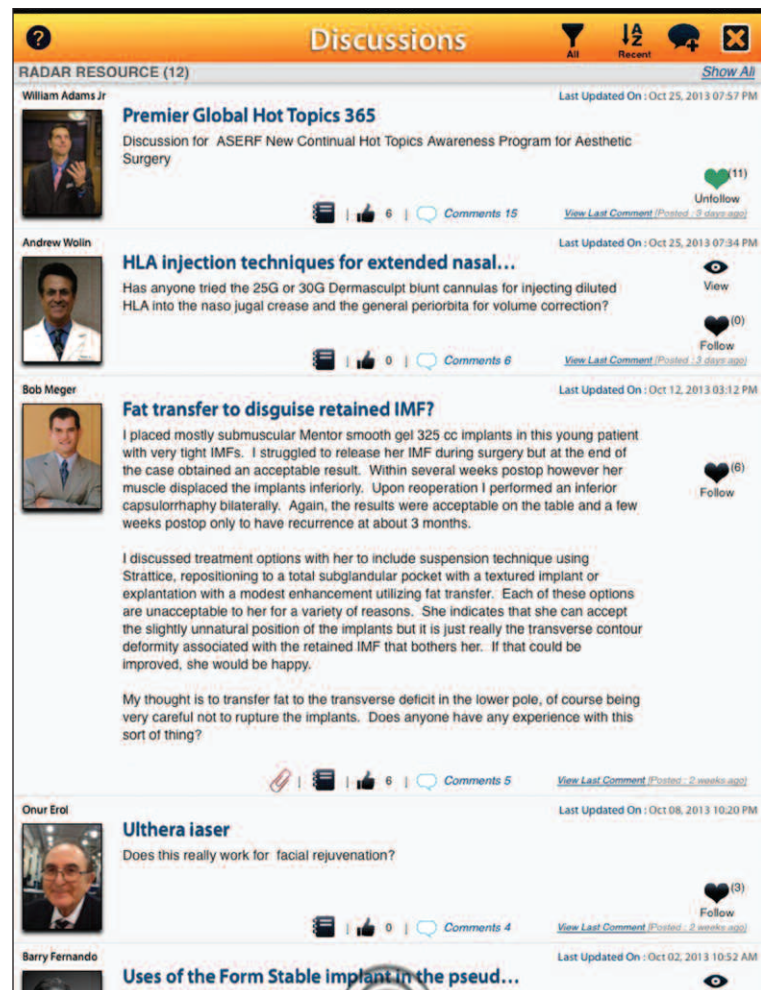
- **ASAPS Shaped Implant Educational Program:** Two new courses have been added. Caroline Glicksman, MD, instructs both "The Surgical Nuances of Form Stable/Shaped Breast Implants" and "Post-Operative Management: Early & Long-Term."
- **Annual Meeting:** Three panel presentations and two optional courses from The Aesthetic Meeting 2011 and The Aesthetic Meeting 2012 are now in this bookshelf under the Breast, Cosmetic Medicine, and Face folders, FREE to you exclusively on RADAR.
- **Plastic Surgeon Resources:** *Specialty Skin Care*, quarterly newsletter of the Society of Plastic Surgical Skin Care Specialists (SPSSCS), issues from 2010 to the present.

Downloading the App

- Search "AnzuMedical" in the App Store on your iPad
- Download the FREE app
- Enter your ASAPS username and password
- Tap the "Library" icon on the bottom tool bar
- Tap "Medical Societies" and then "Plastic Surgery" from the drop down menu
- Tap "Open Domain Library" in the upper right corner to access RADAR Resource
- This is a one-time login process

Contact Courtney Muehlebach, Courtney@surgery.org, for your ASAPS username and password.

William P. Adams, Jr., MD, is an aesthetic plastic surgeon practicing in Dallas, Texas. He currently serves as the President of ASERF.



I'LL BE BACK

for my surgery
and ongoing care
because you gave
me another option
to pay for the
procedures I want.



PAYMENT options with CareCredit® make it easy for more patients to get, *and keep*, the look they want.*

Offering the CareCredit® healthcare credit card as a payment option to every patient is one of the easiest changes you can make to help **achieve your practice goals**. Think of it as the personal beauty card your patients can use every time they visit your practice* – for surgery or ongoing procedures like BOTOX® Cosmetic or fillers. **60% of ASPS Member Surgeons** are already experiencing the difference CareCredit can make. *Why not you?*

Call 866-247-3049 to ENROLL AT NO COST.

ENDORSED BY



CareCreditSM
866-247-3049 · CareCredit.com

*Subject to credit approval.

MAG/PSN 2013



Highlights From the ASJ Editor's Desk

By Foad Nahai, MD

First of all, I'm pleased to announce that ASJ received its second Thomson Reuters ranking this summer. At 84th out of 198 journals in the entire surgery category, with an Impact Factor of 1.564, The Gold Journal is now the highest-ranked cosmetic-only journal in the world, with the widest circulation of any journal in that category. We are deeply proud of that distinction and owe a debt of gratitude to our contributors, reviewers, and readers for supporting our progress as we strive to balance the latest scientific research with clinically-applicable reports that enhance your practice on a daily basis.

ASJ in the News

It has also been exciting to see ASJ featured in several major news articles over the past few months.

In our August issue, we published an article from Drs. W. Grant Stevens, Laura K. Pietrzak, and Michelle A. Spring entitled "Broad Overview of a Clinical and Commercial Experience With CoolSculpting." This article was featured in a press release issued by the ASAPS office, and in a subsequent feature article from the LA Times. ASAPS Press Release: www.tinyurl.com/lmhqxm LA Times article: www.tinyurl.com/lqzdon7 The article itself is also open-access (available to non-subscribers), so please share it with your colleagues: www.tinyurl.com/mfqvhxl

In our September/October issue, we also published an article from Dr. Eric Swanson on the commercialization of plastic surgery, and I wrote an accompanying editorial. Both articles have been featured in press releases, several small news features, and on the Smart Beauty Guide website. Both articles are available through open-access until the end of November, and can be found here: www.tinyurl.com/l8hkocu and www.tinyurl.com/my7zkw The ASAPS news release is available here: www.tinyurl.com/lzrnk5z

I'm pleased to announce that ASJ received its second Thomson Reuters ranking this summer. At 84th out of 198 journals in the entire surgery category, with an Impact Factor of 1.564, The Gold Journal is now the highest-ranked cosmetic-only journal in the world, with the widest circulation of any journal in that category.

Residents, RADAR, and The Gold Journal



HIGHER EDUCATION MEETS HIGH TECH

For instructions on downloading the app and the various features, visit www.surgery.org/radar

As always, I want to remind you to download RADAR Resource, where you can get the latest in aesthetic education on your iPad. RADAR is the exclusive app of ASAPS and *Aesthetic Surgery Journal*. Not only do you have access to the entire ASJ backfile of content (back to 1996), but you can customize the subject matter by creating binders, highlighting text, and adding notes to publications and videos with your own audio, video, high resolution images, and URL attachments. Essentially, it's a digital version of the "clippings" file we all previously kept in a binder in our offices.

Access to RADAR is free to Members and Candidates of The Aesthetic Society (domestic and international), as well as Residents and Fellows enrolled in The Aesthetic Society's Resident Program—which brings me to my next topic.



We are concluding the annual Residents and Fellows Paper Competition, in which the Board of ASJ selects two winning articles—one Research and one Clinical paper—from amongst submissions by trainees. Throughout the year, our office occasionally receives emails asking about whether Residents can have access to *Aesthetic Surgery Journal*. The answer, of course, is yes! **Residents and Fellows have complimentary access to the journal for the duration of their training;** they need only register for the ASAPS Residents program with Marissa Simpson (Marissa@surgery.org), and they will be given electronic access through our website and the RADAR app. Please let us know if the residents at your institution are unaware of this program! We believe that ASJ is an essential part of their academic experience, and we would like as many cosmetic surgery residents as possible to get access to our quality content.

Abstract Articles

As most of you know, ASAPS has begun accepting abstract submissions for The Aesthetic Meeting 2014 in San Francisco, California. We are looking forward to receiving manuscripts based on some of the fascinating topics being proposed; it is always wonderful for your colleagues to read an article with a full set of results from an idea you introduce on the ASAPS podium. If you would like to submit your article to ASJ before or after the meeting, or at any time during the year, please visit <https://mc.manuscriptcentral.com/asjournal> or email journal@surgery.org with questions.

Putting Patient Safety First Benefits Everyone

PERFORMANCE · EFFICIENCY · PATIENT SATISFACTION · REFERRALS · REVENUE

The Aesthetic Society's Patient Safety Committee would like to remind you that an increased focus on patient safety leads to enhanced surgical performance and efficiency.

When a surgeon puts safety first, patients are better satisfied, resulting in more referrals, which ultimately impacts your bottom line.

Culture
of
Safety

“Primum non nocere” — First do no harm



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

800-364-2147 • 562-799-2356

www.surgery.org



ASAPS/ASERF: Strategic Planning Meeting Update

Michael C. Edwards, MD—ASAPS President-Elect
William P. Adams, Jr., MD—ASERF President

As the Aesthetic Society looks ahead to the future, a collective of ASAPS/ASERF leadership, “up-and-comers” (future potential leaders), and industry representatives met in La Jolla, California, in mid August to discuss the state of our society, the specialty, and how to best move forward in our ever-changing aesthetic space. This unique cross-section of attendees allowed for robust discussion and tremendous brainstorming, and we look forward to seeing our strategic plan come to life.

Membership Facts

Central to any decision-making within the society is a clear understanding of our members and their needs. Currently, the Aesthetic Society has 1,902 Active Members in the United States and Canada, with an additional 171 International Active Members. In our Candidate Program, we have 421 U.S. and Canadian Candidates, with an additional 219 International Candidates. Our Residents and Fellows Program has 432 participants, and we have 632 Life Members.

ASAPS/ASERF Strategic Plan

The strategic planning meeting was facilitated by Max Suzenaar and Katie Callahan-Giobbi of Minding Your Business, management consultants with a great deal of experience in non-profit organizations. Prior to the meeting, they connected with a wide variety of society members to gain insight into member issues and opportunities. They also were immersed in the ASAPS/ASERF culture, attending The Aesthetic Meeting in New York, various committee meetings, and interacting with leadership, members, and staff of all levels. With their guidance, all gathered,

discussed, and agreed on the necessity and importance of reclaiming our dominance in the field of aesthetics, becoming the “go-to authority” on all aspects of aesthetic plastic surgery. As a society, this means helping to transform our organization into one that is strengthened in both numbers and perspective by including those who have proven themselves in aesthetics, nurturing the next generation of aesthetic surgeons, and increasing member engagement.

Growth Opportunities

As suggested above, our membership has a great opportunity to reach out to newly-minted aesthetic surgeons to create a more inclusive and robust society. Too often, the Aesthetic Society is viewed as being “old guard;” this misperception needs to be combated to ensure that we grow and prosper. This means not only reexamining our membership requirements to engage aesthetic plastic surgeons earlier in their careers, but also offering engagement opportunities and outreach to aesthetic surgeons in all age and gender categories. There are many plastic surgeons who do aesthetics but are not currently involved with the society, and it is our duty to reach out to those surgeons and assist them in becoming members.

Another area for growth is demonstrating to our members that by being a member of the Aesthetic Society, your practice will grow. Key to that is the new consumer education and marketing campaign, Smart Beauty Guide, detailed very clearly in this issue of *Aesthetic Society News*. By providing education and resources that not only make our members better surgeons, but also better business

people, we can help that growth occur. As members of the Aesthetic Society, we are known for our education, training, skills, and best practices, and it is these characteristics that helped the Marketing Task Force shape the new Smart Beauty Guide brand. For both patients and surgeons, knowledge is power, and—in the case of our marketing campaign—knowledge is a beautiful thing.

ASERF’s Strategic Alignment

Given the strategic goals of ASAPS, it was agreed that leveraging the research capabilities of ASERF to support ASAPS would result in a more cohesive alignment between the organizations. Clinical research addressing aesthetic topics will continue to be a focus for ASERF along with the development of the Data Hub to provide data on outcomes in aesthetic surgery. Findings will be shared via educational programs such as with the “Premier Global Hot Topics 365.” ASERF will also allocate resources toward aesthetic consumer behavior research to support the ASAPS brand and provide data to assist members in their own practice marketing activities.

Support and Suggestions

As we move forward, we hope you’ll help in communicating the benefits of Aesthetic Society membership to your colleagues who may not yet have joined. Those of us in the aesthetic plastic surgery specialty need to band together and stress the value and importance of our training and education, which make us more qualified in aesthetic surgery and cosmetic medicine than others who make false claims. By standing together, we can continue to create great things.

If you have suggestions on how we can strengthen the Aesthetic Society, please let us know. From skin care to scalpel, we are uniquely qualified to perform the full spectrum of aesthetic care, and we hope you’ll continue to spread that message to those in your community.

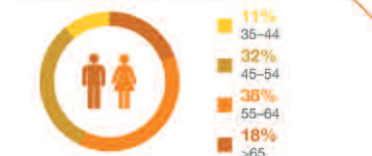
Michael C. Edwards, MD, is an aesthetic plastic surgeon practicing in Las Vegas, Nevada. He serves as President-Elect of the Aesthetic Society, and can be reached at mikeedwardsmd@surgery.org.

William P. Adams, Jr., MD, is an aesthetic plastic surgeon practicing in Dallas, Texas. He currently serves as the President of ASERF, and can be reached at info@aserf.org.

ASAPS 2013 Membership



Membership Age Range



Gender



Years in Practice





Update on ASERF

By William P. Adams, Jr., MD

I am happy to report that, as of mid-October 2013, ASERF already had 154 of its members renew their commitment to ASERF. Dues are just now beginning to come in, and our goal is to meet or exceed last year's number of 905 ASERF members. If you haven't yet, I encourage you to become a member of ASERF today. ASERF works diligently and efficiently to ensure that your dollars fund only the strongest research applications, which we know makes a difference in your practices as well as advances the field of aesthetic surgery.

