

NEXTSTEPS GUIDE IN DERM ● ● ● ● ●

A COMPANION TO THE ONLINE RESOURCE CENTER

Senior Editor

Daniel M. Siegel, MD, FAAD

Co-Editors

Whitney P. Bowe, MD

Richard G. Fried, MD, PhD

Sponsored by

Aveeno
ACTIVE NATURALS®



Free eGuide now available for download!



The Next Steps in Derm team use reasonable efforts to include information that is complete and within accepted standards at the time of publication. However, the faculty, authors, publisher, nor any other party who has been involved in the preparation of Next Steps in Derm Guide make no representations, warranties, or assurances as to the accuracy, currency, or completeness of the information provided. The publisher and the organizations appearing herein assume no responsibility for any injury and/or damage to persons or property as a matter of product liability, negligence, or otherwise, or from any use of operation of any methods, products, instructions, or ideas contained in the material herein.

ISBN 978-0-9858025-7-8

© 2013 Published by The Journal of Drugs and Dermatology,
a product of SanovaWorks

Senior Editor: Daniel M. Siegel, MD, FAAD

Co-Editors: Witney P. Bowe, MD, Richard G. Fried, MD, PhD



All of the content in this educational activity is copyrighted by the Journal of Drugs and Dermatology, a product of SanovaWorks. All rights reserved. No part of this book may be reproduced in any form or by any means, without permission in writing from the publisher.

Printed in the United States of America

NEXTSTEPS[®] GUIDE

IN DERM ● ● ● ● ●

A COMPANION TO THE ONLINE RESOURCE CENTER

Senior Editor

Daniel M. Siegel, MD, FAAD

Co-Editors

Whitney P. Bowe, MD

Richard G. Fried, MD, PhD

Sponsored by

Aveeno[®]
ACTIVE NATURALS[™]



Free eBook now available for download!

TABLE OF CONTENTS



- 6 **Welcome**
DANIEL M. SIEGEL, MD, FAAD
- 9 **CHAPTER 1: ROADMAP TO OPPORTUNITY**
NEAL BHATIA, MD
- 13 **CHAPTER 2: THE FIRST JOB**
NEAL BHATIA, MD
- 21 **CHAPTER 3: THE NEW DERMATOLOGY PRACTICE**
JAMES A. ZALLA, MD, NEAL BHATIA, MD
- 31 **CHAPTER 4: FINANCIAL MATTERS**
MARK KAUFMANN, MD
- 37 **CHAPTER 5: INTEGRATING AESTHETICS**
AMY FORMAN TAUB, MD
- 53 **CHAPTER 6: LEGAL MATTERS**
ABEL TORRES, MD, FC, SILVINA PUGLIESE, MD,
TRACY LEONG, MD
- 67 **CHAPTER 7: PERSONAL OUTLOOK**
DIANE BERSON, MD
- 73 **CHAPTER 8: BECOMING A THOUGHT LEADER**
MARITZA PEREZ, MD

NEXTSTEPS IN DERM

**YOUR INTERACTIVE LEARNING
PROGRAM IS AVAILABLE IN A UNIQUE,
EASILY ACCESSIBLE FORMAT:**

Monthly eNewsletter

- Original content delivered to your inbox every month
- Step-by-step expert direction from esteemed KOLs and young practitioners
- Regular 'I Wish I Had Known' column
- Easy to absorb video pearls
- Share articles of interest with friends or colleagues via email or Facebook



Online Resource Center

- Unique Online-only Articles
- Downloadable Podcasts
- The Next Steps Video Series Featuring *Conversations* and *Pearls*
- Career Planning Tools
- Downloadable eGuide

eGuide

- Access content anytime, anywhere with the downloadable Next Steps in Derm eGuide
- Search content easily using keywords
- For use in Kindle and iBooks



Get access to these **FREE** educational tools, courtesy of the **Aveeno** brand

Scan the QR code to get started



or visit NextStepsInDerm.com

Sponsored by
Aveeno
ACTIVE NATURALS®

JOURNAL OF DRUGS IN DERMATOLOGY
JDD
DRUGS • DEVICES • METHODS

A product of
sanovaworks

WELCOME ● ● ● ● ●

NEXT STEPS FROM THE EDITOR



Daniel M. Siegel, MD, FAAD
Senior Editor



Whitney P. Bowe, MD
Co-Editor



Richard G. Fried, MD, PhD
Co-Editor

Dear Colleagues,

Do you want to be read, heard, and seen? What about obtaining help to navigate through the next steps and direction of your career? It is with great pleasure that I introduce the Next Steps program from the *Journal of Drugs in Dermatology* and powered by Aveeno®.

Next Steps is not your conventional practice management program. As your Senior Editor, along with Co-Editors Dr. Whitney Bowe and Dr. Richard Fried, we will help guide you into your future career as a dermatologist by answering questions and supplying advice that is custom to the path you desire to choose. We will discuss not only practice management, but also the areas that are relevant to your next steps, whether you wish to learn more about developing yourself into an up-and-coming key opinion leader to integrating aesthetics—we'll have it all covered.

The Next Steps team is proud to present this guide, along with an entire online resource center that is chock-full of practice management pointers from experts themselves. Keep an eye out for the laptop icon at the bottom of the pages—these indicate that topics are covered further online. Also, watch your inbox for our monthly edition of the Next Steps In Derm e-Newsletter! Remember, this program is for you and we encourage your questions and feedback.

We look forward to starting this journey with you and walking hand-in-hand as your career unfolds.

Daniel M. Siegel, MD, FAAD, Senior Editor

A handwritten signature in black ink, appearing to read "Daniel M. Siegel, MD, FAAD".

GROWTH
BREAKTHROUGH
PREPARATION DEV
PURSUIT INFORMATION
ADVANCE PLAN

INFORMATION
ADVANCE
GROWTH PREPARATION
ROADMAP
BREAKTHROUGH

CHAPTER 1:

Roadmap to Opportunity

Neal Bhatia, MD ● ● ● ● ●

Chapter Highlights:

Choosing a path

Weighing your options

Selecting a location

Balancing supply and demand

Introduction

The opportunities in dermatology are endless, and choosing a single option to pursue may seem both exciting and limiting. The ultimate destiny of your career is going to be based on interests that are in harmony with the practice setting you choose, combined with additional training after residency. However, nearly every dermatologist goes through some form of “mid-life crisis” in their career, usually leading to some element of new training, whether this be incorporating dermatopathology, adding a laser or some cosmetic procedure to the practice, or increased involvement with clinical research, educational speaking, or the industry. The template for the decisions made by dermatologists in their careers starts and ends with good decision-making about where to start.

Getting Started: Choosing a Path

Choosing what to do after training will depend on the early influences and exposures of your residency years, but also on your motivation, energy levels, and even some position of financial security if starting a private practice is an option. In addition, the opportunities for success are highly dependent on making prudent business decisions. However, no matter which practice setting you choose up front, there will be some form of “paying dues” early on in your career.

Options are always a wonderful commodity, but they come with a price. Usually that price is an opportunity lost, so you need to choose your option wisely for maximum benefit.

Choosing an Option

Options are always a wonderful commodity, but they come with a price. Usually that price is an opportunity lost, so you need to choose your option wisely for maximum benefit. The practice options that a graduating resident might have are influenced by many factors, including marital status, children, academic ambitions, and specialty training.

FIGURE 1: ROADMAP AFTER RESIDENCY TRAINING



However, the motivations that bias your options may be even more influential, such as the wish for a desirable geographic location, higher salary, or proximity to family. In addition, despite the changing marketplace for dermatologists due to hospital consolidation, accountable care organizations, and oversaturation in the larger population centers, there is still a high demand for a dermatologist's services.

Academic Medicine

The proximity to a teaching institution may bring with it the opportunity to serve as a volunteer or even full-time faculty depending on your interest and practice flexibility. There are significant personal rewards to routine part-time teaching in the school clinics, coordinating didactic sessions, or even participating in grand rounds. Even if continuing medical education (CME) credits are not offered, the potential to serve as a volunteer clinical instructor or as a clinical professor can enrich your career.

Location vs Opportunity

One of the most basic economic tenets is the balance between supply and demand, where market saturation may lead to diminished needs and therefore less competitive reimbursements for services provided. This could not be truer than in medicine, and especially in dermatology, where operations are primarily on an outpatient basis and often considered elective.

Unfortunately, this is not just the case for cosmetic surgery, but is also relevant to this era of high deductibles, high copayments, and a drive to concierge medicine where patients pay cash rather than use health insurance. As a result, the graduating resident who wants to practice only cosmetic dermatology in a market such as New York City, Miami, or Southern California is going to face a different challenge than someone who wants to practice general dermatology in North Dakota or Kansas. In addition, the concept of camaraderie among physicians that permeates a small non-competitive market, for example, is in sharp contrast to some other more competitive and litigious markets that you might face.

Aside from these examples of influential factors, there will be other intangibles that make certain practice locations more attractive than others. State income tax rates, malpractice premiums, and saturation of government assistance patients in the system have strong fiscal influences on job satisfaction as well as on income. The presence of a strong local and state dermatology society, proximity to a teaching institution, or other factors might impact on accountable care organizations (ACOs), Independent Practice Associations (IPAs), and of course managed care saturation.

The personal drive for happiness and the needs of family will always play a significant role in the location you choose.

Finally, the personal drive for happiness and the needs of family will always play a significant role in the location you choose. This might be especially true if you have been away from home for training and wish to return to be closer to family and friends, or conversely wish to stay closer to your training ground to cultivate referral connections that you have made. A spouse or significant other will also have a strong input into the location, especially if his or her job is based elsewhere or the personal fit in the new community is not seamless. For example, the non-dermatologist spouse may desire the amenities of the big city, the ocean, the mountains, or some other perceived “positive” to the relocation.

Redefining Skills

As previously mentioned, the well-trained dermatologist will have many options for expanding and growing their practice acumen, but there are inevitable limits on the scope of practice based on specialty training, interest level, and even compensation in the chosen market. There may be eventual declines in reimbursements for dermatopathology and Mohs surgery, and even for general dermatology codes such as destructions and patch testing. This may have a strong influence on overhead and eventually create a fine-tuning within your practice. In addition, a bad economy may significantly impair the vanity market, especially in smaller cities, resulting in the need to scale back the marketing of such services to avoid the price of competition.