Late this summer, ASERF, along with ASAPS, held its strategic planning meeting led by *Minding Your Business (MYB)*. With their help, the ASERF Board of Directors was able to fine-tune our long-term goals and objectives, maintaining our efficient work operations while maximizing income.

One area of much-needed growth is the grant application process. While ASERF strives to increase the number of applications each year, we are beholden to those who have

an interest in actually doing aesthetic surgery research. Various ideas on how to increase applications became a focal point of the ASERF strategic planning meeting, as well as discussion about how to best provide support to clinicians on not only the application process, but on how to best proceed with their research.

ASERF has been very fortunate to have a great number of research projects to fund since the annual meeting, including:

- *Impact on ADMs on Biofilms Around Breast Implants*—Terence Myckatyn, MD
- *Clinical Adipose Stem Cell Banking: Is Younger Better?*—R. Peter Rubin, MD
- *Adipose Derived Stromal Cell (ADSC) Injections for Pain Management in Osteoarthritis of the Human Knee Joint*—Peter B. Fodor, MD

ASERF's continuing goal is to ensure that research focuses not only on products and procedures, but basic science as well. In the next few issues of *Aesthetic Society News*, I will share with you more about the direction ASERF is taking, as well as more about the research projects currently funded.

On October 1, ASERF launched a new webinar series, "Premier Global Hot Topics 365." This ongoing series will take advantage of the evolving landscape of new and emerging technologies in aesthetic surgery. Our initial webinar focused on four specific topics: interactions between biofilms and breast implants; Voluma, a new volumizing injectable distributed by Allergan Medical; the new liposuction technology, Hydrasolve; and the Cabochon cellulite device. The webinar can be found in its entirety here: www.tinyurl.com/kxue4lb or on RADAR Resource.

If you didn't take part in the webinar, but would be interested in future webinars or have suggestions on topics and/or research projects you feel would benefit ASERF and aesthetic surgery, please drop me a note at ASERF@surgery.org.

William P. Adams, Jr., MD, is an aesthetic plastic surgeon practicing in Dallas, Texas. He currently serves as the President of ASERF.

Are You Supporting Important Aesthetic Surgery Research?

This year is a pivotal one for our specialty of aesthetic surgery and for ASERF. We have brought innovation to your educational experience with a series of issues-focused webinars, new approaches to The Aesthetic Meeting and the introduction of the RADAR Resource, an innovation that can forever change the way you access information which allows you to build your own medical library.

On the research front, we stand on the cusp of developments that cannot only change your practice, but bring clinical questions to reality. Some of our recently completed studies include:

- Retrospective Study on Pulmonary Embolism—Geoffrey R. Keyes, MD
- Impact on ASMs on Biofilms Around Breast Implants—Terry Myckatyn, MD
- Clinical Adipose Stem Cell Banking: Is Younger Better?—J. Peter Rubin, MD

Your support of ASERF will help bring more clinical studies to completion. Those who do choose to contribute will be given special recognition and other perks at The Aesthetic Meeting 2014 in San Francisco, CA. Without you, we will not be able to give you the important data you need and the evidence that will help you in your daily practice.

ASERF Benefits

\$200–\$499 Membership Opportunity: Research updates in advance and ASERF ribbon at Annual Meeting

\$500–\$999 Gold Opportunity: Same as above, plus access to ASERF VIP Lounge at the Annual Meeting, and backlink from website to ASERF

\$1,000–\$9,999 Platinum Opportunity: Same as above, plus attendance to Premier Global Hot Topics and Scientific Research Luncheon at no charge

\$10,000 Major Donor Level Opportunity: Same as above, plus recognition at Premier Global Hot Topics, reserved front row seating at Premier Global Hot Topics and the Scientific Research Luncheon

President's Leadership Circle: Reserved for members who donate \$100,000 or more. For details please contact Tom Purcell, Director of Development, at 562.799.2356 or tom@surgery.org

For further questions about joining ASERF, please call 1.800.364.2147



THE AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION

ASERF Board of Directors

William P. Adams, Jr., MD—*President*

Al Aly, MD—*President-Elect*

Neal R. Reisman, MD, JD—*Vice President*

Steven Teitelbaum, MD—*Treasurer*

Barry DiBernardo, MD—*Secretary*

Jack Fisher, MD—*ASAPS President*

Michael C. Edwards, MD—

ASAPS President-Elect

James C. Grotting, MD—*ASAPS Vice President*

Scott W. Barttelbort, MD—*Director*

Spencer Brown, PhD—*Lay Director*

Michael G. Cedars, MD—*Director*

Julio Garcia, MD—*Director*

Luis M. Rios, Jr., MD—*Director*



Board Recommends New Bylaws Change for Active Member and Candidate Programs

By Jack Fisher, MD

As President-Elect Mike Edwards, MD, notes in his excellent recap of the recent ASAPS/ASERF Strategic Planning Retreat (page 15), the Aesthetic Society has a great opportunity for growth, based on recommendations from members and feedback from candidates and other potential members. At our interim ASAPS Board of Directors meeting in August, the board approved a proposal from the Membership Task Force, chaired by Past President Dr. Jeff Kenkel, which included the implementation of an additional membership category, "Candidate for Membership," that would replace the current Candidate Program. By doing so, we can demonstrate the value of ASAPS to a new generation of surgeons and engage prospective new members earlier in their careers.

Candidate for Membership Program

The proposal recommended "Candidate for Membership" be a membership category for plastic surgeons who have graduated and not yet passed their Boards, clearly acknowledging that while the individual is a candidate for membership, he or she does not have full membership in the organization. To apply for this category, the individual must meet the following requirements:

- Recommendation letter from an Active/Life Member or Plastic Surgery Program Director (does not need to be an ASAPS member)
- Board admissibility by the American Board of Plastic Surgery or Royal College of Physicians and Surgeons of Canada
- Attendance at an ASAPS annual meeting within four years prior to application date
- Provide verification of accreditation of any surgical facilities that are used
- Agree to abide by the Aesthetic Society's Bylaws and Code of Ethics

Active and International Members

In addition to the proposed changes to the Candidate Program, the Membership Task Force also recommended revising the current requirements for Active and International Active Membership to allow for earlier entrance to the membership process. For active member applicants, they recommended the following new requirements:

- Board Certification by the American Board of Plastic Surgery or Royal College of Physicians (eliminating the three-year wait requirement)

- Documentation of a minimum of 75 aesthetic surgical cases during an 18-month period (versus the 12 months currently required) OR completion of a 12-month ASAPS endorsed Aesthetic Fellowship
- Attendance at an ASAPS annual meeting within four years prior to application date (versus three years, as currently required)
- Two sponsors, one of which must be an active member within 100 miles of the applicant's practice

Next Steps: We Want to Hear From You!

While the Board of Directors has approved these recommended actions to ensure a vital membership, the proposal now sits with our Bylaws Committee, which will articulate the precise bylaw language. At the same time, however, the Board of Directors wants to hear

from you as to your thoughts about this proposal. Please send any thoughts or suggestions to jfishermd@surgery.org by December 1, 2013.

Our goal is to gather your thoughts and comments on this proposal to ensure that our steps are in accordance with the wishes of the membership. Once the process has been completed, we will distribute the final proposed Bylaw changes to membership prior to The Aesthetic Meeting 2014, and a vote will be taken at our Member Business Meeting in San Francisco, California, on Sunday, April 27, 2014. I look forward to hearing your thoughts and ideas on our proposed changes as presented. Please email me at jfishermd@surgery.org.

Jack Fisher, MD, is an aesthetic plastic surgeon practicing in Nashville, Tennessee, and serves as President of the Aesthetic Society.

ASAPS Executive Director, Sue Dykema, Honored as Meeting Professional of the Year

By Jack Fisher, MD



Sue Dykema

Please join me in honoring our very own Executive Director, Sue M. Dykema, CAE, for being selected by the Professional Convention Management Association (PCMA) as their 2013 Meeting Professional of the Year. Those of us

who've interacted with Sue during our annual Aesthetic Meeting have seen her in action, handling all issues large and small with grace and professionalism, and it is wonderful to have her acknowledged as such by others as well.

Nominated for the award by our strategic consultants, Max Suzenaar and Katie Callahan-Giobbi of Minding Your Business, the PCMA has rigid qualification standards for award consideration, including not only membership in the PCMA, but continuing meeting industry involvement, professional/career achievements, national/chapter board and committee work, volunteerism/community service, mentoring and speaker/

author experience. As Minding Your Business noted in their nomination, "Sue is a role model for those meeting professionals looking for a broader career path and one we need more of. She is a great example of a colleague who has continued to hone her skills, broaden her experience, and effectively transition from tactician to strategic thinker."

While most of us are familiar with Sue's involvement and leadership within the Aesthetic Society, she has been very active in PCMA as well at the chapter level in the Southwest and Pacific Chapter, joining committees, serving on the board and ultimately as Chapter President for two years. She has also served on the national Board of Directors as well as many task forces and national committees, including the Annual Meeting Program Committee. In 2003, Sue was the recipient of PCMA's Outstanding Service to a Chapter Award.

On behalf of the entire ASAPS Board of Directors, our congratulations to Sue M. Dykema on this prestigious award; it is truly deserved.

Jack Fisher, MD, is an aesthetic plastic surgeon practicing in Nashville, Tennessee, and serves as President of the Aesthetic Society.

Enaltus and ZO Skin Health Renew Commitment to ASAPS



ZO SKIN HEALTH INC

BY ZEIN OBAGI, MD

This summer, both Enaltus and ZO Skin Health, Inc. renewed their Premier Industry Partnership commitments to the Aesthetic Society. These two companies, along with six others, fulfill the cohort of eight Premier Industry Partners who provide non-dues revenue to the Aesthetic Society, helping offset the costs associated with the organization's mission.

Chief Operational Officer Zubin Meshginpoosh of Enaltus was quick to say, "Deciding to partner again with ASAPS was an easy decision. ASAPS and the Premier Partnership Program are a good fit for Enaltus and our goals." Meshginpoosh added, "Many patients worry about scarring and often ask their surgeon how to best manage the wound after they are home. The Partnership Program allows us to share a consistent message with members, which include the benefits of bioCorneum."

Recently, Enaltus took their sponsorship to the next level. According to ASAPS Executive Director Sue Dykema, Enaltus invited Jack Fisher, MD, current ASAPS President, Robert Singer, MD, ASAPS Past President, and ASAPS Board Member Sanjay Grover, MD, to participate in a paid programming event. While ASAPS representatives focused on the importance of utilizing a board-certified plastic surgeon, Meshginpoosh reiterated that best outcomes are more likely with a board-certified plastic surgeon.

Additionally, ZO Skin Health, Inc., a company created by world-renowned dermatologist, Zein Obagi, MD, has experienced vital exposure and tremendous growth over the last year after joining the Premier

"Deciding to partner again with ASAPS was an easy decision. ASAPS and the Premier Partnership Program are a good fit for Enaltus and our goals."

Industry Partnership Program. They, too, have agreed to another year of corporate support.

Much like Enaltus, ZO (pronounced zee-oh) is a smaller company that made the decision to become a partner when looking for an effective way to reach ASAPS members. ZO appreciates that the program is more than an exchange of money for signage. Specifically, they like that they have various options to interact with members through networking opportunities, leadership meetings, advertising, and online promotions, as well as brand signage in multiple venues.

Deborah Tomes, Vice President of Global Marketing for ZO, stated, "We are very proud of our affiliation with ASAPS and their Premier Industry Partnership Program. It provides ZO the opportunity to reach a key consumer with a consistent brand message via a most prestigious aesthetic plastic surgery association."

"Our alliance with ASAPS ensures ZO's predominant presence as innovators in skin health science providing surgeons pre and post-procedure skin treatments to maximize patient outcomes. In fact, ZO is the only skincare company in the Premier Partnership Program. We couldn't be happier with how our business has flourished among aesthetic plastic surgeons, thanks to the loyal ASAPS members and their team of outstanding individuals who manage the program. It's worth every dollar we invest," said Tomes.

ASAPS Partnership Program recognizes two levels, Premier Industry Partners and Alliance Partners. Currently, the Premier Industry Partnership level has reached its full potential of eight partners, while the Aesthetic Society continues adding new partners at the Alliance level.

Partners are provided opportunities to promote their products and services through various methods made available through the Aesthetic Society. One of the newest options is Quarterly Internet Specials. From time to time, ASAPS social media outlets promote a special, just for our members, accessed



"Our alliance with ASAPS ensures ZO's predominant presence as innovators in skin health science providing surgeons pre and post-procedure skin treatments to maximize patient outcomes. In fact, ZO is the only skincare company in the Premier Partnership Program."

through surgery.org. These opportunities help the partners reach the most interested members without inundating those who aren't as interested. Additionally, the program provides companies such as Enaltus and ZO Skin Health, Inc. inexpensive touch points to share their new products through a personalized approach.

The Aesthetic Society offers our sincere gratitude to both Enaltus and ZO for their continued support.



The Aesthetic Society is very pleased to welcome CosmetAssure as our newest Alliance Partner. Look for the winter issue of *Aesthetic Society News* to learn more about how CosmetAssure can be an asset to your practice.

CosmetAssure[®]
We Cover Complications.



Focus on Philanthropy: When Life Gives You Lemons...