However, the opportunities to expand skills in the chosen marketplace should be handled slowly and efficiently to avoid not only financial overextension but also dilution of skills. Adding cosmetic surgery to a practice that is either just starting out or that has been

The opportunities to expand skills in the chosen marketplace should be handled slowly and efficiently to avoid not only financial overextension but also dilution of skills.

primarily medical has the potential to backfire if not handled well. Rather than diving in headfirst with a high overhead of lasers, marketing of high-priced cosmetic procedures, and the promise of services that do not fit the image of the existing practice or market, a more prudent and fiscally responsible approach might be based on a survey of the needs of patients who either inquire for the service by phone or in person, or else by the value of those procedures and their reimbursements in the region. From there your approach should be based on the “Aim to Please” philosophy of adding services that are actually in demand rather than creating a supply that may not be desirable. Not all practices need the same services—knowing the market, the potential adaptability of the office, and the cost/benefit ratio will eventually impact potential revenue stream from the change in practice philosophy. In short, that same practice may benefit from the steady incorporation of peels and microdermabrasion, then from assessing the need and costs for lasers, and eventually from integrating higher level procedures such as fillers, toxins, and resurfacing treatments if the market has indicated the return on investment. The same practice needs to be diligent about tracking success as well as overhead and expenditures to avoid chasing an empty promise of revenues that will not materialize.



CHAPTER 2:

The First Job

Neal Bhatia, MD ● ● ● ● ●

Chapter Highlights:

Knowing your worth and marketing yourself
Finding your best opportunity
Understanding contracts
Industry relations

The First Job

Marketing as a Job Candidate

The successful job applicant plans ahead and is strategic. The phrase “knowledge is power” cannot be overstated in the process of finding the right job in medicine. Whether you are searching for a job in a single-specialty group, multi-specialty group, Health Maintenance Organization (HMO) or managed care setting, or academic department, there are some pivotal answers to have in place for the inevitable questions and deliberations.

Know Your Worth

Aside from the comparisons based on compensation, the dermatologist has value in the marketplace for the skills that are brought to the clinic setting. Training and expertise in medical dermatology, surgery, and aesthetic procedures are valuable commodities and cannot be undervalued. However, not all practices will need the services that you offer, so it is imperative to know the market well and specifically to know the office dynamics. Although there is no crystal ball revealing exactly how the new dermatologist will fit in, you can predict whether the current practice will benefit from the addition of your abilities or whether it will lead to competition with the established partners and a possible backlash. For example, a clinic that has long had a need for a dermatologist based on referral patterns, with a part-time dermatologist

Not all practices will need the services that you offer, so it is imperative to know the market well and specifically to know the office dynamics.

in place, or with a recent vacancy, might be a perfect fit for a dermatologist with diverse interests but a primary focus on medical dermatology issues. In contrast, a group practice of dermatologists that already has an established Mohs surgeon may not need another one unless there are overwhelming schedule needs, in which case these will need to be discussed prior to initiating employment so that competition

for patients and potential resentment do not impact office dynamics. Therefore, a young ambitious Mohs surgeon might search elsewhere to establish a niche, unless the search criteria for a job include a mentor or perhaps sharing a patient load. In addition, any expectations of having to participate in medical dermatology, as well as see hospital consultations, should also be discussed up front. The dermatologist who has traditionally read his or her own pathology slides might also want to avoid a job setting where the biopsy specimens are sent to a dermatopathologist in the group, or, in the case of a hospital-based group, perhaps even to a general pathologist. Finally, if the overall market for cosmetic surgery is low, or the focus of the clinic is primarily on the care of the elderly or indigent, you can expect a small return on the need for a procedural dermatologist.

Aside from the salary information and benefits, there are many important screening questions that cannot be overlooked. It is important not to fall into the trap of considering only the salary and location of the position without also considering some of the intangibles. Several important questions to ask prior to moving further down the path are:

- How long has the position been offered?
- Do the skills in demand match my skills?
- What are the expectations for the path to partnership or further involvement in the office down the road?

Understanding Contracts

It is easier to promote the application when the physician is well qualified for the position such that the employer sees the impact of finalizing the contract. Elaborating on and highlighting your strengths will accentuate your presentation and convey your interest level. However, it is critical to be realistic, keep demands legitimate, and define limits. These can be shared in an interview, but it is otherwise important to keep them private. Moreover, although many experts stand by pearls such as “Don’t be afraid to ask for more,” remember that some things may not be negotiable. Aside from the listed offer that is being considered, the applicant has to reflect on some important issues to do with taking the next step and pursuing the offer. Setting priorities on what is needed, what is wanted, and what “you can get” are essential before entering any negotiations.

TABLE 1. Contract Terminology

Preamble: A preface, an introduction, or an explanation of what is to follow: that clause at the head of acts of congress or other legislatures which gives the reasons why the act is made. Preambles are also frequently put into contracts to explain the motives of the contracting parties.

Recitals: Used to explain those matters of fact that are necessary to make the transaction intelligible.

Definitions: Should contain every idea that belongs to the thing defined, and exclude all others.

Obligations: A generic term for any type of legal duty or liability.

Terms: The proposed or concluded agreement; a condition.

Termination: The act of terminating or the condition of being terminated.

Signatures: The act of signing one’s name.

Exhibits: A document that is referred to and incorporated into the main document.

Important strategies for negotiations must be made before the contract is drawn up because once the process starts there are more challenges involved with alterations. However, the details of the contract will differ depending upon the employer, the employment setting, and the demand for the position. In addition, if the chemistry between the parties is stable and there is a perceived fit for the position, the standard contract can be changed by negotiating in steps rather than with broader demands.

The physician applicant needs to become familiar with the layout and structure of the standard contract (see Table 1), as well as with how the negotiable terms between the parties are integrated into the contract (see Table 2).

TABLE 2. Important Negotiable Terms of the Physician Contract

Compensation and benefits: Term focused on employee compensation and benefits policy-making.

Partnership provisions: A legal form of business operation between two or more individuals who share management and profits.

Professional obligations: Persons who belong to a profession are bound either by professional codes of conduct or by contracts that contain standards of conduct.

Termination: Term signifying the final determination of the action.

Restrictive covenant: Clause in contracts of partnership and employment prohibiting a contracting party from engaging in similar employment for a specified period of time within a certain geographical area.

The advice of many professional experts in physician contract law point out one common fatal flaw that results in physicians ending up dissatisfied with contract terms: they didn't read the contract closely beyond learning how much they would earn. You should be aware of the other terms aside from the obvious compensation, benefits,

You should be aware of the other terms aside from the obvious compensation, benefits, and other primary issues such as vacation and job description.

and other primary issues such as vacation and job description. However, there should also be a healthy balance between the extremes of not thoroughly reading the contract and hiring a lawyer to dissect the details of each section in the contract. The spirit of the contract is to allow for a successful beginning of employment, but at the same time it protects the interests of both parties during employment and allows for ease of separation when employment ends.

Negotiations Begin With the Offer Letter

Before you ever receive an employment contract to review, the potential employer usually sends an offer letter that outlines the position and connects the employer and physician in line with the employer's standard contract. Physicians continue to move away from independent practice and toward employment in hospitals or other large organizations. Although this switch frees physicians from the burdens of running a business, it is critical for you to understand your rights and responsibilities before agreeing to an employment contract.

Termination and Coterminous Clauses

Most contracts allow an employer to terminate an agreement with or without cause, commonly after the first 90 days. While these arrangements are not uncommon, you should recognize that a "five-year contract" that allows termination without cause after a shorter amount of time effectively reduces the contract length to that shorter time period. Also, you should be fully aware whether the termination of an employment agreement also terminates privileges at the hospital. Termination can be subjective, which is an important intangible in the employment contract process. You need to be completely aware of the definitions and standards in that policy to avoid potential abuse by a supervisor who really wants to terminate employment because they "don't like" you, rather than because of any wrong-doing or lack of merit.

This also includes code of conduct and conflict of interest policies that might be in place. If the hospital or healthcare institution mandates policies that all employees are expected to follow, you should request to review these documents before signing your contract, and you might benefit from consulting with other physicians who are currently employed. One pitfall to watch out for is an overly broad definition of unacceptable physician behavior, especially when it comes to conflict of interest. Awareness of the regulations of the contract is essential to prevent you unintentionally violating the contract by becoming involved in activities that your new employer perceives as either competitive or distracting.

Restrictive Covenants

While healthcare non-compete agreements are illegal in many states, physicians who are subject to them need to recognize what they are agreeing to. For instance, while agreeing not to practice within a 15-mile radius of the employer for a two-year period might not seem like a lot during the honeymoon period after the contract is signed, the ramifications are often far larger than physicians anticipate when such provisions are enforced.

Your First Year

Developing Constructive Relationships With Industry

Unfortunately for many residency graduates, a lot of the decisions regarding interactions with pharmaceutical and medical device sales forces have been made into policies. These are often parallel to the strictures of parents attempting to shelter their children from what is socially perceived as "evil" or "influential," and in many instances has led to the development of very poor relationships once these residents enter the real world. Much like the over-protected children who were not allowed to make their own decisions, these physicians either become rebellious and overdo their interactions with drug companies, or else they go the other way and continue to shut them out of their offices.

In either case, the results tend more to the extremes based on media bias and fears of scrutiny, which have adversely influenced decisions. In summary, access bans on sales reps in academia, hospital health systems, or other settings have become problematic for the development of healthy partnerships with industry. This affects patient care, medical education, and pharma reputation, and may lead to several outcomes in the long run, including either a complete restriction (i.e., no sales rep and no industry support of any kind), or a return to the relationship that helps patients and physicians. Unfortunately, these policies are hurting both patients' access to new drugs and physicians who truly want information.

The problem began when a few people took advantage of this sacred relationship. Whether this problem was due to the physicians who held their prescriptions hostage ("I won't write your product unless I serve on an advisory board or speak at an event") or the inexperienced sales reps who traded food for prescriptions, it has led to a more regulated environment. That said, there are ways to improve the physician/rep relationship (see Table 3).

In this era of greater restrictions on sharing information with physicians, pharma must focus on creating a positive relationship. This is far more productive than dealing with restrictions.

Finally, it should be noted that the most successful thought leaders in a specialty that conduct clinical trials, who are invited to speak at conferences and develop consultant agreements with pharmaceutical companies, are not those who are aggressive or obnoxious in their quests. Instead, they are those who create a scientific niche or specific interest in the specialty that becomes known based on the merit of either the results or the presentation of their own written lecture at a CME meeting, such as the American Academy of Dermatology (AAD), the American Society for Dermatological Surgery (ASDS), or any local or state society meeting where an abstract is submitted without any input or influence from pharma. This is similar to moving to Hollywood and declaring that one is a "star," compared with "being discovered" based on one's hard work and merit. In short, it is more lucrative and prolonged to have industry come to the physician to start a relationship than for the physician to say "Pick me" or "I want to work with the company" when there is nothing to show on their CV or track record to support that interest.

TABLE 3. Dos and Don'ts for Interactions With Sales Reps

Dos

Stay professional. Unless the rep truly has a personal relationship with you, don't discuss personal lives, ask what they did over the weekend, or gossip.

Assure that reps come in with a targeted, focused message, such as a new study, patient resources, or an upcoming medical education program.

Have the rep make an appointment instead of dropping in with an excuse ("I just wanted to drop off these prescriptions").

Suggest a meeting with a science liaison when the topic is about off-label indication.

If there is an interest in research, clinical trials, or lecturing on the subject, the medical liaison should be the contact, not the sales rep or manager.

Make sure reps let their product speak for themselves. They shouldn't be comparing it to other drugs unless you specifically ask, they should not speak negatively about the competitor, and they should not assume you will stop writing prescriptions for the competitor.

Make the rep feel comfortable. Remain composed, ask questions quickly, and involve other staff in the discussion when possible.

Don'ts

Avoid all interactions with sales reps and any members of the pharmaceutical industry in public, and especially within sight or earshot of patients. Reps should never say, "Thank you for prescribing" within earshot of patients. This actually puts your reputation at risk with the patient.

Reps should never feed the office staff on the first visit. There should always be an initial visit with the physicians first, and, when a date is set for lunch, the physicians should make time to attend so that it does not seem like a catered benefit instead of a true business meeting for the office.

Don't dash out without asking one focused question, such as the current use of the drug.

Never give in to a "commercial." A successful sales rep will provide balanced information and stay within label.

Don't risk pharma's reputation by holding the sales rep hostage to get ahead with a personal interest in clinical trials or a speaking engagement.

Don't let a rep beg for prescriptions ("I need more prescriptions to win this contest that I'm in").



ROADMAP
ADVANCE STRIDE
PLANNING
GROWTH
PURSUIT INFO

NEXTSTEPS

IN DERM 

HAVE YOU SIGNED UP TO RECEIVE THE MONTHLY NEXT STEPS IN DERM ADVISOR eNEWSLETTER?

- Original content delivered to your inbox every month
- Step-by-step expert direction from esteemed KOLs and young practitioners
- Regular 'I Wish I Had Known' column
- Easy to absorb video pearls
- Share articles of interest with friends or colleagues via email or Facebook

Register by email today!

info-nextsteps@nextstepsinderm.com

Sponsored by
Aveeno
ACTIVE NATURALS[®]

JOURNAL OF DRUGS IN DERMATOLOGY
JDD
DRUGS • DEVICES • METHODS

A product of
 **sanovaworks**

CHAPTER 3:

The New Dermatology Practice

James A. Zalla, MD and Neal Bhatia, MD ● ● ● ● ●

Chapter Highlights:

Is starting a practice the right choice for you?

Buy, lease or build?

Office planning

Staffing your office

Introduction

The dermatology resident finishing his or her training faces many choices and opportunities for practice. This chapter reflects the experience of a dermatologist in private practice for over 40 years, covering the key issues in the decision-making process that culminates in a functional and desirable office space. Although this process applies primarily to those in private practice, the specifics of the features within that space are also applicable to an academic center clinic.

The Decision to Start a Practice

The decision to start the journey as a solo practitioner or to open a practice that might expand is often the most pivotal in a physician's career. In many ways it is also the most daunting, given the relative lack of experience in business taught during medical school and training. However, with the correct vision, support, and motivation, the physician can wear both hats and can be successful.

The first steps in the journey are often filled with questions, and we can apply an analogy to the debate between evolution and creation. Evolutionists believe in steps and development, which would mandate that a practice starts with vision and a mission, followed by implementation of a plan. Usually six months to a year of planning, financing, and struggle, as well as a balancing of current employment duties, are involved in the process, which can be both painstaking and rewarding. On the other hand, creationists believe that the events occur all at once, and this is analogous to a solo practitioner buying an existing or fledgling practice or, with assistance from a healthcare or hospital group, setting up in an underserved area.

There are no premonitions to reveal what the future holds, but it should at least be obvious that private practice will never resemble residency.

Unfortunately, there are no premonitions to reveal what the future holds, but it should at least be obvious that private practice will never resemble residency. The biggest wake-up call comes when the checkbook has to open for every expense that might once have been taken for granted in a training program or another clinic setting: every piece of gauze, every suture package, every marketing piece, and every other dollar spent comes from the production overhead, which can be frightening early on when the receivables do not come in as often as the bills. However, these growing pains can be tempered with efficiency and with slow growth that meets the market demands.

Aside from the financial issues, it is important to reflect on lessons learned in training and from other colleagues. It cannot be overstated that the new solo practitioner and physician businessman should duplicate the good things learned from others and improve on any errors and inadequacies observed in other practices. Patterns for office efficiency, patient flow, scheduling, charting, and other set-up issues need to be established early and altered to benefit the rate of growth.

Location Selection

Whether you are beginning a practice for the first time as a solo practitioner and planning your own office space, or whether you have been in practice for a few years and are already outgrowing your space, location is a primary consideration. You should look for a location that is optimum not only for your present needs but also for your foreseeable future needs. Your practice space should be a growing area with convenient transportation, adequate parking, and access for the elderly and handicapped. You want to avoid areas with traffic problems that will frustrate your daily commute or patient access.

Space considerations are critical in that there must be adequate square footage for an efficient layout with an optimum number of exam/procedure rooms. You should plan space to meet the needs of your ideal vision of practice style and preferred patient mix. If your interests are primarily medical or surgical, or include cosmetic services, Mohs surgery, dermatopathology, or even clinical trials, planning the space to address those needs from the beginning is well worth the effort.

Location, Location, Location

The simplest rule of business success is to know your market and plan to locate where the market will be in your favor—understanding market saturation, the potential to cultivate a referral base, and how to manage the expense and overhead issues with the location. Proximity to hospitals allows for cohesion with other specialties and access to referrals from

What Makes Physicians Happy?

A March 2013 survey asked doctors which factors were most important to them when choosing where to practice. Over 1,000 physicians reported that the three most important factors in choosing a practice location are:

“A comfortable, enjoyable living environment” (69%)

“Family and friends live nearby” (45%)

“Relative value of my specialty” (39%)

The next factors specified were “climate/temperature” (34%), “job opportunities” (31%), and “malpractice climate and premiums” (24%). (Medscape 2013 Compensation)

primary care clinics that serve the area. Conversely, it might be wise to avoid starting a solo practice in an area dominated by groups or managed care clinics that may not use your services. For example, if the emphasis of your clinic is aesthetics, then a location away from higher populations of Medicare and Medicaid patients might be best; and also be aware of Day Spas and places where there is not much “vanity money.”

Here are a few questions to ask yourself when considering location:

- Is this where you want to live, raise a family, and become part of the medical community?
- Do you have the patience/perseverance to navigate changes in the healthcare marketplace, as well as to build something and maintain it?
- Are there risks of consolidation that might require adaptation, growth, or selling out?
- How will the story end: will you stay solo the entire time or will you build something larger and make a dermatology group with other physicians, physician extenders, or aestheticians?
- Will this dream end by closing or possibly by selling to a hospital system or multi-specialty group?
- Who is going to help out and provide a second set of eyes for the practice? Is there a family member, spouse, or someone else you trust to watch your back?
- How will you find people you can trust not to stick their hands in the cookie jar or raid the register? Or keep satisfied employees who will not steal from you or sabotage what you have worked to create?

Understanding the community and the potential for either positive or negative growth is imperative. Starting out slowly and increasing is a far safer and more cost efficient strategy than leaving the starting gates with everything on offer, especially when that market is not tested. Aim to please by adding services that are new, but not all at once, since the untested market demographic new to cosmetic services may not respond to a blitz of marketing. More importantly, the overhead has to be considered in the cost/benefit ratio and its potential impact on stimulating practice growth. Tracking your success from advertising on the Internet, on the radio, and in print will also help streamline your approach to the market. Analyzing the medical dermatology practice is just as pivotal.

Starting out slowly and increasing is a far safer and more cost efficient strategy than leaving the starting gates with everything on offer, especially when that market is not tested.

Monthly assessments should identify the best and worst plans, including the top 10 payers, as well as reimbursements for the top 25 procedure codes. Regular updating of spreadsheets that include codes, charges, allowables, reimbursements, and other parameters should be part of the office manager’s monthly report. Occasional calls to referral offices to check which plans are predominant helps you keep track of whom the primary doctors are seeing.

Office Planning

Leasing vs Owning

If you will be starting your own practice rather than joining an existing group, you will probably be leasing office space. The local hospital may be helpful in identifying available medical office space in the area. If you can locate a space on your own, without using a commercial real estate agent, you may be able to negotiate better rates with the landlord because he or she will not have to pay an agent's commission. Ideally the space should allow for future expansion and have a renewable lease for as long as it continues to meet your needs. Sometimes a practice outgrows its present office space. Sometimes you find there is no room for a potential new associate or no adjacent space for expansion.

Compared with building your own space, leasing space in a medical office building has the advantage of requiring less initial capital outlay and less time to prepare. However, the disadvantages with leasing include no equity accumulation and no building depreciation deductions. If you are outgrowing your current space, you may face a decision as to whether to look for alternate space to lease or whether to find land to build your own space. This might be a single owner-occupied building or perhaps a multi-tenant medical office building that includes your own practice space and, as the owner, additional space to lease to other tenants.

A single owner-occupied building has the advantage of complete autonomy with no tenant concerns, and less capital cost than constructing a multi-tenant building. You also have the benefits of equity appreciation, deductible building depreciation, and normally easy street level patient access. The disadvantage may be the higher construction costs per square foot, since a multi-tenant building may have only one foundation and one roof but multiple floors for tenants.

Environment and Layout

Whether you build your own space, or buy or lease it and remodel, the planning process is the foundation for ensuring that the final office space will meet all your anticipated needs. The space should offer a professional working environment that is not only efficient, but pleasant and comfortable for patients, doctors, and staff. Location on one floor is ideal, and sub-specialty capabilities such as Mohs surgery or dermatopathology must be planned from the beginning.

TABLE 1. Suggested Steps to an Efficient Office Layout

Use the services of a medical architect who can assist with the patient traffic patterns and exam/procedure room locations.

The space should have a separate check-in and check-out area for patients.

Assign areas for the claims/billing staff (unless billing is outsourced).

Create dedicated locations for secretary/transcriptionists, kitchen/staff lounge.

Include general front office supply storage and back office professional supply storage.

If you will have a Mohs surgery lab, ideally include separate Mohs surgery waiting room and procedure rooms.

You may also need a histopathology lab, dermatopathology reading room, and cosmetic consultation room.