By Michael C. Edwards, MD

At the ASAPS interim Board of Directors meeting in August, a motion was made and approved to recognize BRAVE Day and the outstanding efforts of the Pink Lemonade Project. Founded in 2010 by Dr. Cassie Gabriel and her husband, Dr. Allen Gabriel, who is in the ASAPS Candidate Program, Pink Lemonade Project's mission is to provide women—particularly those at-risk for breast cancer, breast cancer survivors, and their families—an educational pathway of hope and healing. Key to this is the creation of an empowering community, the BRAVE Day program, and, unlike other breast cancer awareness projects, the Pink Lemonade Project has produced a Bill of Rights for women, for use long before they may suspect a breast cancer diagnosis.

Pink Lemonade Project Mission

The Pink Lemonade Project has a three-pronged mission: *hope, healing, and happiness*. *Hope* is based on their BRAVE Day event, which takes place annually on March 21st, with its focus on advocacy of breast cancer rights. BRAVE Day promotes awareness of women's rights both in regard to prevention and for those diagnosed with breast cancer. Specifically, BRAVE Day works to educate the

Pink Lemonade Project's mission is to provide women—particularly those at-risk for breast cancer, breast cancer survivors, and their families—an educational pathway of hope and healing. Key to this is the creation of an empowering community, the BRAVE Day program, and, unlike other breast cancer awareness projects, the Pink Lemonade Project has produced a Bill of Rights for women, for use long before they may suspect a breast cancer diagnosis.



Be Informed.
Be Educated.
Be BRAVE.

Recognized by:



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC



SOCIETY OF PLASTIC SURGICAL
SKIN CARE SPECIALISTS

public about the Women's Health and Cancer Rights Act (WHCRA). This federal law, passed in October 1998, protects women with breast cancer who choose to have their breasts reconstructed after a mastectomy. A list of these rights can be found at the Pink Lemonade Project's website: www.pinklemonadeproject.org/know-your-rights.

Their mission of *healing* is orchestrated through their professionally-led restorative retreats for breast cancer survivors and their

partners. These three-day retreats are facilitated by licensed clinical social workers and licensed clinical psychologists and are designed for those who are out of active treatment including chemo and radiation therapy. The goal of the Pink Lemonade Project retreats is to help support those moving beyond breast cancer and claiming their new lives.

To help survivors of breast cancer reach the Pink Lemonade Project's goal of *happiness*, they created their Pink Pathways peer-to-peer support program. This is a fellowship that offers one-on-one connections and group events to create a supportive community. Volunteers for this program include breast cancer survivors and genetic previvors who are extensively trained by licensed clinical social workers on how to best support those affected by breast cancer. This new program will be community-focused and involve a series of social and educational events.

A Local Movement Grows Nationally

In 2013, BRAVE Day was proclaimed by the states of Oregon, Washington, and Kentucky. Additionally, the Pink Lemonade Project continues to enjoy national partnerships with such companies as Starbucks, Alaska Airlines, Waste Connections, and Fred Meyer.

Get Involved

Participating in the Pink Lemonade Project is easy. You can make a donation through their website, encourage volunteerism, educate your patients about their services by linking to their website, and share the word via social media. The group is active on Facebook, Twitter, Pinterest, and YouTube, and linking to their posts is an easy way to show your commitment to women's healthcare rights. Key to gaining the trust of your patients is showing empathy and compassion, and supporting such programs as the Pink Lemonade Project is one simple way to do just that.

For more information or to get involved, go to www.pinklemonadeproject.org.

Michael C. Edwards, MD, is an aesthetic plastic surgeon practicing in Las Vegas, Nevada. He serves as President-Elect of the Aesthetic Society.

Share the Benefits of Society Membership with Your Colleagues! The Upcoming Membership Deadline is January 5, 2014. Apply Today!

The Aesthetic Society staff is often asked questions from prospective members as to what steps to take to become an ASAPS member. It's really quite easy to get started. Simply follow the steps below to start the process. We've included the answers to commonly asked questions as well.

How to Get Started:

Step 1: Contact an Active member of the Aesthetic Society and request that they submit a written request on your behalf via email to alicia@surgery.org.

Step 2: You will receive a "Checklist" with five questions, which must be completed and returned.

Step 3: Once the completed checklist is received, and you are able to answer "yes" to all questions, the full application will be sent to you.

Step 4: Return the completed application by January 5 or July 1.

What are the requirements for membership?

- Attendance of an ASAPS Annual meeting within three years prior to application date.
- Documentation of a minimum of 75 aesthetic surgical cases during a 12-month period.
- Ability to document 60 Category 1 CME hours in aesthetic surgery during the 36-month period prior to the application date.
- Must be at least in your third year of practice since board certification by the American Board of Plastic Surgery or the Royal College of Surgeons (Canada)
- Must submit a report on all malpractice cases, if any.
- Must submit verification of accreditation of any surgical facilities that you use.
- Must have at least two (2) sponsors. One of your sponsors must be an active member within 100 miles of your practice, and the other may be an active member anywhere in the U.S. or Canada. (The sponsorship forms will be provided to you with the application.)
- Must agree to abide by the Society's Bylaws and Code of Ethics.

What are the benefits of Active membership?

- The Aesthetic Meeting has long been considered the "gold standard" in aesthetic education. ASAPS continually offers a wide array of educational opportunities, each designed to meet your evolving educational needs. Special discounts as well as complimentary webinars are available to members.
- Smart Beauty Guide—a consumer education and marketing campaign developed exclusively for ASAPS members. This multi-approach campaign is designed to attract new patients to your practice.
- ASAPS membership includes three potential referral sources. Find-a-Surgeon, Enhanced Practice Profile (EPP) Web Pages, and Ask-a-Surgeon, all located on Smart Beauty Guide (www.smartbeautyguide.com), which produce approximately 40,000 referrals per month.
- Practice Marketing Solutions to build and manage your online presence, utilizing evolving web strategy and social media features to help gain patient leads.
- Complimentary subscription to the *Aesthetic Surgery Journal*—indexed, peer reviewed, and with an Impact Factor of 1.564. The *ASJ* is essential for keeping up-to-date on the latest aesthetic techniques and research. *ASJ* is also accessible on RADAR.
- The RADAR resource library powered by the AnzuMedical app. You will be able to access all issues of the *ASJ* from 1995 to the present, Procedural and Complications Toolkits, select Aesthetic Meeting videos, the membership roster, and much more.
- Complimentary legal advice from Bob Aicher, Esq.

Do you know an individual who would make a great addition to our organization? If so, please send your recommendation via email to alicia@surgery.org and help your society continue to grow! For additional information please contact our Membership Manager, Alicia A. Potochniak, at alicia@surgery.org or via phone at 562.799.2356.



Meet the Staff!

Victoria Ruiz has worked at the Aesthetic Society since 2007. While you may not recognize her face, you've likely seen her in her role at the annual Aesthetic Meeting, as she is our Registrar/Accounts Receivable Manager. Throughout the Aesthetic Meeting, Victoria is incredibly active overseeing her registration team, while juggling the duty of processing all meeting registration, dues for membership in ASAPS and ASERF, and accounts receivable.

Victoria says, "I enjoy working with the great, fun, hardworking team at the Aesthetic Society. I also enjoy getting the opportunity to meet the ASAPS Members and being one of the first to welcome them to our Annual Meeting."

When not busy working, Victoria enjoys indoor cycling and kickboxing. The next time you're at an Aesthetic Meeting, please stop by the registration desk and say "hi" to Victoria!

Questions...

On meeting registration?

Contact Victoria Ruiz at Victoria@surgery.org

On exhibits?

Contact Erika Ortiz-Ramos at Erika@surgery.org

On ordering products?

Contact Laura Newman at Laura@surgery.org

Or simply call the Aesthetic Society at 1.800.364.2147

ASAPS Members: Share Your Accomplishments!

Did you know that there is an easy way to share your career accomplishments with your fellow ASAPS members? Simply send your news and photos on major practice events, philanthropic efforts, and other milestones to Membership Manager Alicia Potochniak at alicia@surgery.org for consideration in our quarterly Aesthetic Society News!

Media Notes & Quotes

In the summer of 2013, the Aesthetic Society, ASAPS members, *ASJ* and ASAPS's statistics were featured nationally and internationally almost 500 times. The Aesthetic Society's communications office confirmed media placements reaching an audience of over 98 million consumers.

Below is a selection of notes and quotes from a few of the articles ASAPS was featured in within the past few months.

A slew of nonsurgical body contouring treatments promising to zap inches on your lunch hour has taken off recently, ushering a flood of new patients—many of them men—into doctors' offices.

According to a July article by Dr. Grant Stevens in the *Aesthetic Surgery Journal*, 62% of the 528 patients he saw for the procedure from 2010 through 2012 had never undergone any other cosmetic procedure, not even a professional facial. Now 40% of these new customers have returned for other surgical procedures, lasers and fillers.

With cosmetic treatments, more men enlist in battle of the bulges

The Los Angeles Times
August 16, 2013

Patients who get facial plastic surgery often assume that they will look younger and more appealing afterward. But a new study, the first to try to quantify attractiveness after a face-lift, brow-lift or eyelid surgery, found only a tiny, insignificant increase in attractiveness.

Dr. James M. Stuzin, a Miami plastic surgeon who specializes in face-lifts, thought the study's findings had limited generalizability. "A lot of patients show better improved perceived age and attractiveness than what was noted in this study," he said. The study did not include pictures and, without them, "we don't know what technique was utilized," he said. "Definitely technique and a surgeon's skill level influences results."

Dr. Val Lambros, a plastic surgeon in Newport Beach, Calif., cautioned, "assigning numbers has an incredible potential to be misused." Imagine the competing advertisements, he said, with one surgeon saying, "My operation makes people look 4.2 years younger" and another crowing, "Mine makes patients look like Girl Scouts."

The Limits of Cosmetic Surgery
The New York Times
August 1, 2013

Most of us assume that our doctors are trustworthy. But are they as trustworthy as we think?

So what's a patient to do?

Make sure your doctor isn't practicing outside his/her field. This is mainly a problem in plastic surgery, where doctors of all kinds are ditching their chosen specialties to masquerade as cosmetic surgeons.

If you're considering plastic surgery, make sure your surgeon is certified by the American Board of Plastic Surgery, or better yet, is a member of the American Society for Aesthetic Plastic Surgery. If you're considering facial plastic surgery, then the American Board of Facial Plastic Surgery is considered an equivalent in all states. So should you trust your doctor? Yes... After you do your research.

Should You Trust Your Doctor
CNN
August 23, 2013

Get Connected!

The Aesthetic Society is pleased to announce that ASAPS social media accounts remain ranked as the number one plastic surgery social media influencer, according to Klout analytics. Klout is a social media

analytics company based in San Francisco. ASAPS has the highest "Klout Score" among plastic surgery social media influencers. ASAPS now has over 11,000 followers on Twitter and almost 9,000 "Likes" on Facebook.

The ASAPS Communications Office just launched Smart Beauty Guide's social media accounts on Facebook, Twitter, Google+, LinkedIn, Pinterest, and YouTube. Be sure to check out Smart Beauty Guide on social media.

ASAPS:

Facebook: www.facebook.com/AestheticSociety

Twitter: www.twitter.com/ASAPS

LinkedIn: www.linkedin.com/groups?gid=3884518&trk=hb_side_g

Google+: <http://plus.google.com/u/0/104664957733294007705/posts>

Pinterest: pinterest.com/asaps/boards/

YouTube: www.youtube.com/user/aestheticsociety

Smart Beauty Guide:

Facebook: www.facebook.com/SmartBeautyGuide

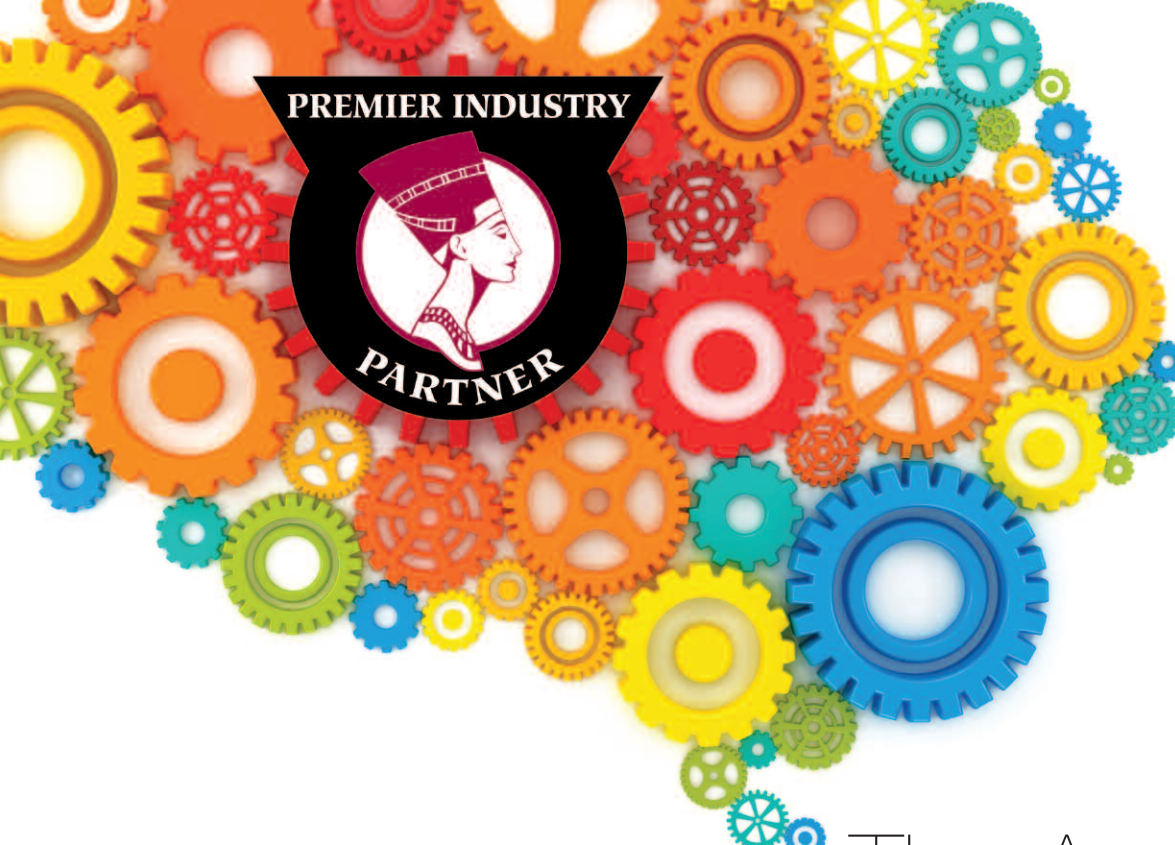
Twitter: www.twitter.com/smartbeautynews

LinkedIn: www.linkedin.com/groups?gid=4814280&trk=hb_side_g

Google+: <https://plus.google.com/+Smartbeautyguide>

Pinterest: www.pinterest.com/asaps/smart-beauty-guide

YouTube: www.youtube.com/user/SmartBeautyGuide



The Aesthetic Society's Premier Industry Partnership Program

Working together to
advance the science, art,
and safe practice of aesthetic
plastic surgery among
qualified plastic surgeons.