Decisions need to be made in conjunction with the architect on lighting, hardware, doors, windows, sinks, cabinets, electrical outlets, computer wiring needs, and acoustics, as well as on audio systems and nurse call systems. While wireless electronics (e.g., computers, tablets, and communication systems) are gaining ground, placement of the current highest standard ethernet cable will be of great value in the event of unexpected wireless interferences in the area (high voltage power lines or radio transmitters outside the office or appliances such as microwaves in the building). Retrofitting hard wiring later can be far more costly.

TABLE 2. Consulting an Interior Designer

An interior design consultant can assist with decisions to achieve a unified theme in which all components complement the whole project:

- Floor covering
- Wall covering
- Tile
- Entryway
- Furniture
- Woodwork
- Paint and stain colors
- Window treatments
- Windowsill materials
- Countertop materials
- Signage colors

Much time is required in the planning process to allow for someone to investigate, select, and negotiate with all contractors, vendors, and suppliers, and for the numerous personal calls, meetings, and/or e-mail contacts to address all the details. Someone within the practice, if not the dermatologist, with the interest and expertise must be delegated to accomplish or oversee all the checklist items in the planning documents.

Try to anticipate any needed changes during the planning process. It costs little to move a wall or change the direction of a door swing on paper during planning compared with once they are actually built.

You should ultimately sign off on everything to be sure substitutions are not being made on critical appliances. Most architects and builders will have added costs in the contract for “change orders” made during construction, so it is best to nail down all of these items before starting. Alternatively, you can “carve out” certain subcontractors, such as those who will install telephone systems, nurse call systems, medical lighting, and items such as power tables and exam chairs. They can work with the architect’s plans to specify the location of electrical connections, weight bearing specifications, and other planning decisions best made in advance of any structural or build-out being done.



Read More About This Topic at:
NextStepsInDerm.com

Keep in mind that if you are going into an existing space, whether an empty shell or fitted out, if you are on a concrete slab then new drains or floor electrical outlets can be costly if they are not already in place. Drop ceilings themselves are not weight bearing. Surgical lights are attached to the structural ceiling above the drop-down ceiling, and come with specific mounting instructions using metal brackets, steel angle braces, and threaded rods. These must be precisely located relative to your procedure tables.

Time is also required to shop for office furnishings, which includes furniture for the waiting room and exam rooms, mirrors, artwork, pictures, lamps, plumbing fixtures, refrigerators, microwaves, dishwasher, television/DVD player, staff lounge supplies, and front office and clinical area supplies.

Approaching the design of your office begins with your assessment and vision of what your ideal office space should be. The planning process should include everything you need to do to make this happen so that the actual process of building or renovating your space will turn your vision into reality.

It is a great help if you have a practice associate, staff member, or spouse with an eye for decorating and value for money to actively participate in the planning process and assist in the shopping.

Buying an Existing Practice or Building Your Own Space

While the space you design and build should be closest to your ideal, your actual ideal may be out of your price range early in your career. Decisions will be based on local demographics and costs and must be individualized. In some locales, medical office space zoning and construction can be a prolonged process, so this must be factored in. If you know the area well and plan to be there long term, early purchase is an option; but you will need large sums of money to pay for property, construction, and possibly architectural fees, which, based on your current education debt load and other factors, banks may be hesitant to loan. An already fitted-out rental may be less costly, give you time to examine the area closely and determine the optimal place to be, and let you have a place to practice immediately after completing your training if desired.

An already fitted-out rental may be less costly, give you time to examine the area closely and determine the optimal place to be.

How Long Should Construction Take?

With the use of modular construction allowed in some locales, and an efficient builder, one can go from start to finished and fitted in as little as a few months. Alternatively, construction can take longer than a year. If you need permits and inspections, they can add as little as weeks or as long as years in some locales. The availability of subcontractor crews and the prioritization you get from the builder add great variability to the mix.

Working With General Contractors and Architects

You will most likely work with a general contractor (GC) who will hire carpenters, plumbers, electricians, insulation crews, and others as needs arise, as well as possibly some of their own direct employees. In any event you must carefully examine their contract so that a lien against them from a supplier or subcontractor does not automatically involve you. Money spent on a good contract attorney up front can save you a lot of headaches and expense downstream. It is likely that the architect's and GC's contracts will be boilerplate and biased to protect them and to offload costs to you in the event of delays, so this will need to be modified. Some architects and GCs will work together, while others will work separately; and there are pros and cons to both approaches.

You could be your own GC if you have a spouse or trusted family member or friend working with you, but this approach is usually far more complex for commercial property than for homebuilding and probably best avoided. On the other hand, having such a person on site at least daily taking photos of all construction and being present for major items (laying foundations, interim inspections) can avoid the pitfalls common in some geographic areas.

Office Equipment: to Buy or Lease

It is generally more economical to purchase office equipment such as computers, printers, fax machines, and copy machines. Exceptions might include equipment whose lease includes a maintenance agreement for regular servicing, such as a high capacity copier or lasers that may become obsolete in a few years.

Office furniture can be another significant expense, and even if outfitting your office requires bank financing, purchasing your own furniture is still likely to be less costly than leasing. You should approach every purchase decision with the thought in mind, "Everything is negotiable." You can save thousands of dollars year after year simply by asking for a better price. Receiving bids from multiple vendors is also important in getting the most value for money. Office supplies can be obtained for less at warehouse clubs like Sam's® or Costco®, or sources like Amazon® and Staples®.

Even if outfitting your office requires bank financing, purchasing your own furniture is still likely to be less costly than leasing.

We have a Comdial® digital communication system in our office consisting of a six-line wired phone with rollover capability and the usual features. It is easy to track the call volume per hour over the course of a day and allocate staff accordingly for telephone answering. A wireless hands-free headset for receptionist staff is recommended. A small office could get by with fewer lines, but keeping the capacity to expand without having to replace the phone hardware is an advantage.

Lab coats and scrub suits are available from multiple sources and look more professional if they bear your office logo and your name. Magnetic badges with the names and office logo are a good choice for staff.

Signage at various locations throughout your office should look professional and blend in with the office décor. It will save you money to prepare a master list of each sign required, together with its location, and request proposals from several vendors. A good source for high quality internal signage is August Enterprises (augustenterprises.net).

Recruiting the Right People

We have never used an outside staffing firm, but normally place an ad in the local paper with replies to a local P.O. Box. Along with the résumé, we request a handwritten cover letter, because being able to discard the applications of those who cannot draft a concise, legible, neat letter avoids wasting time on an interview.

It is recommended that you personally interview all applicants for clinical positions, as well as the finalists for front office staff who have been filtered by an office manager or business manager. If we do not receive sufficient response from an ad, we have found it better to run an ad again rather than settle for a marginal candidate from a limited candidate pool. We look for above average applicants, who also seem to be nice people based on our interview impressions and their references. We have found that we can train staff to learn computer software or to assist in surgery, etc, but we cannot train them to be “pleasant.” They have to bring that quality with them when they join our staff, and we feel we owe this to our existing staff.

If we do not receive sufficient response from an ad, we have found it better to run an ad again rather than settle for a marginal candidate from a limited candidate pool.

We use a job-sharing approach for most of our positions, and these staff work less than full-time at our front desk and in our medical assistant/nurse positions. To have an option beyond full-time staff expands the candidate pool and provides continuous coverage when staff are on vacation. We also find that most part-time staff do not need health insurance benefits because their spouse already has this through their own employment.

We do provide a Flexible Benefit Plan for all staff, with a uniform allowance, and have a 401K Pension Plan with match and profit-sharing contributions for participating staff. Full-time staff can expect health insurance coverage.

We definitely recommend using an outside payroll service, which is less costly and simplifies all the record-keeping by tracking the hours, paid time off, withholdings, pension and flexible benefit contributions, and tax accounting for the office administrator. Comparative regional salary and benefit information is available from Medical Group Management Association (MGMA) and other sources.

Our dermatologists normally have two medical assistants or nurses used interchangeably whenever we see patients. However, we would normally have three staff assigned to us who share those duties on different days, e.g., one staff works four days, and two staff

work two days/week each. It takes approximately one full-time equivalent claims person for one full-time dermatologist in our office, although use of an outside billing service should reduce the number of staff needed for billing and claims work.

Staff need job descriptions as well as periodic evaluations. It also helps to have training manuals that describe the standard procedures, and we have developed these ourselves with input from staff who are also responsible for updating them periodically.

We have monthly staff meetings, alternating with the front office staff (receptionist, billing, and claims staff) the first month and the clinical staff (medical assistants and nurses) the next month, with two joint meetings per year when all the staff come together. This provides a forum for staff input as a source for helpful suggestions and also facilitates healthy communication among staff so they understand each other's challenges.

All staff must share our patient-centered practice philosophy, which is reflected in a quote by William J. Mayo on a large wall hanging in our waiting room: "The best interest of the patient is the only interest to be considered."

Finally, for several years now we have been finding the Doctor Score patient satisfaction assessment system useful (drscore.com), and there are others available as well. While most patient comments are expressions of appreciation for their experience in the office, it is affirming for excellent staff behavior to be acknowledged by patients. In the occasional instances that a staff member falls short of our expectations, we might hear of this first through a patient comment on a Doctor Score report. Early clues to staff shortcomings during their probationary period have prompted us to find a replacement for that staff member.

Always compliment exemplary staff performance in the presence of other staff or patients; however, addressing deficient performance, which we call "opportunities for improvement," should always be done privately.

Over the years we have found a most useful indicator of whether to keep a staff member is to ask yourself, "If I had known then, before hiring her/him, what I know now about this staff member's performance, would I have made that hire in the first place?" If the answer to that question is "No," that staff member should go.

Conclusion

Opening a dermatology practice never resembles residency. There are important financial, logistical, and managerial issues to consider. Apart from selecting an optimal location for office space, there are also the questions of leasing space vs owning space and how to lay out the practice's interior design. While working with contractors, selecting signage, setting up computers and technology, and staffing your office can be intimidating, smart decisions made in a practice's early days pay dividends later on.



Read More About This Topic at:
NextStepsInDerm.com

NEXTSTEPS IN DERM ● ● ● ● ●

**Log on to the Next Steps Online
Resource Center for access to other
dynamic educational tools, including:**

- Unique Online-only Articles
- Downloadable Podcasts
- The Next Steps Video Series
Featuring *Conversations* and *Pearls*
- Career Planning Tools
- Downloadable eGuide

NextStepsInDerm.com

Sponsored by
Aveeno
ACTIVE NATURALS®

JOURNAL OF DRUGS IN DERMATOLOGY
JDD
DRUGS • DEMICS • METHODS

A product of
 **sanovaworks**

© 2017-Nextsteps In Derm. All Rights Reserved. This document contains proprietary information, images, and marks of the Nextsteps In Derm. No reproduction or use of any portion of the contents of these materials may be made without the express written consent of the Nextsteps In Derm. Licensed to test@test.com.

CHAPTER 4:

Financial Matters

Mark Kaufmann, MD ● ● ● ● ●

Chapter Highlights:

Coding essentials
Using modifiers
Dealing with insurance companies
Financing and loans

Introduction to Coding

Even the most altruistic physician needs to eat and have a roof over their head. Also, employees, landlords, banks, vendors, and others expect to be paid in a timely manner. In medicine, income comes from payments for the services you provide. Document what you do and report the correct codes for what you have done (and for insured patients, for that which is medically necessary).

Some of you may complete your residency and have some experience in medical billing, while some of you may not. Billing for the services we perform can be quite complicated. The system that governs the way we are reimbursed in the majority of cases is known as Current Procedural Terminology (CPT). It is licensed and maintained by the American Medical Association (AMA). As your first step, purchasing a CPT book is essential. This should be done each autumn when the next year's CPT book is published because changes can, and do, occur annually, and not having current information is never an acceptable defense in any billing disagreement.

Additionally, you should purchase the Coding and Documentation for Dermatology Manual available from the American Academy of Dermatology (AAD) Association. This manual pulls all the codes out of the CPT book that are relevant to dermatologists. Every procedure code we use has to be accompanied by a "diagnosis code." We currently utilize the ICD-9 codes for this purpose, but you should not get used to this. As of October 1, 2014, we will all have to change over to ICD-10 codes. These codes represent a new, and more exhaustive, system of coding. We will all have to get used to a new listing of diagnosis codes. The rest of the world has been on ICD-10 for years, and will transition to ICD-11 shortly after we move to ICD-10. Many experts have questioned why the United States do not plan to move directly to ICD-11 with the rest of the world, as it is a more dynamic and granular system that fixes many of the flaws of ICD-9 and ICD-10. Our government has refused to respond to this question, but the answer probably lies with the CMS, who have already linked ICD-10 to their reimbursement system, and will take years to do so with ICD-11.



Read More About This Topic at:
NextStepsInDerm.com

The first set of CPT codes to become familiar with are those dealing with the evaluation and management coding (E/M coding) of patients. This in other words is what we ordinarily consider to happen during an office visit—talking to patients, taking a history, performing a physical examination, and developing an assessment and plan. There are complicated algorithms you must learn regarding which level office visit you should be coding. Guidelines were published in 1995 and then in 1997, and you may choose either. Both are easily found in either the AMA CPT book, or the AAD Association Coding and Documentation for Dermatology Manual.

You are responsible for all the codes you submit to an insurer, and cannot blame your computer software for making a coding mistake.

A relatively new concern regarding the use of E/M coding has come to light with the increasing prevalence of electronic health records (EHRs). Many vendors who make electronic health records are also including within them the ability to “do the coding for you.” While this can be very helpful, you have to pay close attention to the way your software calculates your billing codes.

Remember, you are responsible for all the codes you submit to an insurer, and cannot blame your computer software for making a coding mistake. The office of the Inspector General for the department of Health and Human Services has also added those using EHRs and those suspected of “up-coding” to their audit list. The automatic coding systems have two major flaws: they code based on what you document, not on what is medically necessary, and they only use the 1997 “bullet point” counting rather than the less onerous system scoring of the 1995 system that is not as easy to autocode.

As dermatologists, we tend to perform many procedures, and the CPT book defines procedures as surgery. There are many procedure codes that we use, ranging from intralesional injections to flaps and grafts. This can sometimes create an awkward situation for your biller, who has to explain to a patient that even though they only received an intralesional injection of kenalog, it is considered by the insurance company as surgery. Some of the more common procedure codes used in a general dermatology practice would be the skin biopsy code (CPT code 11100), destruction of premalignant lesions (CPT codes 17000, 17003, and 17004), and destruction of benign lesions (CPT codes 17110 and 17111).

Some surgical codes have an associated global period attached to them meaning, for example, that if you were to destroy a wart on May 1 you would use CPT code 17110. This code has a 10-day global period, so any follow-up visit the patient makes prior to May 12 will not qualify for reimbursement because it took place during the global period.

Therefore, it is important to keep track of global periods. For dermatologists, there are CPT codes with 0-day globals, 10-day globals, and 90-day globals. The AAD Coding Manual mentioned above covers all of these, but (Table 1) represents examples of common dermatology codes used, and their associated global periods.

TABLE 1. Common Dermatology Codes

0-Day Global Period	10-Day Global Period	90-Day Global Period
11100 Skin Biopsy	17000 Destruction of premalignant lesion	15200 Full thickness skin graft
17311 Mohs Surgery	17110 Destruction of benign lesion	14000 Adjacent tissue transfer

Modifiers

In the course of an average day in a general dermatology practice, the decision to biopsy a lesion will typically be made on the same day that other problems are addressed. Because many of our patients have more than one problem, their visit is often both a medical one and a surgical one. In order to indicate to the insurance company you are billing that there was both a medical as well as surgical component to the visit—and that they were unrelated problems—you need to add a modifier to your CPT E/M codes. There are several modifiers that are very commonly used in dermatology.

Because many of our patients have more than one problem, their visit is often both a medical one and a surgical one.

The -25 modifier indicates a *“Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service.”* So, if you do both a medical assessment (e.g., psoriasis) at the same visit that you biopsy a suspected basal cell carcinoma, you would add a -25 modifier to your E/M code.

As discussed above, there are a number of dermatology codes that include global periods such as the destruction series. So if, two days after the procedure, a patient comes in complaining of a blister forming in the area of the destruction, you would not be reimbursed for that visit. But let’s say a patient comes in two days after you destroy a wart on his right knee, and he is complaining of a new itchy rash on his left arm. The two issues are clearly not related, and so a mechanism for being reimbursed for an evaluation and management that takes place during a global period—concerning an unrelated matter—is available in the form of modifier 24, which indicates an *“Unrelated Evaluation and Management Service by the Same Physician During a Postoperative Period.”*

A related modifier, 79, is available for the performance of the procedure during a global period that is unrelated to the initial procedure. 79 modifier indicates an *“Unrelated Procedure or Service by the Same Physician During the Postoperative Period.”*

Another common occurrence in a dermatology visit is when two (or more) procedures are performed on the same day. CPT rules also provide a modifier to indicate that the procedures are unrelated, and although the rules for this modifier are too complicated to be dealt with in this publication, modifier 59 (indicating a *“Distinct Procedural Service”*) is designed for this purpose. This modifier also allows for bypassing bundling issues (known as CCI edits).

Do All Insurance Companies Follow CPT Rules?

The simple answer is no. One can be fairly certain that your local Medicare carrier will follow the majority of all CPT rules. This cannot be said, however, of the commercial insurers, which can always modify the way they follow the CPT rules. In other words, there are some insurers who refuse to pay for an office visit when it is performed on the same day as a procedure, no matter which modifier you attach! If you encounter insurance companies that routinely fail to follow the CPT, you should bring this up with your community, local, or state dermatology societies—with copies to the AAD—so that these issues can be addressed by the appropriate society with the insurance company's medical director. The AMA will not get involved in these issues because the largest part of their annual revenue comes from licensing CPT codes, and their worst fear is an insurer using a different system from a different vendor.

The Resource Based Relative Value System and the Resource Based Relative Value Update Committee

CPT codes are each assigned a monetary value by the CMS. These values are, in part, developed by the AMA Resource Based Relative Value Update Committee (RUC), which meets three times annually to determine the relative value of each CPT code among all the specialties. Code values are based on the physician's work and the practice expense involved with the procedure, while also taking malpractice potential into account.

Physician work and practice expense are in large part determined by the results of surveys that are sent out to members of the society (in our case, the AAD, ASDS, ACMS, and SID), the dermatology organizations with seats in the AMA House of Delegates. The AAD coordinates the process for all dermatologists regardless of society affiliations, and the organizations with official representation send delegates to the RUC meetings to support the specialty.

As CPT codes are brought up by the RUC committee for review, AAD members need to understand that if you receive an e-mail from the AAD stating that you have been randomly selected to fill out a RUC survey, it is essential to do so. If you don't know how to, or need any help in doing so, there will be contact information in the e-mail where you can ask for assistance. Without getting solid data back from the surveys, it is difficult for your representatives to the RUC to defend the value of the codes that are being reviewed. In other words, survey results could directly impact all of our reimbursements. Bad results or poor responses could directly affect all of us.

If you receive an e-mail from the AAD stating that you have been randomly selected to fill out a RUC survey, it is essential to do so.

Insurance Reimbursement

Often when you sign a contract with an insurance company, they will supply you with a fee schedule detailing their reimbursement for CPT codes. There are times when these are exhaustive fee schedules, and times when these are just a sample of the schedule. Whenever you sign with a new company, if you have not been supplied an exhaustive list of their reimbursement schedule, you should develop one of your own.

It is fairly straightforward to develop your own internal fee schedule for an insurance company. First, become very familiar with the Explanation of Benefits (commonly known as EOB). Every claim submitted to an insurance company results in the insurance company issuing this EOB, on which you will find a column detailing the “allowed amount” for the CPT codes submitted. This allowed amount is “de facto” your reimbursement for that CPT code. Using a number of these EOBs, which include commonly used CPT codes, you can develop a spreadsheet for reference when dealing with that insurance company.

One thing to keep in mind, however, when listing allowed amounts, is that you are not dealing with a multiple procedure visit. This is because most insurance companies enforce a “multiple procedure reduction” on any procedure performed after the first procedure. In other words, the procedure that has the highest reimbursement value will be reimbursed at 100%, and any procedure reimbursement after that will be reduced. Each company may have different policies with regard to the percentage reduction for multiple procedures. Medicare will reduce all procedures after the first one by 50%. Other insurers may follow suit, but many still use the obsolete 100-50-25-25 system, with no payment after four procedures. By developing these spreadsheets you can readily determine whether or not an insurance company is reimbursing you fairly, and this can help you determine whether or not you should continue with them.

If you decide to open your own practice, and you become affiliated with a hospital, you might want to approach the hospital about joining their Independent Physician Association, or IPA, if they have one, as these can potentially help you sign more favorable contracts with insurance companies. An IPA can negotiate more lucrative contracts because they are providing multiple specialties to the insurance company, as well as to their hospital for hospitalizing their patients. This gives them market leverage that you as an individual or small group cannot attain in most markets.

An IPA can negotiate more lucrative contracts because they are providing multiple specialties to the insurance company, as well as to their hospital for hospitalizing their patients.