It's more than just business to us.



Founding Partners: Sientra and Medicis



Speak Up!

By Claude Oppikofer, MD

I will never forget the day when I was an intern in pediatric surgery and holding retractors in a case of orchidopexy for cryptorchidism performed by the Head of the Department. I had the feeling he did not do it as he usually did and that his thoughts were somewhere else. He seemed to over-dissect the spermatic cord and thinned it up to a point I had never seen before. And suddenly, the testicle pulled away in the surgeon's hand with the spermatic cord cut. . .

I remember how awfully bad I felt—and I still do after all these years—because I had seen this disaster coming, but was too shy or respectful or whatever to speak up to my boss. If I had said something, this tragedy for the little boy and his family and the personal defeat for my boss would have been avoided. But I hadn't dared speak up.

Data from Pascal Metrics show that up to 50% of caregivers will not speak up to a surgeon when they see a problem arising.¹ Also, analysis of problems, major complications, or casualties shows that in more than 90% of the cases, someone along the line saw an issue arise and did not mention it. There are many reasons why people behave this way, among them fear of being ridiculed for perhaps being incorrect, or the fear of being blamed by a superior for interfering.

But these numbers also suggest that a great many complications could be avoided if every person who sees something wrong would speak up.

Another example, this time from aviation: The current state of the investigation of the recent crash of Asiana flight 214 in San Francisco indicates that a lack of speaking up contributed to the accident. During the last two minutes of the flight, the descent path was obviously wrong—it was too low. Yet, none of the other crewmembers in the cockpit mentioned anything to the Captain until a few seconds before impact.

Encouragement to speak up is an important part of Crew Resource Management (CRM), the aspect of our activity that deals with the Human Factor, which is responsible for success or failure in healthcare as well as in aviation. While I am ready to assume that all board-certified plastic surgeons know their surgical techniques perfectly, I am less sure that they are also using non-technical skills



(namely teamwork, leadership, situation awareness, decision making, task management, and communication) in an appropriate way. No surgeon can do a procedure all by himself or herself. Sometimes we may tend to think so, and—worse!—we may give our team the impression we are able to do it. But we all should know that many people contribute to the success. *The key to success is to get all those team members on board.* If every member of a team is aware of her or his responsibility for the positive outcome of the operation, then we have already made a huge step forward.

In the automobile industry, an important part of the Toyota Production System (TPS) is the “Andon cord,” which can be pulled by the workers at any time and gives them the ability, and moreover the empowerment, to stop production when a defect is found and immediately call for assistance. Speaking up is exactly the same; for optimal safety we need the resources of all team members. Of course, the surgeon is in many cases the most experienced and best-trained professional on the team. But he or she cannot control everything. During surgery, his or her attention is focused on the main activity, i.e. operating. Dangers can come from many other sides, out of the surgeon's focus.

With all respect to function and responsibilities, we must ensure that hierarchical barriers do not become an obstacle to speaking up. We can do so by explicitly requesting team members to crosscheck and speak up. Especially in aesthetic surgery, with many operations under local anesthesia, it is also of paramount importance to integrate the patients in the safety check. They are often

the ones who can detect gaps, and if they know they can speak up, we can avoid many errors. This will not break down the doctor-patient relationship, but on the contrary, underline the partnership.²

Telling everyone involved in the operation that we are grateful if they do speak up, and never blame them for doing so, is probably the single most important element of effective CRM.³ And, furthermore, this element is easy to introduce. Personally, I believe that “Encouragement To Speak Up” should be the first checklist item on the Time-Out before incision.

Encouragement to speaking up is also a good way to show our teams how much we care for the safety of our patients and how much we are aware of each team member's contribution to the positive outcome of an operation. Asking the people who work with us for their help and showing them how much it is appreciated is a perfect example of true leadership. Let us not miss this chance—for the sake of our patients.

Back to my bad experience as an intern: Today I am convinced that I would have mentioned my observation and worries if I had been actively encouraged to do so. Or even more, if at that time I had felt that there was a culture allowing me as a young intern to call for a time-out, the negative outcome of this operation would have been avoided. And I know that my experience is not unique; these situations happen every day with more or less tragic, but fully avoidable, outcomes.

Claude Oppikofer, MD, is an aesthetic plastic surgeon practicing in Montreux, Switzerland. He currently serves as Chair of the Aesthetic Society's Patient Safety Committee.

References

1. Personal communication with Dr. Michael Leonard, Co-Chief Medical Officer, with special thanks.
2. Schwappbach DL. Patientensicherheit aus Patientensicht. Care Management 2:31-33, 2009.
3. Reid J. Speaking up: a professional imperative. J Perioper Pract 23:114-118, 2013.



Legal Update: Cosmetic Surgeons Lose in Federal Court, HIPAA and The Sunshine Act

By Bob Aicher, Esq.

Cosmetic Surgeons Lose in Federal Court

C In September 5, 2013 a United States federal district judge, Ted Stewart, threw out an antitrust lawsuit filed last November by two Utah cosmetic surgeons, Drake Vincent, MD, DMD and Benjamin Dunkley, DO.¹ The now-vindicated defendants were the Utah Plastic Surgery Society (UPSS), 19 of our UPSS colleagues, and the ASPS and ABPS. At issue was a bold campaign organized by the UPSS to encourage the public to become educated about the differences between cosmetic and plastic surgeons.

The campaign was very visible. The UPSS website contained messages such as “Cheaper, Faster, Scarier” and “Lack of Training Can Be Deadly in Cosmetic Surgery.” Grant A. Fairbanks, MD was interviewed on Salt Lake City’s ABC4 news. However, the largest parts of the campaign, literally, were six billboards on Interstate 15, one of which stated, “Public Safety Announcement” and depicted a tearful woman saying, “I didn’t know...my “Cosmetic Surgeon” wasn’t a Plastic Surgeon.”

The two cosmetic surgeons lost on all of their federal claims because they failed to factually support their legal arguments. Specifically:

- They failed to claim any concerted action, reduced output, price fixing, territory allocation, or control over the cosmetic surgery market by plastic surgeons (Sherman Act, section 1, per se analysis).
- They failed to claim any “anticompetitive effect on the market generally,” i.e. a practice which harms consumers, not providers of cosmetic surgery services (Sherman Act, section 1, rule of reason analysis).
- Their claims of deceptive marketing, due to the label “Public Safety Announcement,” are irrelevant to the Sherman Act, and without any claim of restraint, “there can be no restraint of trade.” (Sherman Act, section 1, rule of reason analysis).
- They failed to claim plastic surgeons possess any monopoly power, such as the ability to control prices or exclude competition, or any attempt to monopolize the cosmetic surgery market (Sherman Act, section 2).

- They failed to claim that anything advertised was literally or impliedly false. The term “Public Safety Announcement” did not indirectly intimate that Drs. Vincent and Dunkley were not qualified to perform cosmetic services, and the two doctors weren’t even mentioned by name (Lanham Act).
- They failed to claim any actual damages. Merely stating that their practices had “cooled” as a result of the UPSS campaign was insufficient (Sherman and Lanham Acts).

The cosmetic surgeons asked for permission to amend their complaint, but it was too late, and even then they didn’t say why. Accordingly, Judge Stewart completely dismissed their federal claims, but he allowed the cosmetic surgeons to re-file their state law claims in state court, if they so decide.

Discussions about federal antitrust law can be pretty dry. Nevertheless, in federal court this is what a victory looks like. Congratulations to all our colleagues in Utah for reminding patients to understand their doctor’s credentials before they have surgery, and for having the courage to do so on 672 square-foot billboards on one of our nation’s interstate highways.

HIPAA’s September 23rd Deadline

It’s hard to believe HIPAA turned 17 years old on August 26th. It took until this past January 25th for the Department of Health and Human Services (HHS) to issue its Final Omnibus Rule with a compliance deadline of September 23rd.² So the question is, compliance with what? The answer lies in three areas: privacy notices, business associate contracts, and email encryption.

As it happens, the AMA has anticipated your need and provides a Sample Notice of Privacy Practices and a Sample Business Associate Agreement on their website at www.tinyurl.com/7bcjfl. The AMA also discusses the electronic patient health information (ePHI) Breach Notification Rule under the related HITECH Act at www.tinyurl.com/lvcnyn.

Many of you have asked whether this final rule mandates encrypted email with patients. The answer is “no.” You are legally allowed to send ePHI through unsecured email. HHS wants you to use encryption, however, so the

final rule has an incentive. If your email is unsecured and there is a breach, you are required to notify HHS and your affected patient(s), but if your email is encrypted and there is a breach, you still have to notify HHS, but you aren’t required to notify your patients.

Frankly, that’s a questionable incentive. If your ePHI is breached, it is the patient whom you should be notifying, not hiding from. Regardless, if you want to keep using email and texts with patients, get their permission in your consent forms and keep the medical content in your communications to a minimum. Use email and texts for scheduling appointments, and if your patients have medical questions, make a phone call (which is exempt from HIPAA).

The Sunshine Act: SPF 50 Won’t Help

The Physician Payment Sunshine Act is back in the news. As I reported here three years ago,³ the dawn of this act was in 2009 when Senators Grassley and Kohl introduced Senate Bill 301. SB 301 did not pass, but its language was resuscitated in the Affordable Care Act,⁴ which became law in 2010.

The name of this law has changed. On February 8, 2013, the Centers for Medicare and Medicaid Services (CMS) published the final rule and now call this the National Physician Payment Transparency Program: Open Payments. The original title, the Sunshine Act, is better, but you may hear about it as Open Payments. Although the data collection and reporting compliance dates were shoved back since passage, they are now in place and active.

Drug and device manufacturers began formal data collection August 1st and are now recording all payments to physicians, teaching hospitals, and group purchasing organizations, called “covered recipients” under the law. All such data will be submitted to CMS by March 31st. Next September 30th, the data will be available to the public via a CMS website, which is already live: www.tinyurl.com/aotmfj4. CMS even has two mobile apps to help physicians track what is being reported under their names.

So why are industry payments to doctors being made public? The short answer, similar to why the AdvaMed and PhRMA voluntary

Continued on Page 25

Continued From Page 24

Legal Update

guidelines are now regarded as mandatory regulations, is to escape a culture of influence by drug and device manufacturers over physicians. CMS calls it “compromised clinical integrity.” Manufacturers will call it a lot of paperwork. They have to track all payments to covered recipients, and even payments that reach covered recipients through third parties, such as ASAPS. Payments for CME are technically reportable, but only where the manufacturer picks the speakers. To preserve our accreditation as a CME provider, to say nothing of our society’s integrity, ASAPS never allows industry to select your educators. However, manufacturers still have to track how much corporate support can be easily traced to satisfying individual ASAPS members’ appetites at our annual meetings. On the other hand, buffet meals, snacks, soft drinks, or coffee made generally available to all participants of a large-scale conference do not require tracking or reporting by manufacturers. So don’t worry, the buffets and box lunches we provide you in the Aesthetic Marketplace don’t count and won’t show up on your public report.

So what should you be doing? For starters, mark your calendars. CMS anticipates launching a physician portal on January 1st, 2014 that will allow you to sign up to be notified when your individual consolidated report will be available for review. You will also be able to contact manufacturers and group purchasing organizations through the portal if you need to challenge what is being reported under your name. The portal should be live in June of 2014. Since the data will go public September 30th, 2014, there won’t be much time for action if all the money you thought was cost reimbursements for research gets reported as taxable consulting fees.

Finally, keep track of what you receive. Everything over \$10 counts, so rather than look for reasons not to write down what you receive, write down everything. It isn’t all that different from preparing for an IRS audit: whoever has the best records wins, and you can be sure the IRS will be shoulder-to-shoulder with you, surfing the same CMS website, looking for unreported income.

References

1. United States Court for the District of Utah Central Division. Memorandum decision and order on pending motions. Case No. 2:12-CV-1048 TS. Sept 5, 2013. Available at www.tinyurl.com/nyywta4.
2. Health and Human Services Department. Modifications to the HIPAA privacy, security, enforcement, and breach notification rules under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination Act; other modifications to the HIPAA rules. Federal Registrar. Jan 25, 2013. Available at www.tinyurl.com/auulp25.
3. “Physicians Payment Sunshine Act.” Aesthetic Society News, Vol. 14, No. 4, Fall 2010, p. 5.
4. Section 6002 of HR 3590, the Patient Protection and Affordable Care Act, 42 Code of Federal Regulations §403.902.