Patient Copayments

Many insurance plans help to control utilization by having patient copayments. While these started out in the 1990s as \$10 or \$15, today it is not unusual to see \$50 or \$75 copays. Not collecting a copayment is not only lost income to your practice, but to many insurers it may also be considered fraud. In fact, Horizon Blue Cross has sued physicians, claiming that “the routine waiving of applicable member liability is fraud” and that by forgiving debt “providers are overstating and misrepresenting the actual charges for the services they provided.” The Office of Inspector General has also identified the waiver of copayments and deductibles as a potential violation of the Medicare and Medicaid Anti-Kickback Law.

Finance

Financing is important as you will have to pay employees, insurers, and vendors from the start of your practice, if not before. You will probably need a loan to begin with, and a revolving line of credit until you begin to see positive cash flow. Pay yourself a salary—if you become injured or disabled, you want to be able to show earnings. Expect the approval process for receiving a loan to be onerous and intrusive—your parents and teachers may love you, but the bank is concerned only with your creditworthiness. If you have ever been in trouble with respect to late loan payments or non-payments, or if you are living on credit already, your loans and credit—even if available—can be far more costly.

Some loans must be paid off in minimum increments over the life of the loan, not unlike a mortgage, while others are interest-only payments with a total “balloon” payment at the due date. Work with your accountant or financial planner to be sure you understand the terms of a loan. Lenders do not take well to poor credit risks, and your credit score can suffer for years from even a few late or missed payments.

It is reasonable to shop around and consider working with a bank where you place all of your business (practice, personal banking, mortgages, etc) and develop a relationship with the manager who will be the first person you call if new needs or unexpected problems arise. While the manager may not have the final say in many decisions, their “on the ground” observations and perspective of your stability in the community could make the difference in whether or not you get the increased credit you want, or the better rate you think you deserve.



CHAPTER 5:

Integrating Aesthetics

Amy Forman Taub, MD ● ● ● ● ●

Chapter Highlights:

Learning cosmeceuticals
Injectables and fillers
Lasers to start your practice
Estheticians and staffing
The importance of photography

Introduction

Dermatology residency programs provide cosmetic training at many different levels for aspiring dermatologists. However, few of them are sufficiently robust to provide a comprehensive platform for a dermatologist to become a skilled cosmetic provider to open their practice with confidence. Extra effort, research, and personal commitment post residency will most likely be necessary to become proficient enough to provide the most current/up-to-date aesthetic services to patients.

In 1989, the only aesthetics offered in any programs were hair transplantation, dermabrasion, superpulse carbon dioxide laser resurfacing, sclerotherapy, chemical peels, collagen injections, and early prototypes of pulsed dye lasers. Around that time, the industry introduced glycolic acid topicals, chemical peels, and laser workshops. These weekend workshops for lasers became plentiful although, usually limited to one company's products. The physicians who spoke explained the functionality of the technology and the mechanism of its action for a particular wavelength. Compared with today's workshops, these presentations were educational rather than market focused. Though not as plentiful now as they once were, it is still likely possible to spend almost every weekend at a cosmetic meeting or attend a laser workshop monthly. These meetings can supplement literature research and enhance one's perspective on their use in clinical practice.

Visiting an established aesthetic practitioner for a day or a week, whether in or out of your own city, is another way to acquire information about how to integrate aesthetics into your everyday practice. These visits can be facilitated by direct communications with a provider you admire or via organizations such as the American Society for Dermatologic Surgery (ASDS) or the Women's Dermatologic Society (WDS), which have mentorship programs. If a laser or aesthetic product company thinks that you are a promising prospect, they may pay for your visit to another physician's office or bring them to you for a demonstration or training. Keep in mind these expenses are factored into the subsequent purchase or lease by the vendor.

These commitments and activities may take you away from spending time with your family, from your social life, or from your own practice. If you feel these things to be a chore, this may be a clue that you do not find this new specialty to be exciting, or for you. Just as you probably at one time “fell in love” with dermatology and chose it as a specialty, so, too, it must be the same for aesthetic dermatology if you decide to make it a part of your practice.

There is a lot of overlap between medical and cosmetic dermatology, but there are distinct differences as well. You have to develop an aesthetic appreciation for the features of the face and body that is more based on beauty and wellness than on disease and diagnosis. However, there are also similarities. When dealing with acne, for example, you may be treating a medical condition, but the ultimate payoff is cosmetic—the smile you see on the teenage boy’s face when his skin clears up is fulfilling in a similar way to having a woman look in the mirror and say, “Wow!” after a filler session.

Finally, you need to be able to recognize and accept the needs and expectations of aesthetic patients. At times this can be difficult, just as medical patients can sometimes be difficult. However, many patients do have realistic expectations, especially if you make sure you have a careful consultation process in which you or your trained assistants give guidance about the procedure. It is crucial to explain to patients what the procedure can and cannot accomplish, as well as the downtime, number of visits, and cost. This step is imperative for a successful aesthetic practice. Unprepared patients are the number one cause of dissatisfaction, so communication is paramount.

Cosmeceuticals

Mastering cosmeceuticals can be almost as difficult as learning all the different prescription drugs that you prescribe. This should not be intimidating, but rather should get you to start thinking of cosmeceuticals as helpful adjuncts to your goal: improving the condition of your patient, whether it is for a cosmetic or a medical purpose.

The word “cosmeceutical” was coined by Dr. Albert Kligman (the dermatologist who discovered Retin-A®) as a way of expressing the melding of the cosmetic and pharmaceutical worlds. As little as 30 years ago, topical products that could be purchased over-the-counter (OTC) had little to no efficacy in anti-aging. With the advent of topical ingredients that have active molecules, this is no longer the case.

Unlike their pharmaceutical cousins, cosmeceuticals are not regulated under medical or pharmacological regulations. Despite this, many cosmeceutical companies have been investing money and commitment in research and development to match their pharma counterparts. The definition of a drug is that it alters cellular function, and the definition of a cosmetic is that it only beautifies by concealing or minimizing imperfections. Many cosmeceutical products do change the cellular function of the skin and therefore, technically, should be categorized as drugs. However, economic barriers to entry, such as requirements to perform the studies required by the United States Food and Drug Administration, would cause most of these companies to withdraw their products from the marketplace.

In the past, the distribution methods for these products were well defined. Physician-dispensed products often had physician-led research, with some evidence base for the ingredients themselves. The drugstore (mass market) brands had few, if any, active ingredients. The department stores (prestige market) had upscale versions with mysterious back-stories, such as the astrophysicist who used the “magic healing properties of the sea,” aka kelp extract on his burned skin, and thus developed La Mer®. In recent years, due to both increased knowledge and availability of ingredients that are beneficial to the skin, combined with the increase of accessible information and products on the Internet, the channels of distribution have become blurred.

When considering if you should carry a specific product, consider whether the ingredients match the stated mechanism of action. Ask about the percentage of ingredients, and if studies show penetration of sufficient active ingredients to influence the skin in the ways claimed. Request access to white papers, published papers, posters, and presentations. Other considerations include cost, texture, packaging, and marketing support. Also, it may be best to not jump on the bandwagon for a new product if you cannot get detailed information on premarket testing. While most products are not frequent causes of allergic contact dermatitis, a new formulation with different combinations can lead to unexpected reactions that make for unhappy and less trusting patients.

Many brands start out with one major ingredient or focus and develop a line around that ingredient. Often the brand’s flagship product is their best, and from there they develop a gel, a serum, a cleanser, an eye cream, etc, each having the same ingredients as the flagship with slight variations. To extend their product lines, these companies often use established ingredients to bolster their one unique ingredient. There is nothing wrong with this, but your approach should be to recommend the best products in each class and not necessarily carry every product within a line.

In order to penetrate the mystique and the confusion regarding skin care, study the approach to “healthy skin aging” that bases its steps on categories of ingredients that perform important benefits to the skin. This has been dubbed the “Core 4,” as there are four functions or ingredients that are essential to preserving and stimulating collagen in aging skin:

1. Sunscreens
2. Antioxidants
3. Exfoliants
4. Growth factors

The need for protective sunscreen is the most obvious: protection of the skin from UV light. The strongly held philosophy is the requirement for a minimum of 5% zinc oxide for adequate protection from UVA. In any sunscreen there is a combination of ingredients that protects from UVA. Prior to suggesting a specific product you need to consider the fact that there is a whole range of sunscreens in the market with organic and inorganic filters. Organic filters include the chemical sunscreens found in many formulations. Inorganic filters are more commonly referred to as physical or mineral sunscreens. There is also little to no personal toxicity from zinc oxide, and it blocks UVB as well. However, there is a need for reapplication of any sunscreen at least every 1.5 to 2 hours of exposure. In addition, it is a challenge finding affordable sunscreens that contain zinc, although some of the major companies are now starting to include this in their sunscreens.



Read More About This Topic at:
NextStepsInDerm.com

Antioxidants assist in the reversal and prevention of damage caused by free radicals, such as the sun and other toxins. Some have been shown to increase the “effective” SPF by four to eight times that provided by sunscreen. There is still controversy about how well certain antioxidants penetrate intact skin and the most convincing findings are *in vitro* studies for many of these. *Caveat emptor!*

Exfoliants, principally retinols, tretinoin, and alpha hydroxy acids, stimulate the skin and speed up metabolism, as well as reduce the stratum corneum barrier, allowing other nutrients to be more completely absorbed.

The last category is growth factors—molecules or mixes that may stimulate collagen and elastin production, as well as other important biological processes that reduce skin aging. As with the antioxidants, *in vivo* evidence is scarce on the ground.

There are also many products that help with medical conditions such as rosacea, acne, atopic dermatitis, skin cancer, psoriasis, and contact dermatitis. By either providing these products within your practice, or by directing patients to buy them, you can help your patient achieve an optimal and sustainable outcome.

Topical products for medical conditions are important for patients. Many patients do not want to be on medications, so if these products assist patients in minimizing the use of systemic medications, or make patients more comfortable with their condition, then they are very accepting of their use. You should visit booths at every meeting you attend, talk to the exhibitors and sample their wares. Make up your mind which products you think are best by reading up on them and visiting colleagues who dispense and see what they dispense. Most importantly, find out WHY they dispense it. Does it really work well? You decide.

Even acne products are worth carrying because many patients are finding that the topicals we prescribe are very expensive due to insurance companies more frequently making it difficult for patients to obtain pricier options, and patients want alternatives. As great for compliance as a combination retinoid and benzoyl peroxide (BPO) product is, a price tag over \$150 may result in the patient going to another dermatologist, or doing nothing. You can dispense an OTC BPO and a tretinoin for less than a pharmacy and do a service for your patients. Sometimes, offering a low-priced, effective moisturizer for acne patients on drying medications will help them comply with their regimen. (See Table 1 to review tips on choosing an OTC brand).