Download a free smartphone app to track reportable transfers. Compatible with Apple® and Android platforms, “Open Payments Mobile for Physicians” is available through:

Apple Store

<https://itunes.apple.com/us/app/open-payments-mobile-for-physicians/id667567467?mt=8>

Google Play® Store

<https://play.google.com/store/apps/details?id=com.cms.physician&hl=en>

A number of security features protect the privacy of the data you capture, which will be stored on one device and cannot be backed up to a cloud or other devices. Also urge your industry contacts to use the app so you will be able to capture the information you need to ensure accurate reporting.

<https://www.ama-assn.org/ama/pub/advocacy/topics/sunshine-act-and-physician-financial-transparency-reports.page>

Oregon Victory for Aesthetic Specialty

The Aesthetic Society congratulates our Oregon colleagues for passing office-based surgery rules that put patient safety first. Effective October 15, 2013, the new rules state:

1. ABMS, AOA-BOS, ABPM, ABPS (Podiatric Surgery) or NCCPA board certification is required for Level II procedures.
2. Such board certification, or lack thereof, must be documented in the written informed consent.
3. Staff privileges are required for Level III surgeries.
4. Facilities must be accredited.
5. Injectables constitute the practice of medicine.
6. Lipoplasty is now limited to 4500 cc or 5% of total body weight, whichever is less.

In greater detail, the new rules provide:

- **Level I minor surgical procedures** involve no or minor conduction block anesthesia but **licensees must maintain CME and basic life support certification.**
- **Level II minor or major surgical procedures** involve moderate sedation. **Licensees must be specialty board certified** by the ABMS, AOA-BOS, ABPM, ABPS (Podiatric Surgery) or NCCPA, obtain 50 hours per year CME, be certified in advanced CPR **and must be on site at all times** when patients are under the effects of anesthetic.
- **Level III major surgical procedures** involve deep sedation, general anesthesia, regional blocks and require support of vital bodily functions. Licensees must be Level II certified plus have **staff privileges** for the procedure being performed and may not be primarily responsible for monitoring anesthesia during the procedure.
- **Level II and III facilities** must be accredited by the AAAASF, AAAHC, Joint Commission or IMQ after any OMA accreditation expires.
- **Injectables constitute the practice of medicine** and must be performed as an office-based surgical procedure.
- **Lipoplasty may be performed as a Level I procedure up to 500 cc.**
- **Lipoplasty may be performed as a Level II or III procedure up to a maximum of 4500 cc or 5% of total body weight, whichever is less.**

Continued on Page 28



No ICD-10 Immunity for Aesthetic Surgeons: Why & How to Prepare Now

By Karen Zupko

“ICD-10 is not a priority for us. Our patients are almost all aesthetic.”

This is what the manager of an aesthetic practice told me during a recent client visit. Like Scarlett O'Hara, she mistakenly thought the practice could put ICD-10 planning off until next year.

She isn't alone. Over the last several months I've worked with multiple practices and have been surprised at the lack of understanding about the wide-reaching effects of ICD-10. No one in these practices was aware that a new national claim form (the 02/12 1500) was launching in January to accommodate the coming ICD-10 codes. No one knew ICD-10 would be required to obtain prior approvals. And no one had visited payor sites for updates and deadlines.

It's deceptively seductive to believe that if the majority of your practice revenue comes from aesthetic services, next year's diagnosis coding change will not affect you. But here's why aesthetic surgeons must prioritize ICD-10 planning now.

That “Small Percentage” is Not Small Change

Even if only 5–10% of your revenue is from payors, that's \$50,000–\$100,000 for a \$1M practice. And it's at risk of being delayed, denied, or not paid at all if you aren't prepared.

An aesthetic client in the South is almost exclusively aesthetic, except for the 40–50 lesions he removes each week in an Ambulatory Surgery Center (ASC). These are handsomely reimbursed by payors. But if this surgeon isn't prepared, he'll see that cash flow grind to a halt for both his surgical reimbursement and the reimbursement to the ASC, in which he owns an interest. Not to mention, he'll be chased down by the billing staff, who won't be able to code and file his claims if he doesn't

Even if only 5–10% of your revenue is from payors, that's \$50,000–\$100,000 for a \$1M practice. And it's at risk of being delayed, denied, or not paid at all if you aren't prepared.

dictate differently. More on that in a minute.

“You get paid on CPT codes, but it's the diagnosis code that supports the reason to pay at all,” explains Joy McKusick, RHIA, consultant with KarenZupko & Associates, Inc. “Under ICD-9, many aesthetic surgeons have been able to use *unspecified codes*. But ICD-10 will require physicians to be more specific and provide details that they typically don't document.”

Say a patient chooses you to perform her ptosis correction. “The unspecified ICD-9 code for eyelid ptosis (374.30) becomes four codes in ICD-10: *right lid* (H02.401), *left lid* (H02.402), *both lids* (H02.403), and *unspecified lid* (H02.409),” explains McKusick. “Similar to ICD-9, ICD-10 also has codes to describe whether the ptosis is *mechanical* (H02.41), *myogenic* (H02.42) or *paralytic* (H02.43), making it critical for the physician to provide specific documentation on laterality and cause so the most accurate code can be selected.”

And even though ICD-10 does contain unspecified codes such as the one for *unspecified lid*, “many payors may not accept them, so physicians must learn how to document in a way that allows the selection of a more granular code.”

Many of you operate on breast reconstruction patients who've chosen you out-of-network. Often this is due to a word of mouth referral from another patient. When satisfied, these patients can become loyal followers, returning again and again for laser or injection services or additional procedures. So even though you are not in-network, these patients want to optimize the amount received by their insurance plan after they've paid you out of pocket. Surgeons who care and code accurately stand to cultivate loyal patients from this group.

It's the New Language for Reporting (Nearly) Everything

Whether you are proving medical necessity, obtaining prior authorizations, or participating in research studies, you'll likely be reporting information and results using ICD-10 codes.

ICD-10 replaces some of the most unspecified complication codes with very detailed code categories and subcategories to help establish medical necessity. In ICD-9, you use an unspecified complication code to report problems arising from implants: *Complications*

Figure 1. Complications Get a Facelift in ICD-10

Certain complications fall to the Injury chapter in ICD-10. This chapter has been expanded and requires additional information about the encounter.

For example, *Mechanical complications of breast implant, capsular contracture of breast implant, initial encounter* (T85.44XA). Note the 6th and 7th characters. The “X” is a dummy placeholder to allow the 7th character extension “A,” which is one of the characters required for many complication and injury codes.

- A = Initial encounter
- D = Subsequent encounter
- S = Sequela

Your documentation will need to include this encounter-type detail so staff can select the correct code. Avoiding ICD-10 will not get claims paid or keep patients happy. Educate staff and physicians early to be prepared for inevitable changes.

due to other internal prosthetic device (996.79). ICD-10 has numerous codes to explain the type of complications resulting from breast prostheses or implants, and your documentation had better support the use of the codes.

“Even if the complication is from an original cosmetic surgery, some insurance plans may reimburse for certain procedures due to pain or obstruction preventing mammography, and without the documentation to support the codes to get approval for a prior authorization, practices are in jeopardy,” McKusick warns.

Or suppose you perform a mastectomy on a patient in 2013, and she returns in 2014 for a nipple construction because the nipple was lost to the mastectomy. “You'll need a Z code (V-codes in ICD-9), to explain the reason for medical necessity, but in this example you wouldn't use one from the cosmetic category

Continued on Page 27

Continued From Page 26

No ICD-10 Immunity for Aesthetic Surgeons

(Z42.1),” McKusick says. “Instead you want to code this as an *Encounter for breast reconstruction following mastectomy* (Z42.1).”

And those participating in device or product company studies will likely be required to report data and results in the language of ICD-10.

Dictation Is Not What It Used to Be

All this new need for detail will require increased rigor in physician documentation. Yet, over the last 27 years of working with plastic surgeons, I’ve watched dictation get progressively looser with each new generation. It used to be you could always count on basics such as laterality. Today, our coding auditors find that a growing number of notes do not contain the vital information that billers will need to select ICD-10 codes and submit your claims.

“If it’s a laceration, no longer can you simply dictate that it was on the ‘face,’” says McKusick. “Dictation must include details such as was it the right or left cheek, the nose, or the lip.” Scar revisions are another example

of how vital thorough documentation is for ICD-10. “In ICD-9, scar revisions are often coded using only the code for the scar (709.2),” McKusick says. “But in ICD-10, you’ll need to provide very specific information about original injury as well.”

For example, in ICD-10, late effects will be coded using two codes: the current condition being treated (L90.5-scar) and the original injury that is causing the late effect/sequela *Laceration without foreign body of right cheek and temporomandibular area, Sequela* (S04.411S). Documentation will need to support all of this information to be able to select the correct codes and get the claim paid. Notice the 7th character “S” indicating sequela, rather than “A” for an active injury such as the complication example in Figure 1.

These are perfect examples of why the doctor must be involved in the conversion to ICD-10. No matter how bright or experienced, the billing company or the billing department can only select the right code if it’s included in your

documentation. Unless they are telepathic, billers will not know if the cancerous lesion is on the right or left cheek. If it’s not in the dictation, staff can’t complete or submit the claim form, and the practice won’t get paid. And the EMR won’t magically select the codes either.

So if you cringe at the thought of staff constantly bugging you for more information, you’d best start learning now about how ICD-10 will require you to dictate differently than you have in the past.

The Updated 1500 Is a Major Change

Whether you bill electronically or on paper, you won’t be able to do either unless your billing staff understands how to submit using the updated 1500 claim form, which will be required for submitting claims after April 1, 2014—six months prior to the October ICD-10 deadline.

“The claim form is getting totally revamped to accept both ICD-9 and ICD-10, and includes

Continued on Page 28

NOBLE™ MICRO MONOPOLAR NON-STICK FORCEPS

Insulated, hand-activated with *Non-Stick* straight, smooth jaws.

ASSI® Micro Monopolar Forceps are specifically constructed to reach the entire length of the pocket, and as such are ideal for inframammary and initial, upper axillary pocket dissections. The forceps precisely combines cut and coagulation current for best possible dissection, while averting unnecessary current spread, tissue damage and bleeding. Limited reuse.

Non-Stick Bayonet Forceps
Insul. Hnd. Actv. Str. Jaw
0.7mm Tip

601500MMPNS – 15cm
601900MMPNS – 19cm
601240MMPNS – 24cm

Non-Stick Straight Forceps
Insul. Hnd. Actv. Str. Jaw
0.7mm Tip

602400MMPNS – 24cm
601270MMPNS – 26cm

assi® 
ACCURATE SURGICAL & SCIENTIFIC INSTRUMENTS®

For *diamond perfect performance*®

accurate surgical & scientific instruments corporation
800.645.3569 516.333.2570 fax: 516.997.4948 west coast: 800.255.9378
www accuratesurgical.com



© 2013 ASSI®

Continued From Page 27

No ICD-10 Immunity for Aesthetic Surgeons

new fields such as two-digit qualifiers for designating whether the physician is the *Referring MD, Ordering MD, or Supervising MD*," McKusick says. "It's a big change."

If your staff has not reviewed the updated 1500 form and its implementation dates—or perhaps has been unaware of its existence—assign one of them the task of reviewing the details on the National Universal Claim Form Committee site www.nucc.org. Even if you only submit a few claims a year, you can't bypass the new 1500. Paper submitters can begin submitting in January but, like everyone else, will be required to submit using the new form by April 1, 2014.

Your "Off-Brand" Technology Might Bite the Dust

I worry about the practices that have rowed themselves out onto little islands of automation by signing with local or very small practice management systems that aren't well capitalized, and frequently owned by relatives. Do these small players have the financial or human capital to take on the extraordinary effort required for the transition to ICD-10, or the new 1500 claim form? And remember that in most computer systems you might be able to post a procedure or visit code charge, but you won't be able to post a payment or close the transaction unless you enter a diagnosis code.

If your system can't handle the conversion and ends up closing its doors, the practice will be forced to find a new computer system and convert its data in the midst of the ICD-10 conversion process. This will not be pleasant or pretty.

Five Action Steps to Take Now

There are many action steps on the road to ICD-10. Here are five to take in the next 60 days:

Get a handle on the basics. Learn about the updated 1500 form. Visit payor websites and review their conversion plans. Contact your practice management or EMR vendor and ask about their ICD-10 conversion plans. Insist on monthly progress updates from your staff.

Generate a diagnosis frequency report. This is a standard report in most practice management systems. Take a look at the top 20–25 diagnosis codes you use today and focus on them first. These are your biggest revenue generators.

Translate those top 20–25 ICD-9 codes to ICD-10 codes. A number of practice management vendors are now including "translation" features in their systems. You can also purchase the American Medical Association's (AMA's) ICD-10 book or purchase a software tool. *Beware of free online GEMS translators.* Most do not contain cues or branch logic for selecting laterality and other components and can lead you to inaccurate codes.

Review the level of detail in the new ICD-10 descriptions. Pull charts and review documentation to see how much of this detail is missing from your current dictation. Make flash cards to begin learning the "cross walks" of ICD-9 to ICD-10 codes.

Schedule training for physicians and staff. It is critical that physician dictation matches the codes chosen. KarenZupko & Associates, Inc. (KZA) is developing special education sessions for aesthetic surgery practices and has already put together ICD-9 to ICD-10 translation tools for many surgeons. Visit www.karenzupko.com for course dates and information.

Aesthetic surgeons have multiple reasons to get focused on this major diagnosis code conversion. Ignore or abdicate ICD-10 planning at your own peril. Rally the troops in your practice and take action today.

Karen Zupko is president of KarenZupko & Associates, Inc., and has been working with aesthetic surgeons for nearly 30 years.

Joy McKusick is a consultant and speaker with KarenZupko & Associates, Inc., who focuses on coding, revenue cycle, and business management issues.