Whether you choose to dispense or not, you owe it to your patients to educate yourself on these types of products because they enrich your patients’ lives. If you educate your patients on the benefits of the products and merely offer them as an alternative or an addition, then it is up to them whether or not they want to purchase them. If you feel uncomfortable selling these products, or don’t want the extra effort that goes into the inventory, dispensing, and sale, this is an acceptable choice; but know patients will follow the recommendations of others (on the Internet, a pharmacist at a local drug store, or a major department store) and may not end up purchasing what you believe are the best products with the necessary ingredients to give them the optimal care and value for their money. If we cannot guide our patients by recommending the best products and ingredients for their skin, we could lose our pre-eminence as the skin care authorities.

TABLE 1. All Over-the-Counter (OTC) Brands Are Not Created Equal

In order to make a reasonable recommendation, you need to take into account the patient's age, gender, skin type, dermatology diagnoses, and even socioeconomic status. With the bewildering number of products on the market, it can be difficult to pick a brand. Here are suggestions as to how to do it:

What's the diagnosis? For instance, if the patient has atopic or contact dermatitis, avoid most products with fragrances and common preservative allergens.

Which manufacturers have published studies on potential benefits of their products? Most studies done on OTC products aren't nearly as rigorous as those performed for FDA drug approval, but at least they can provide some data on product qualities.

Know some key ingredients for specific concerns and which products contain them. Alpha and beta-hydroxy acids may have keratolytic effects useful in improving cracked heels; ceramides may be helpful in improving atopic barrier function, etc.

Think about cost. For some, a few dollars per product makes a difference. Others may get hooked in by thinking a high-end product costing \$100 is better than one they can buy at the drug store for \$10. Are those fancy sounding ingredients really worth the difference?

Finally, if quality and cost are similar, why not recommend products made by companies that support our specialty? The ones that bring you samples and support our associations and CME events are probably the ones doing most of the scientific work anyway.

The bottom line is to find a few products that you are comfortable and familiar with, learn about them, and recommend with confidence.

Neuromodulators

Fillers and toxins are the bread and butter foundation of modern aesthetics. Not something you dispense to take but something you will "sell" more than any other aesthetic product. You need to pick and choose, as you will probably not keep an inventory of many different ones on hand unless you run a high volume operation.

Neuromodulators

Botulinum toxin is really the focal point of all successful cosmetic practices. It is also the easiest to add to your practice, and the one treatment you should learn and know, even if you do not perform other cosmetic procedures. You already have the skills you need to inject successfully as you perform injections every day; therefore, there is no technical skill that you need to acquire. What you do need to understand is the anatomy of the facial muscles and how their interaction leads to a more appealing visage.

If you are just starting out, do not get bogged down trying to figure out which toxin to use, how to dilute it, or how they are (or are not) similar to each other. Pick one and master it before you go on to use another brand. If you have not learned to inject toxins at least tangentially in your residency, then contact one of the companies that manufacture them and ask for training. They will often help you find a skilled physician who is a "trainer" for them whom you can shadow or guide you to a workshop. Alternatively, find a colleague, whether a dermatologist or a plastic surgeon, who might be willing to train you.



Read More About This Topic at:
NextStepsInDerm.com

Like anything else you have mastered in your professional career, read up. Hundreds of articles have been published in the major peer reviewed journals over the past two decades and your society memberships usually get you access to them. Additionally, the product vendors will be happy to inundate you with reprints. Just like other areas of medicine, it is always preferable to base your practice on evidence rather than anecdote. Read the papers from various panels of experts (dermatology, plastic surgery) that give you the references on what is accepted or has been determined to be best practice.

It is crucially important to take before and after photographs, which does not mean taking them on your iPhone® casually but setting up a distinct area in your practice for formal photography that can reproduce the lighting and position of the patient. There are many reasons for this, which are explained later in this chapter.

There is a reason that botulinum toxin is the number one injectable in the United States. It has a higher than 90% satisfaction ratio.

Here are suggestions for going beyond mastering the basics:

1. Understand how to shape the brow, not just get rid of the lines.
2. Learn how to avoid a “spock” (surprised) look, and how to successfully correct it if it does occur.
3. Take care not to cause bruising, and manage it when it happens.
4. Do not overdo it, especially initially.
5. Have patients come back two weeks after their initial visit. You must make sure the results are up to their expectations. They may need further education if there is something that did not meet expectations, or if they had suboptimal results you need to correct (if such was technique dependent).
6. In order to achieve this suggestion #5, you need to have a reproducible method of before and after photography in your office (see section on photography). It is both good practice and medico legally prudent to do so.

Training and Technique

Learning how to perform fillers is more of an art than a science, which may be frustrating for those of us who are oriented toward taking in a large volume of information and consolidating that information through a concise, logical approach. However, you can still learn logically before you have to do the hands-on injections. It is important to know the biology and chemistry of the different fillers you will be using, as well as the complications and treatment of same as described in major journals. Understanding and being prepared for complications is also important before starting. Most of this can be learned by searching the major dermatology journals and researching these topics through self-study. This is the objective portion of the learning. The subjective portion of the learning consists of watching demonstrations and hands-on practice.

Here are the steps to becoming a good injector:

1. Learn the anatomy of the facial muscles and how they are affected by botulinum toxin. The website artnatomia.net is a very useful resource.
2. Receive training from someone who is willing to give you hands-on experience, and adopt as a starting point whatever toxin and dilution they use.
3. Read and study the literature.
4. Visit experienced practitioners and watch their practice and flow.
5. Set-up a training day in your practice where you offer the treatment for cost to existing patients or staff family members, letting people know you are just starting out. Set up at least 5-10 cases, and ask for them to return after two weeks.
6. Repeat the hands-on training day at cost again after one month. The best way to become good at a procedure is to practice it, and the best way to acquire new patients to the practice is to offer a big discount.

Demonstrations are available through many sources, such as the meetings of the American Academy of Dermatology (AAD) and the American Society for Dermatologic Surgery (ASDS), which often incorporate cosmetic content and host injectable filler demonstrations. In addition to these core meetings, additional meetings may provide demonstrations or even day-long courses. The pre-workshop day at the Orlando Dermatology and Aesthetic & Clinical (ODAC) conference is very popular, for example.

Some workshops provide plastic and/or rubber models to work on that simulate the use of fillers. Videos are also available for sale, and there are free ones on the Internet; just ensure that these videos are from a credible source who is considered an expert in the field so you do not copy an injector with poor technique.

The filler companies will sometimes put you in contact with a preceptor who allows you to shadow them in their practice while fillers are being performed on patients in a clinical setting. You can sometimes contact a practitioner who is cosmetically oriented, before you have finished your residency to do a preceptorship for a few days to a week. You might want to specifically request dates when fillers will be injected.

When the day arrives that you are ready to perform fillers, start with friends, family, and staff. If you start with patients, make sure they know you are just starting, and possibly only charge them the cost of the syringe. The filler companies will often provide complimentary syringes for educational purposes—it makes sense for them to promote your skills as you in turn will be using their products more.

The key areas you should initially learn to inject are nasolabial folds and cheeks, which are the two simplest areas to master. You need to master the technique of filling so that it looks smooth and is in the proper plane of the tissue, and then learn to see whether or not it makes the person look better, which can be more challenging. It is not enough to fill a line if the person does not look better. It is important to study photographs of attractive people and aging people to distinguish key features. The next most difficult area to master is the melolabial folds, followed by the lips, and lastly the tear trough. Remember that the patient defines success.

The face is a three-dimensional canvas and you are the sculptor. Experienced physicians may say that the biggest discovery they have made over the years is the importance of the cheeks. The main reason people have noticeable nasolabial folds is that the cheek undergoes ptosis with aging. This flattening and lowering of the apple of the cheek can be corrected by placing injections on the lateral malar bone. When done correctly, this can be an immediate boost to the aesthetic appearance of the patient. Although this is easy to perform, your patient will not usually request this treatment, so it is important to understand how to explain to them that “optimal” or full correction is important. Invariably they will want to pay for only one syringe, but there is very little you can achieve with one syringe of any filler. One syringe may be enough for a 30-year-old or a young 40-year-old, or for someone who only wants their lips enhanced or to treat a couple of small lines.

A good rule of thumb is one syringe per area (using your discretion regarding patient age), which leads to one syringe for the left nasolabial fold, one for the right, one for the right melolabial fold, and of course one for the left. As you can see, this can add up, but full correction leads to the best outcomes.

Explaining the importance of full correction to the patients is the key to great results with fillers. If you do this and your patient still opts for a smaller amount of filler, they will understand that their results may not be optimal. When your patient comes in for their follow-up visit and points out the areas where they need more, you can tell them that they would have not had those issues if they had agreed to the full correction. Of course, this is an opportunity to enhance those areas with further filler.

It is also important to communicate the importance of a maintenance procedure, which will need to be repeated every six to eight months to maintain results. Over time patients will need less filler if they are visiting your practice on a regular basis. If they understand that full correction does not mean four syringes every six months, then you have a better chance of getting them to commit to full correction.

How to Choose the Filler

Choosing fillers can be confusing because there are so many available. Much depends on how the filler is absorbed into the skin and which area you are treating. Hyaluronic acid fillers are the number one filler used all over the world due to the fact that there are very few immunological reactions (about 1:10,000). Pressure related adverse events could be reversed with the use of hyaluronidase, an enzyme that can digest the filler, often within minutes.

The other two filler categories approved for use in the United States are calcium hydroxyapatite (Radiesse®) and poly-L-lactic acid (Sculptra®). These are semi-permanent fillers that do not have enzymes that can break them down. These semi-permanent fillers are usually reserved for people who are more volume depleted, or for people who experience “filler fatigue,” i.e., those who get tired of coming in a couple of times a year for touch-ups. Finally, there is a group of patients who are “high metabolizers.” This group of people does not hold onto their fillers for a sufficient period of time (i.e., just two to three months), so the value proposition does not exist for them. There are also practitioners who use semi-permanent fillers as their number one option, and although most do not, you need to develop your own techniques and find out what works best for you and your patients.

Develop Protocols for Filler Patients (Aesthetic Evaluation)

Developing a way to translate a patient's complaints into a plan is important, and this includes listening to them. Most of the time the problems the patient sees are the same ones we see, but sometimes what bothers them does not seem as important as something else we have identified. Being in aesthetics is about making people feel good about how they look to themselves, so you need to listen carefully to hone in on what they want.