Continued From Page 25

Oregon Victory

- **Tumescent anesthesia concentrations** may not exceed 55 mg/kg of Lidocaine or 70 mcg/kg of epinephrine at 1.5 mg/L.
- **Prohibited procedures** in an office-based surgical facility involve joint replacements, intracranial, intrathoracic or abdominal cavity entry or potential blood loss of greater than 4% of the patient's estimated blood volume.
- **Licensees must examine all patients immediately before the procedure** to evaluate the risks of the procedure and anesthesia if applicable.
- **Written informed consent must be obtained prior to performing the procedure and must include the licensee's specialty board certification through the ABMS, the AOA-BOS, the ABPM, the ABPS or the NCCPA or lack thereof.**
- **Written informed consent is not required for Level I procedures limited to the skin and mucosa.**
- **Adverse incident reports** to the Oregon Medical Board are required if within 30 days the surgery results in death, transfer to the ER, CPR or unscheduled hospitalization.

You can read the complete rules here: www.oregon.gov/omb/statutesrules/Documents/847-017-ALL.pdf. Our thanks go to ASAPS members Mark Jewell, MD and Tim Connall, MD and the Oregon Society of Plastic Surgeons for their diligence and vigilance.

Have Any Past Issues of ASJ You Don't Need?



Consider shipping them to Dr. Raul Favela, who teaches residents and medical students at the Universidad Autonoma de Chihuahua in Mexico. He would greatly appreciate any past issues of the *Aesthetic Surgery Journal* you may have. From inside the United States, these can be shipped to:

Raul Favela, MD
6232 Los Altos
El Paso, Texas 79912

TOP SEO RANKING FACTORS FOR THE PLASTIC SURGERY PRACTICE

by: Keith Humes, Rosemont Media

Google's Algorithm has been rumored to have over 200 Ranking Factors that webmasters and search marketers have observed through trial and error. While not a complete list, below are some of the top ranking factors tailored to plastic surgery practices.

STRATEGIC DOMAIN

STRATEGIC DOMAIN

Choose a keyword-driven domain paired with a location. Using .com vs .net or .org will help future marketing efforts.



example:
www.yourcityplasticsurgery.com

DOMAIN HISTORY

Like fine wine, domains get better with age. If you have an old website, you're already working with an advantage. Time to upgrade!



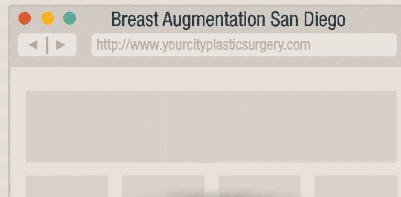
PUBLIC REGISTRATION

Keep your domain public. Private registration can be associated with spammers.



check yours here:
who.godaddy.com

GREAT PAGE TITLES



Short and concise page titles that include a search term perform the best. Do not stuff keywords or duplicate titles. Meta Descriptions are a good place for Long Tail Keywords, but forget about Meta Tags because Google no longer considers them a ranking factor.

FRESH & CLEAN CONTENT



Refreshing your procedure pages often has a positive impact on users as well as search engines. Keep expanding on your content and continue blogging!

OFF-PAGE SEO

AUTHORITATIVE BACKLINKS

Google loves strong backlinks, especially if they are from authoritative websites. Here are five places you should be linked:

Google bing YAHOO! superpages.com YP BBB

LOCAL SEARCH

DIRECTORIES

your website

REVIEW SITES

ORGANIZATIONS

SOCIAL

healthgrades

vitals



Member



WEBSITE DESIGN & BUILD

MOBILE COMPATIBLE

A mobile-friendly website is a great way to connect with your visitors across all devices—and it is also the new recommended format by Google.

SITE SPEED



CLEAN CODE



UPGRADES



Make sure you 301 redirect and match your old pages of content to your new pages. Utilize Google Webmaster Tools to monitor broken pages (404).

WANT MORE?

For a complete list of our Top Ranking Factors for Plastic Surgery Practices, including Social Signal and Over-Optimization, check out our website: www.rosemontmedia.com/ranking



The Remarketing Revolution in Pay-Per-Click Advertising

By Scott Harvey

I wrote previously about how Pay-Per-Click advertising can bring you leads and get you that all-important first consult less expensively than any other type of advertising.

Just to review briefly, only a very small proportion of the public is ever going to be your prospect. Therefore, radio, TV, direct mail, and Yellow Pages advertising mostly is seen by people who are never going to pick up the phone and call you—but you pay a lot of money up front anyway.

Pay-Per-Click, on the other hand, only costs you when your ad appeals to someone enough that he or she clicks on the ad and gets directed to your website. Then your landing page takes over and hopefully is appealing enough that Ms. Prospect calls or at least requests more information through your website.

The “Remarketing Revolution”

Even though you wrote a good ad that got people to your website, and even though your landing page/website was informative and appealing... still, only a very small proportion of your website visitors will pick up the phone or even request additional information.

What to do about all those people who leave your site without taking the next step? (Google says that 97% of your visitors, on average, do so.) You “remarket” to them, that’s what. (Google calls it “remarketing,” most of the rest of the world calls it “retargeting.”)

Remarketing takes a number of forms, and it keeps evolving, but the bottom line is that when someone visits your site, you can “tag” her,

so that as she continues on her way around the web, you can show her your ad from time to time, so that she doesn’t forget you, and so that when she’s ready to act, you’re “top of mind,” and she calls you and not someone else.

The ads can be display (graphic) ads, text ads, or even videos. You can target people who looked at a certain page, or who spent a certain amount of time on your site, or who bounced off your site quickly, or who looked at a certain number of pages, or who looked at your “About Us” page. You could even target someone who spent a certain amount of time on your “Facelift” page and who then went to your “Testimonials” page. That person is a live prospect, even if she didn’t pick up the phone right then!

Retargeting is extraordinarily powerful. You get to keep getting in front of people *who have already shown interest in what you do and who are already familiar with you.*

And you get to show them not just generic ads. A well-put-together campaign will show a scar revision ad to the visitor who checked out that page, a breast enhancement ad to the woman who spent time on that page, and something about Botox or dermabrasion or rhytidectomy to someone who spent time on your facelift page.

It’s a little like “branding”—the kind of thing that huge advertisers such as Ford or Coca-Cola do. They keep putting their names out there in front of you so that you never

forget them—so that in that instant of decision, you think of them instead of someone else.

You get to do the same thing much more elegantly by showing an ad about the precise thing your visitor has already shown an interest in on your website.

That’s really huge. It’s only the most significant innovation in marketing since toll-free phone

numbers!

Do it Properly

You have to do it right, of course. You mustn’t show your ad too often, and you need to change your ads so that your prospect doesn’t feel “stalked”—especially for something as personal as plastic or cosmetic surgery. You need to show ads that are relevant, but not so specific that the viewer feels that you’re violating her confidence.

You have to rewrite your privacy policy to reflect that you’re using remarketing cookies, and there are dozens of other things to think about. It’s definitely something to talk to a PPC professional about, because there are plenty of ways to go awry and achieve the opposite of what you would like to accomplish, by annoying or offending your visitor.

Also, there’s no point in trying to run a remarketing campaign if you’re not already running a well-performing Pay-Per-Click campaign and capturing and analyzing the data with Google Analytics or a similar analytical program. You have to learn to walk before you can run, and the data you obtain from your basic Pay-Per-Click campaign will help you maximize the results of your remarketing campaign.

Remarketing Done Right

What can you expect when it’s done right? Because you can be so creative with your ads, and can target them so accurately to the concerns people have already shown interest in, well done remarketing campaigns can get you three or four times the responses, or even more, and can get you double the consults—and those added consults may well cost you only half as much.

If you’re not already using the Internet aggressively in your marketing, especially Pay-Per-Click advertising and remarketing, you should certainly consider it. Done right, you’ll realize a very nice return on investment.

Scott Harvey is a Certified Google AdWords Expert with expertise in marketing, building organizations, as well as SEO, PPC and SEM. Mr. Harvey can be reached at Scott@HonestWebsiteMarketing.com or at (800) WEB-6006.



SMART BEAUTY GUIDE



BROUGHT TO YOU BY
**THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY**

Initiated by Past President Jeffrey M. Kenkel, MD, and developed through the efforts of the hard-working Marketing Task Force, chaired by Sanjay Grover, MD, the new Smart Beauty Guide consumer educational and marketing campaign was born out of a need from our members for more help in attracting prospective patients to their practices. Composed of a new website, marketing materials, national print and web advertising and more, we invite you to learn more about how to best put this dynamic new brand to work for you...





Bringing Value to Our Members Through Smart Beauty Guide

By Sanjay Grover, MD

SMART BEAUTY GUIDE



BROUGHT TO YOU BY
THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY

It is hard to believe that almost two-and-a-half years ago, ASAPS then-President Jeffrey Kenkel and the Board of Directors initiated the Marketing Task Force, charged with bringing more value to our members and ensuring that our practices are thriving and vital. The decision to form the task force arose out of conversations we've all had amongst ourselves, and which fellow ASAPS members from around the world vocalized to us in member surveys: "We need more help differentiating ourselves." "Consumers need to know that our expertise and training is essential for good outcomes." "Our education helps us stand apart from the crowd—but consumers need to know *who* we are, *how* we're different, and *why* this is important."

The ASAPS Marketing Task Force met for the first time in July 2011 and quickly settled on a plan, bringing together a top-notch team of branding strategists, internet engagement and social media experts, and a creative team of designers to help craft an educational and marketing message which would resonate with consumers. This team initiated focus groups with consumers around the country, assessing their views on beauty, style, appearance, verbal cues, and more, and used that input to help shape a new consumer-facing identity for the Aesthetic Society, which we are pleased to say has now launched and is beginning to create a positive and impactful message nationwide on behalf of our members.

Launching the New Brand

The beginning of the 2013–2014 fiscal year finds the Aesthetic Society at a critical juncture in its development and launch of the new Smart Beauty Guide brand, which will continue throughout 2014. Through this launch, ASAPS

wants to position the Aesthetic Surgeon and the Aesthetic Society as the go-to authorities for all things concerning aesthetic surgery and cosmetic medicine.

In order to provide value to our members via increased referrals to their practices, we need to provide accurate information to the public on surgical and non-surgical options in a consumer-friendly, accessible way, while also providing members with the tools they need to successfully compete in their local markets.

Identified Target Audiences

While the Smart Beauty Guide brand is for everyone, to ensure that our marketing funds are appropriately allocated, we have identified female consumers in various age bands as our primary targets (18 to 34, 35 to 45, 46 to 55, and 56 and above), with men in the upper age bands as a secondary target. While communication vehicles and messaging will change for these various groups, the desired actions do not. Our goal is to have consumers:

- Request a consultation from an ASAPS member surgeon
- Use Smart Beauty Guide's website to obtain accurate, unbiased information on all aesthetic procedures, allowing potential patients to make an informed choice
- Recognize the Aesthetic Society member as the natural choice for those seeking procedures and non-invasive options

The Website: SmartBeautyGuide.com

The centerpiece of the campaign, our new website, was launched quietly this fall in order to give us time to work out any user issues and to ensure the website is fully optimized. Prior to its development, an entire team of web engagement experts helped to create interactive, consumer-interest elements to ensure that site visitors encounter a robust and vital online experience, full of educational information, to keep them coming back.

The new site also encourages consumers to create their own profiles, where they can save favorite surgeons and procedures for future reference. All aesthetic procedures are represented on the new website, with beautiful illustrations and photographs, all exclusive to the Aesthetic Society. These are not the same stock images consumers see on every other brochure and website. These images were crafted

in conjunction with our brand strategists, and everything from the color palette to the models selected was chosen based on the information gleaned from our consumer focus groups.

To keep the brand cohesive, you'll also see these models and illustrations in our all-new aesthetic brochures, available for purchase (Please see Dr. Herluf Lund's article on new Aesthetic Society products on Page 37).

For those members who have purchased an Enhanced Practice Profile (EPP), all profiles were migrated onto the new site at its launch. For those who don't yet have an EPP, I strongly encourage you to consider one at this time. The EPPs have new features which allow you to become the Featured Local Surgeon on the website and also strip away competitive features, to ensure your prospects and patients do not see other surgeons (For more information on all of the new capabilities of the website and Enhanced Practice Profiles, please see the article from our Director of Web Strategy and Development, Kevin Charles, on Page 35).

Complimentary for Members

In addition to the new website, designed to be used as an educational source for patients and a benefit of membership to those in the Aesthetic Society, there are also two key complimentary features of this new brand of which I urge you to take advantage.

Our professional videographer will be visiting various regions of the country throughout the year to film procedural testimonials for

Exclusive ASAPS Illustrations





New Marketing Materials with ASAPS-only Photography



Smart Beauty Guide. Participation in this program is free of charge, and all videos will feature your name and practice identity! Simply coordinate patients to be videotaped and secure a location, such as your office, and we will send a videographer. These videos will be utilized on SmartBeautyGuide.com, and you'll also receive a video for use on your own website. To sign up or for more information, please contact Jian Sun at jian@surgery.org or call 1.800.364.2147.

Another complimentary benefit is our exclusive Smart Beauty Guide print and web advertising templates, available to all members in a variety of sizes and formats for use in your local market. While we can't buy the media for you, we can customize the ad with your photo and practice identity. We can also help you with media analysis of both web and print. Contact John O'Leary, Director of Marketing and Public Education at john@surgery.org or call 1.800.364.2147.

Logos and Links

Logos for your website will be provided to all Aesthetic Society members via email. Remember, if you link to SmartBeautyGuide.com, you will not be in competition with your colleagues, as the Find-A-Surgeon feature will be hidden (For more information about these new non-competitive features, please see Kevin Charles' article on Page 35).

Promoting the Brand

The promotional plan for the new Smart Beauty Guide is segmented into two sections: the first details efforts and programs that will be conducted to generate interest and protect our traffic to the website; the second is an interactive component utilizing contests and digital media to engage potential patients and encourage consultations to members' offices.

The following are some of our key initiatives to drive general interest in the new website and brand:

- **Investing in bloggers.** In October, the Aesthetic Society and Smart Beauty Guide joined forces with a team of health and beauty bloggers to fully leverage their influence and power. Not only will this partnership create content for our new site through established blogger involvement, but it will also provide third-party links to the site and, most importantly, create extensive and immediate social sharing of the new site. These bloggers will act as ambassadors for ASAPS and SmartBeautyGuide.com, not only by writing posts on our site, but by writing posts on their own blogs, sponsored by Smart Beauty Guide (with sponsorship information and a link included within the post). They'll also be sharing these posts via social media by placing Smart Beauty Guide icons on the homepages of their websites, linking back to SmartBeautyGuide.com, and sharing other content from Smart Beauty Guide in their social networks, as appropriate and relevant.
- **ASAPS member bloggers.** For ASAPS members, we welcome your blog contributions as well. If you're interested in contributing original content for the new website, please contact Adeena Babbitt, Director of Media Relations, at adeena@surgery.org, or call 1.800.364.2147. Bloggers will be credited with Google+ authorship.
- **Paid search.** With the launch of any new website, it is essential that visitors be able to find us, as any site migration is going to result in some loss in traffic. Paid search will be a great help in stemming the flow. Paid search will be centered on key phrases with a regional strategy, such as "tummy tuck St Louis" or "plastic surgeon Dallas."
- **Content marketing.** Our important safety messages and educational efforts need to be seen by the widest possible audience. Content marketing companies focus on simply communicating with customers and prospects. The idea is to inspire business and loyalty from buyers by delivering "consistent, ongoing valuable information." Oftentimes, you will see content marketing

Continued on Page 34

Continued From Page 33 Bringing Value

at the bottom of an online article you've read, which is usually a list of other articles that might be of similar interest.

- **In-flight magazine advertising.** Such advertising has proven successful and is considered to be a highly prestigious medium for promotional messages. The number-one ranked magazine in the category is United's *Hemispheres*, with hub airports in Los Angeles, San Francisco, Newark, Washington, D.C., Chicago, Houston, Denver, and Cleveland, and a monthly readership of 2.9 million, making *Hemispheres* the largest in-flight magazine in the world. Our first ad ran in the October 2013 issue. Ads will also be appearing in American Airline's *American Way* magazine.
- **Social media.** Smart Beauty Guide will also be given its own branded presence in the social media space, with our media consultants designing a plan that includes targeted messaging by demographic with an editorial calendar and plenty of cross-promotional opportunities.

To generate referrals to our members' practices, we have initiated the following promotional efforts:

- **Program I: "Win \$1,000 Worth of Smart Beauty."** This kick-off campaign will help launch the new website and involves all the communication tools at our disposal: print, digital, social media, direct mail, and public relations. There will be one grand-prize winner and nine secondary winners. Prizes include a gift bag with a monetary value of \$1,000 and secondary prizes worth \$150 each.
This contest will run online at some of the most desirable, targeted websites for our audience, including *Cosmopolitan*, *Marie Claire*, and *Good Housekeeping*. This contest will be promoted using banner ads and other ad sizes as available through the entire collection of Hearst women's books, as well as placement on *Marie Claire's* and *Cosmopolitan's* Facebook and Twitter pages. The program will run for six weeks from mid-October to the end of December.
- **Program II: Why Choose an ASAPS Member Surgeon?** Using our premier partner, *New Beauty* magazine, ASAPS is creating a new contest in which women would be encouraged to submit their



**SMART
BEAUTY
GUIDE**
BROUGHT TO YOU BY
THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY

TAKING COSMETIC SURGERY & MEDICINE TO A HIGHER LEVEL

Aesthetic is defined as the art and science of beauty. The Aesthetic Society is the only organization of Board-certified cosmetic plastic surgeons that are solely dedicated to perfecting cosmetic procedures of the face, nose, breast, body and skin. Soon, you will be able to share our trusted knowledge, insights and skills in a new way at SmartBeautyGuide.com: Your Expert Source for Cosmetic Surgery and Medicine.

At last—a site that will empower you to make the most intelligent decisions... and to help guide you towards a more beautiful and natural-looking appearance.

Go to SmartBeautyGuide.com to sign up—and be one of the first to know when this exciting site goes live in Fall 2013!

photos and stories on how their homework pre-surgery led them to an ASAPS member and a positive experience and result. The contest would be promoted in the magazine as well as on the *New Beauty* website, on *Real Self*, *EmpowHER*, and through targeted Facebook ads. One winner will be chosen, given full hair and makeup treatment for a "celebrity photo shoot," and the results will be featured in an advertorial spread in *New Beauty*.

Smart Beauty Guide: Designed for You!

Given the Marketing Task Force's charge from the ASAPS Board of Directors, we feel confident that this new brand will help create heightened awareness among consumers about not only the benefits aesthetic plastic surgery can provide, but the importance in selecting a surgeon who can deliver optimal results. We know the importance that the Aesthetic Society places on education, as well as how that knowledge helps improve our skills, and it is essential we communicate that to consumers everywhere.

As we move forward with Smart Beauty Guide, I hope you'll join me in embracing this new brand by linking to the website, purchasing the new marketing materials, participating in video shoots, utilizing our complimentary advertising templates, as well as all the other methods for creating awareness. This is our chance to own the aesthetic surgical space and define ourselves as the specially trained surgeons we are, and I hope you will help us in distinguishing ourselves and our specialty.

As always, we appreciate any suggestions or feedback you may have as to how we can further enhance or promote Smart Beauty Guide. Please send your comments to John O'Leary, Director of Marketing and Public Education at john@surgery.org or call 1.800.364.2147. We appreciate your continued support.

Sanjay Grover, MD, is an aesthetic plastic surgeon practicing in Newport Beach, California. He serves as Chair of the Aesthetic Society's Marketing Task Force and sits on the ASAPS Board of Directors.



The New Website: What You Need to Know Make the Most of the New Capabilities

By Kevin Charles

Over the past two years, a team of website developers and engagement experts have been working hand-in-hand with our brand strategists, under the direction of the ASAPS Marketing Task Force, in creating a new and exciting consumer website for the Aesthetic Society. Named SmartBeautyGuide.com, this interactive website is uniquely designed to appeal to consumers and prospective patients, and is supported by the industry's best thinking and technological platforms.

Geo-Targeting

The new website utilizes the latest in geo-targeting, which essentially means that the website identifies the user's IP address to determine its location. Therefore, when a new user comes to SmartBeautyGuide.com, their

IP address helps provide them with a list of the closest ASAPS member surgeons to their location.

For those members with Enhanced Practice Profiles (EPPs), this also leads to the new opportunity of being a Featured Local Surgeon on the home page of SmartBeautyGuide.com and other key pages throughout the website. The Featured Local Surgeon area displays your profile photo, geographical location, and a link to your profile. This new feature is location aware, which means site visitors will be local to your area.

For ASAPS members, this requires ensuring that your practice contact information is correct in our ASAPS membership roster, to ensure that your practice displays properly

The Featured Local Surgeon area displays your profile photo, geographical location, and a link to your profile. This new feature is location aware, which means site visitors will be local to your area.

in search results. If you haven't yet, please call the ASAPS office and take a moment to verify your contact information at 1.800.364.2147, especially since P.O. boxes can no longer be used, as these do not accurately reflect the location of your practice.

Better SEO Technology

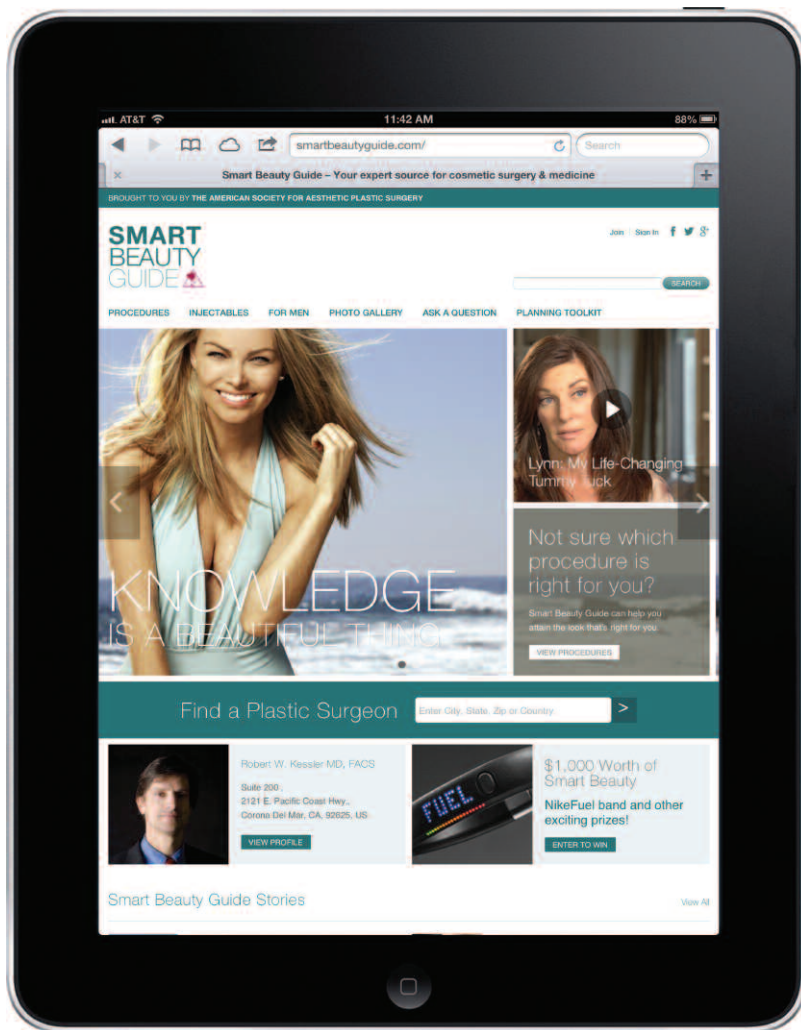
By using what is called micro-formatting and improved metadata, search engine optimization (SEO) for the website has been substantially enhanced, leading to greater relevance in Google search. This micro-formatting gives us a better understanding of who the user is, helping identify him or her by organizations or groups to which he or she is related. The better we know our customer, the more we can tailor his or her visit more directly and personally.

What Happens to Surgery.org?

Many of you have asked what will happen to the current Aesthetic Society website, Surgery.org. For the time being, it will continue to run concurrently with the new website. Not only do we need time to migrate all member content to the new website, but we want to ensure that our search engine optimization continues to allow consumers to find us. To that end, for the initial launch phase of SmartBeautyGuide.com, we'll be utilizing paid search to make sure prospects continue to find our members and their practices.

No More Competitors

One unique and important feature of the new website is the ability for member surgeons to link to SmartBeautyGuide.com without fear of their patients discovering other



Continued on Page 36

Continued From Page 35

The New Website: What You Need to Know

No More Competitors! One unique and important feature of the new website is the ability for member surgeons to link to SmartBeautyGuide.com without fear of their patients discovering other member surgeons.

member surgeons. By placing a special link from your website to the new Smart Beauty Guide site, competitive aspects will be removed, such as links to other surgeons or the find-a-surgeon locator. This great new feature eliminates the chance that your patient would consult with another member in your area, reducing concern about losing potential leads (Members, if you haven't yet received your individual link, please contact Lisa Orozco at lisa@surgery.org).

New: User Accounts

While our old website allowed consumers to enter email addresses, which were used primarily for newsletter mailings, the new SmartBeautyGuide.com allows consumers to create their own user profiles, including entering more specific contact information. Gathering such information assists in delivering to the consumer even more closely targeted members in their area.

These accounts also allow the consumer to keep track of their favorite surgeons and procedures, which not only gives us data on the back end to further enhance their experience, but also ensures that the SmartBeautyGuide.com experience delivers relevant content.

Enhanced Practice Profiles

Completely reengineered from the ground up, the new single-page layout sports a beautiful new design with several usability enhancements that allow site visitors to browse your EPP with greater ease. Whereas the old Enhanced Practice Profiles were housed on multiple pages with duplicative elements, now all EPP content is housed on one page, making your photos, videos, and Ask-a-Surgeon answers all readily available to the consumer.

On our Surgery.org website, our Find-a-Surgeon physician listings, which are tied into EPPs, received an average of 40,000 hits per month, and members with EPPs received 2.52 times as many impressions as members without. Given that our new EPPs and indeed the entire website is better optimized for Google search, we anticipate that as our online presence continues to grow, so will the effectiveness and power of these EPPs. If you don't have an EPP, I urge you to consider one now.

One additional new feature to the EPP is the ability to upload not only individual videos, but entire YouTube playlists, allowing multiple opportunities to engage the consumer. This feature also leads to increased social media engagement.

Making the Most of Your EPP

To make the most of your EPP, be sure to:

- Link to the new SmartBeautyGuide.com using your special, individual link
- Submit before-and-after photos to the Photo Gallery
- Participate in Ask-a-Surgeon, the Q&A Forum on SmartBeautyGuide.com
- Load videos and playlists to your EPP

The more dynamic and engaging your EPP is, the longer a prospect will stay engaged with

your page, and the more likely they'll visit your website to discover more about you.

Gauge Your EPP Effectiveness

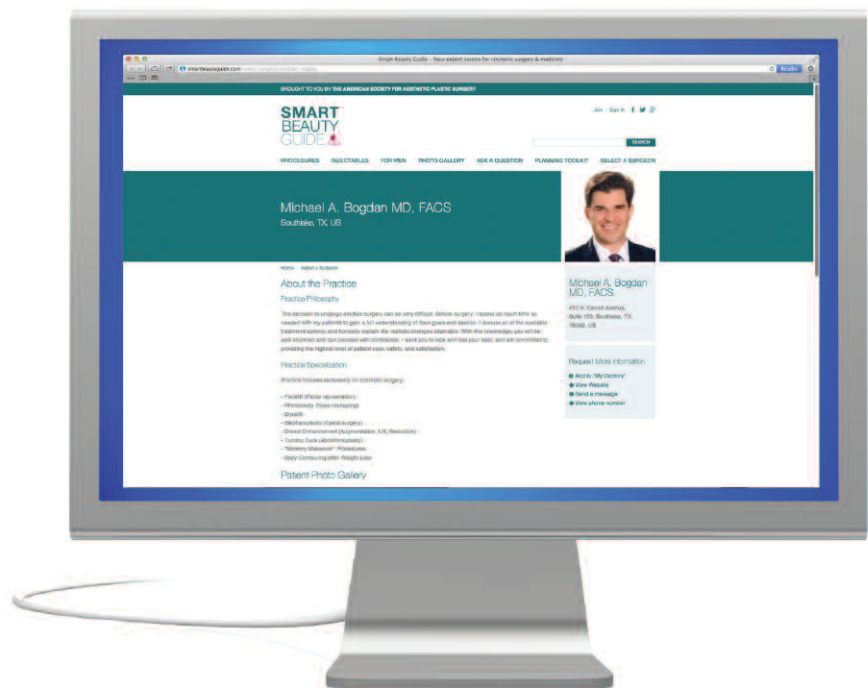
We know your marketing budget is limited, which is why the EPP Dashboard Analytics is a valuable tool that many organizations don't offer. Just click on your Analytics-at-a-Glance to see how many hits your EPP is getting! If you'd like our webmaster to assess the effectiveness of your EPP, please contact Lisa Orozco at lisa@surgery.org.

Better Aesthetic Design

Of course, all of the technological enhancements we've made to the backend of the new website wouldn't be nearly as effective without the clean, streamlined design which consumers view on their devices. Typography and colors have been changed to make it more readable and pleasing, and the new website allows for clearer, larger photos and visuals.

If you have questions about the new website or suggestions on how we can improve its effectiveness, I welcome your comments. We believe the new site will deliver a unique and engaging experience to our users, and that it will assist them greatly in discovering our valued member surgeons.

Kevin Charles is the Director of Web Strategy and Development for the Aesthetic Society.





A New World of Products

By Herluf Lund, M.D.

As a member of the ASAPS Marketing Task Force, as well as Chair of the Product Development and Market Research Committee, I am incredibly pleased to present to you several new and revised products, all of which grew from the Board of Directors' charge that we create meaningful and impactful resources and materials for our members. Through our member surveys, we heard that you needed more marketing tools that would help you be more efficient with your time, and attractive marketing pieces to help catch the eyes of consumers in a crowded marketplace. Over the past two years, the Product Development Committee, in conjunction with the Marketing Task Force, has been incredibly active, researching what our members want and need, reviewing focus group feedback from consumers, and testing our products with members and consumers alike.

We've created a whole host of products, including the in-depth Smart Beauty Guide, ten new procedural brochures, a beautiful consultation folder, and more. Many of these products are uniquely tied into our new Smart Beauty Guide brand and are designed to bring new prospects to our members' practices. As such, the photography and illustrations are exclusively ours—they're not the same stock photos others are using.

I'm happy to report that sales thus far have been incredibly strong. At The Aesthetic Meeting 2013 in New York City, booth sales were among the highest ever. Reactions from surgeons and fellow professionals were overwhelmingly positive. One writer from *Cosmopolitan* /Condé Nast, well-versed in consumer marketing, raved about the new Smart Beauty Guide photographs and illustrations. Many candidates and guest surgeons noted they wanted to become Aesthetic Society members just to be able to purchase the new products exclusive to members. And, in perhaps the most telling exchange, one marketing-savvy Aesthetic Society member, who hasn't used print materials in two years, as he hadn't seen any that "got it right," purchased a bundle of the new Smart Beauty Guide and procedural brochures, as they were "just what he'd been looking for."



FACELIFT / RHYTIDECTOMY

Today's face lift techniques are designed to tighten deep tissues, firm up excess skin and address volume changes that occur with aging. The goal of a facelift is to deliver your most youthful and natural look. Because the incision and the underlying tissue structure of your face will play a role in how many years your facelift will improve and to some extent, how long it will last.

Facelifts are not one size fits all. The procedure is dictated by your facial characteristics. In some, the deeper facial tissues may be suspended or tightened to restore a more youthful contour and shape. In others, removal or addition of fat or other soft-tissue fillers may be necessary to achieve optimal results.

Both use of health insurance and a procedure is covered by a number of factors. From the location of every facelift to the incision and the underlying tissue structure of your face will play a role in how many years your facelift will improve and to some extent, how long it will last. The placement and length of incisions vary, depending on the facelift technique that you choose. A facelift incision typically occurs in the hairline or in the crease around the earlobe, with variations going up into the hairline of the temple, or behind the ear. Your doctor will help you determine the best technique to meet your individual goals.

Facelifts can also improve your neck, with some techniques using neck skin bands through a small incision placed under your chin, and through the same incision incision scars for and tighten neck muscles. Neck neck fat can also be removed through a very small incision on treatment using liposuction.

After your facelift, you may feel tightness or numbness in your face and neck. Some skin tightening is common and you may require some swelling, which will subside shortly. Your skin will be sensitive, so you will need to be extra careful to apply your Sun Block product daily. You can apply makeup soon after surgery and return to work within a few weeks.



YOUR FACE 3

We invite you to dive in and explore all of our new offerings. A few are highlighted below, with the entire catalog accessible at www.surgery.org/products.

Smart Beauty Guide for Aesthetic Plastic Surgery and Cosmetic Medicine

One of our best-selling products throughout the years has been the popular Guide to Aesthetic Plastic Surgery, which was a bit dated and in need of a refresher. We built on that successful base, expanding and updating the content into a comprehensive overview of aesthetic surgery and cosmetic medicine procedures.

Now exclusively for members and customized to their practice, the Smart Beauty Guide highlights the benefits and techniques of today's most popular cosmetic procedures and includes explanations of terms commonly used with laser and light-based therapies. With 44 pages packed with content and a beautiful metallic blue ink on the cover font, the Smart Beauty Guide's beautiful

Comprehensive New Smart Beauty Guide Brochures

illustrations and eye-catching photography make this a must-have brochure for any aesthetic practice.

Enhanced Practice Profiles: The Best Value for Your Marketing Dollars

Launching with the new Smart Beauty Guide website, our completely redesigned Enhanced Practice Profile (EPP) pages are a must for ASAPS members. I urge you to read Kevin Charles' article on page 35 which explains all that these newly enhanced pages have to offer, with terrific new capabilities, such as the ability to be the Featured Local Surgeon on the website. Like most of you, I've been approached by marketing companies that want to sell me similar services at annual prices of anywhere from \$3500 to \$5000, but with an ASAPS EPP, you get all the benefits offered by others, plus localized search and the ability to be a Featured Local Surgeon, for a fraction of the cost of similar services. Plus, the new analytics dashboard allows you to get at-a-glance, real-time numbers on the effectiveness of your EPP.

Continued on Page 38

Launching with the new Smart Beauty Guide website, our completely redesigned Enhanced Practice Profile (EPP) pages are a must for ASAPS members.



SMART BEAUTY GUIDE

Continued From Page 37
A New World of Products



Ten sleek and effective
Procedure Brochures
based on the most popular
aesthetic procedures



The best way to introduce your
practice—Consultation Folders



Continued on Page 39

Continued From Page 38

A New World of Products

Aesthetic Procedure Brochures: Sleek, Informative, Effective

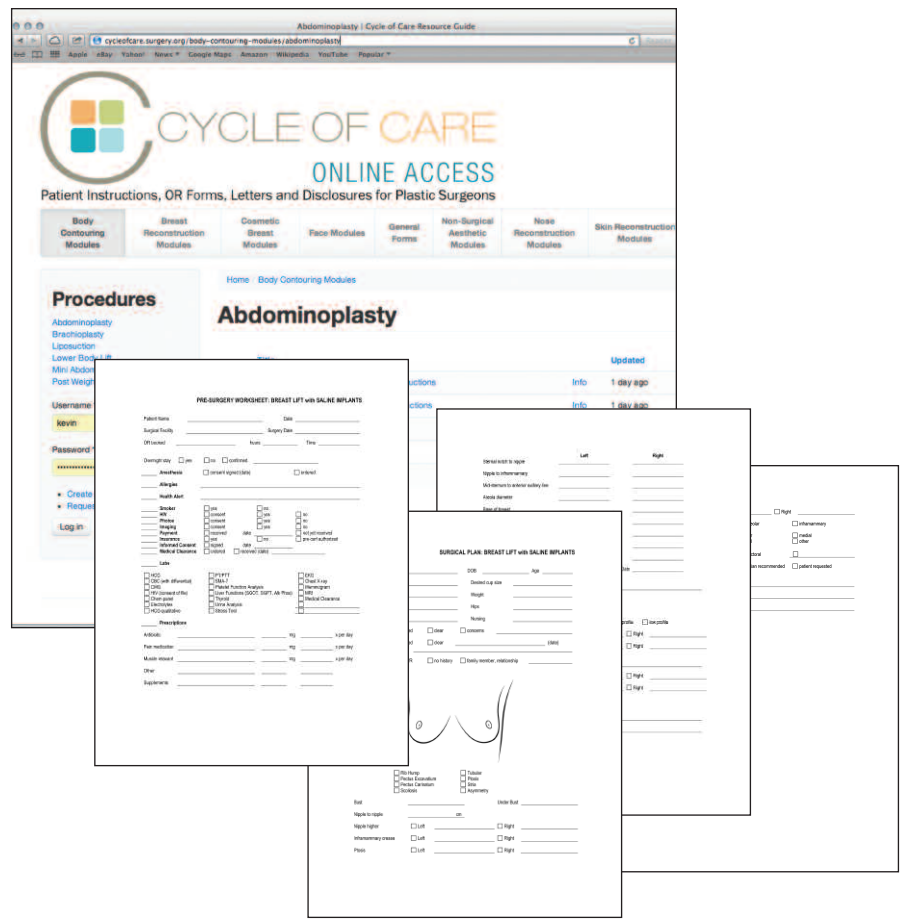
With the launch of the new brand, we took the opportunity to create a new line of ten procedural brochures based on the most popular aesthetic procedures. These brochures are exclusively for members of the Aesthetic Society, and they come complete with our new Smart Beauty Guide photography and design elements. These brochures feature a beautiful metallic blue ink band on the cover, which unites them with our Smart Beauty Guide brochure and consultation folder. These fit nicely into a standard mailing envelope. Should sales meet our expectations, we will be expanding this line of brochures in the future.

Consultation Folders: Perfect to Hold Our New Brochures—Or Yours!

These dynamic consultation folders, with all of the exclusive Smart Beauty Guide images, are a terrific way to convey all of the elements of the Smart Beauty Guide brand to your patients. Amazingly, these new folders are being sold at exactly the same price as our old version—packs of 100 for just \$125! Again, these folders are exclusively for members and are just the right size to hold the new Smart Beauty Guide and procedural brochures, as well as your own marketing brochures and a business card, and they feature the distinctive metallic blue band on the cover.

Customizable Patient Forms At the Touch of a Finger

One of our popular older products was the Cycle of Care checklists and forms essential for an effective aesthetic practice. Now, with the need to stay current and flexible, we're pleased to bring you an online tool with newly updated and enhanced forms. Cycle of Care Online Access was created and fully vetted by the top opinion leaders in aesthetic plastic surgery. It is a web-based compendium of preoperative and postoperative patient instructions, surgical worksheets, surgical tracking forms, patient letters, operating room forms, photo releases, HIPAA disclosures, and other essential documents, covering all major aesthetic and reconstructive procedures. Newly updated and fully dynamic, these Microsoft Word documents can be



Cycle of Care Online Access—preoperative and postoperative patient instructions, surgical worksheets, surgical tracking forms, patient letters, operating room forms, photo releases, HIPAA disclosures, and other essential documents, covering all major aesthetic and reconstructive procedures.

downloaded and customized to your practice standards. If you're curious about what forms are available, please go to cycleofcare.surgery.org, where you can see what procedures are covered and which forms are available. If you'd like samples of what the forms look like, please contact Kergan Edwards-Stout at kergan@surgery.org or call 1.800.364.2147 (For consent forms, please visit ASPS and ask for their Patient Consultation Resource CD).

And Did You Know...?

In addition to all of our new products, the ASPS Product Highlights catalog also includes our popular "Policies & Procedures for the Aesthetic Plastic Surgery Practice," mailing labels for your practice, practice marketing brochures and worksheets, DVDs from The Aesthetic Meeting and Baker Gordon symposia, and lots of other products

and resources designed to make your practice as efficient as possible, leaving you more time to practice your craft. All items can be found at: www.surgery.org/products.

From the entire Product Development and Market Research Committee and me, our sincere thanks to the staff of the Aesthetic Society for their hard work in helping to shepherd and create this dynamic group of new products.

I hope you'll take advantage of these exciting new products and, as always, the Product Development and Market Research Committee appreciates your input on new products and services for the Aesthetic Society to consider.

Herluf Lund, MD, is an aesthetic plastic surgeon practicing in St. Louis, Missouri. Dr. Lund is the Chair of the ASPS Product Development and Market Research Committee and sits on the Board of Directors.

The Help You Need Is Finally Here.



SMART BEAUTY GUIDE

BROUGHT TO YOU BY
THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY

Prospects for Your Practice
Products Patients Want
Content You Trust

www.smartbeautyguide.com

American Society for Aesthetic Plastic Surgery

11262 Monarch St., Garden Grove, CA 92841-1441

800.364.2147 • 562.799.2356