Many patients will complain of looking tired, which usually means they have drooping eyelids, loss of volume under the eyes with prominent tear troughs, drooping cheeks, or a combination. Here, the most common areas to fill are the cheeks and troughs, with a little toxin to lift the brows. However, this may not all be in their budget so, while you can point out full correction, you also need to be able to tell them what will give them the "biggest bang for their buck." People are anxious about "changing their looks," so they sometimes need to start with just one thing. When they feel more comfortable with you and the process, they will relax more and let you make decisions for them.

Looking sad or angry is another complaint, especially looking like they are frowning when they are not. This can typically be improved with melolabial fold injections. It is important early on to learn effective methods for turning the corners of the lips up.

Another complaint is upper lip rhytides. People get very nervous about getting lips injected. It is important to master a good technique for lip enhancement as well as upper lip rhytides, a more advanced indication than larger folds.

Developing a protocol for fillers can take years and is an ongoing evolution throughout one's career. Developing an intellectual framework for evaluation of the aging face takes time, and with it hopefully you can develop a "feel" for what can make an individual look less tired, and more refreshed and attractive.

How to Budget and Make Fillers Profitable

Fillers have a high disposable cost so they need to be priced accordingly to take into account your time and expertise. Also, there is a backend cost associated with their use. Usually after the first filler treatment patients will return for a (complimentary) follow-up visit. These visits are quite important for many reasons: they give you feedback on your technique, provide an opportunity for your patient to express satisfaction or dissatisfaction with their treatment, and, most of all, allow you to educate your patient on what is possible as well as to correct a perceived less-than-optimal result. Sometimes the filler feels lumpy to the patient, as it has collected in an area with movement. (It is important to palpate the filled areas after a treatment to make sure they feel smooth, even from inside the mouth). If there are some "lumpy" areas, these can usually be corrected with a very firm massage. If there is an asymmetry or an area that seems too full to the patient, you may tell them to wait a couple of weeks after you massage it and, if it is still there, you can inject some hyaluronidase. The bottom line is that you need to work with the patient so they understand that you are on their side. If you do not see your patients post treatment, they might be telling their friends that you did a bad job when in fact their concern could have been addressed in a brief consultation.

The more experienced you become, the happier your patients, and the fewer follow-ups and tweaks you will need to do. However, no matter how experienced you are, you will sometimes be presented with cases to correct.

By preaching full corrections you are making the patient aware that what they want (often not really achievable) may be out of reach for them, and this may help them come to the realization that they may need to accept something less than perfect (for we all know there is no such thing as perfection).

One way to help build up a larger volume of filler cases is by implementing Injectable Filler Event Days, when a patient can have filler at a discount, for example, “Buy three and get one free,” or half off. There are multiple benefits to this approach: the patient is likely to get three or more syringes, which will yield a more noticeable result, which in turn will make them happier and leave them wanting repeat injections. Their friends will notice the improvement, which is a marketing benefit, and will reinforce the patient’s need to maintain their results.

Devices to Start Your Practice

The most important thing to identify when it comes to determining what your first laser should be is your patient population, which you can usually gauge by the community you are choosing for your practice. For Caucasians and sun damage, the least invasive, very predictable, and highly successful treatment is photorejuvenation. The most common way to perform this is with some type of IPL device, with which you can reduce redness (rosacea, telangiectasias), discoloration, lentigines, and dull skin. Photorejuvenation has been around a long time, which may be why it is no longer a focus at meetings, but it is still found in most cosmetic practices.

If your potential target community is patients who mainly have skin types 4 to 6, you want to purchase a laser that can treat pigment and/or hair. This might be a 1064 Nd: YAG laser, either Q-switched or long-pulsed. The next piece of equipment to consider is a resurfacing device. A fractionated non-ablative device is an important choice for any practice. You need to be able to treat scars, wrinkles, pores, and texture for all skin types. Most of these devices have wavelengths in the infrared range so they can be used on all skin types.

Hair removal is important for a younger crowd, although not particularly remunerative unless you do a large volume. One benefit of offering hair removal is that it is a gateway to other procedures. A vascular laser is also important. These work better for larger vessels around the nose, hemangiomas, indications (scars, striae, port wine stains), and bruising from fillers that you cannot treat as well with IPL. Tissue tightening (firming) is another service you should consider—current popular products may include Thermage®, Titan®, and Ulthera®. Finally, there is the whole new frontier of body shaping, with devices such as CoolSculpting® by Zeltiq. While the Zeltiq device does truly eliminate fat by inducing cold panniculitis and subsequent resorption of dead adipocytes, devices for the treatment of cellulite are still evolving and the hype may precede the benefits. Read peer-reviewed articles on the methodologies you are interested in offering and decide if they are right for you and your patients.

Legacy systems are good ways to start as you can have many attachments for different indications. These systems have IPL as well as multiple attachments to achieve hair

removal, resurfacing, tissue tightening, and vascular indications. Although a single device with multiple hand pieces will cost more than a single other laser, it will allow you to make multiple offerings. Nevertheless, this is not a bad way to start. Any of these systems will have pros and cons, as there is no one machine or company that can encompass everything. There are critical differences between all of these systems and brands, but there are also many similarities. Most of the surviving companies have good technology. Do your research and contact the companies to arrange for reps to come and demo the devices, and as a follow-up step you can ask respected colleagues their opinions on the devices that made an impression on you.

As you progress in your sophistication and experience, together with building up your practice, you will find that having just the one machine in one room is limiting. Even though you may have more than one indication to treat, only one person can use the machine at a time. When you get to that point you will know what services are missing or being requested, and be better able to make these decisions on your own.

Training Ancillary Personnel

Training ancillary personnel to use energy-based devices properly is of the utmost importance. If anything goes wrong you will be responsible, so you need to delegate wisely.

First, know what the laws are in your state. Some states require a physician to operate a laser, while other states may only require a physician to operate a class four laser and not a class two laser, etc. You can often find the details regarding these laws through such sites as NextStepsInDerm.com, the ASDS, and AAD.

Once you have established that it is legal and you have chosen a physician assistant, registered nurse, or esthetician, they should be trained not only by the device manufacturer but also directly by you. It is important to know how to use all of the equipment yourself before you delegate to others. Protocol adjustments need to be made from time to time based on new research, practice experience, and in response to complications. These should be updated and communicated to all providers on a regular basis. Some lasers require constant adjustments in energy, pulse duration, or even wavelength based on the clinical endpoints. This is a more difficult training area and requires a great deal of experience. A good rule of practice to consider is requiring the performance of ten supervised procedures, and their documentation, before signing off on an allied provider to perform a procedure.

At the beginning of the American Society for Laser Medicine and Surgery (ASLMS), annual meeting, there are usually one to two days of full courses beneficial for your providers to increase their knowledge of lasers and provide an objective body of education. Lasers can be dangerous and also need to be maintained regularly. You should read the manual when you purchase a laser and establish a maintenance and safety protocol. You should also be current on the latest version of the American National Standards Institute (ANSI) standards, which is Z386-08, the Safe Use of Lasers in Health Care Facilities. This can be purchased at ANSI.org.

It is important to have the serial number of your device handy when calling for service. Go through the troubleshooting guide in the manual before calling for service, and be very specific about the problems. Sometimes there are glass windows that need to be cleaned in a specific way with just one type of cleanser. Sometimes water levels (usually distilled)

need to be inspected. Sometimes the filter at the back of the laser that keeps dust out of the motor needs vacuuming to prevent it from becoming clogged and stopping the heat from escaping, resulting in the overheating of the laser and forcing it to shut down. Lasers can overheat rooms as well, so it is important to have good ventilation, strong air conditioning, fans, or even individual cooling units in the rooms.

Estheticians

Estheticians are licensed by the state and do have a specific educational track. They can perform treatments as simple as light chemical peels, microdermabrasions, and facials, or as complex as CoolSculpting, body shaping, or cellulite treatments. What you allow your esthetician to do depends on state laws, their level of expertise, and your willingness to train them and take responsibility for their actions. They are also very important for recommendations, and can be helpful in providing make-up and skin care advice after procedures like injectable fillers and lasers. Some states have specific laws allowing estheticians to handle only class two or lower devices. Lasers are classified one to four, with class one being a laser not capable of harm (laser printer) vs class four being a laser capable of harming skin and eyes instantly, as well as being capable of causing a fire.

There are multiple ways of recruiting estheticians. These include calling schools that educate estheticians, putting out feelers by word of mouth with employees, friends, families, and vendors, putting an ad on Craigslist or LinkedIn, and consulting any number of websites or publications aimed at estheticians. There are many different compensation models for estheticians, most often a salary and commission, though some employers will only give a commission. Although this may seem to be a good strategy for saving money, it may be more difficult to find someone really talented unless you are going to be able to keep him or her busy. To begin with, if you do not think you will be sufficiently busy, it may be better to hire someone part-time. It is important that you are committed to them, they feel part of your team, and they are available for on-the-fly consultations.

TABLE 2. The Difference Between Cosmetic Estheticians and Medical Estheticians

Cosmetic Estheticians: Are skin care specialists, who typically work out of salons and spas.

- Clean skin through skin exfoliation, massage, aromatherapy and facials.
- Analyze skin for problems, as well as temporarily remove hair.
- May apply make-up and consult individuals on the best products for their skin type.
- Can be found in beauty salons, resorts, fitness clubs and spas.

Medical Estheticians: Are medical skin care specialists, working in medical settings. They may do any of the above treatments, but additionally: Work in dermatology environments, hospitals, burn units, trauma centers, reconstructive surgery centers, and other healthcare facilities.

- Also known as clinical or paramedical aestheticians, are skin care specialists that work with cancer patients, burn victims and others with health-related issues.
- They treat and maintain facial skin that's been damaged because of fire, surgery, chemotherapy treatments, and other incidents.
- Responsible for helping patients cleanse and moisturize their skin, as well as choose and apply the right make-up.

It is best if estheticians are promoted internally and externally as a significant and important part of your team. There are many benefits to light chemical peels and even pore reducing facials with extractions for acne patients. Estheticians can also provide services at a price point lower than those for lasers and injectables. One day, when the patient is ready to add additional procedures or try a higher-level service, they will more than likely choose your practice because of the relationship they have built with your esthetician. A good esthetician will promote the services of other providers in the office. As well as skin care programs, they can promote fillers, botulinum toxin treatments, and laser treatments that they themselves do not perform, since they often spend more time with the patients. Patients may come frequently to the esthetician, increasing their familiarity with your staff and office and giving them a feeling of belonging. Providing a good level of service at the esthetician level is an excellent entry point for access to a cosmetic practice.

Photography

Having professional before and after photographs is not optional but essential for any good cosmetic practice. There are many reasons for this. Firstly, patients forget what they looked like before the treatment. Since most people are not too objective when they look in the mirror, they are equally subjective after the treatment, especially when they are not sure what to expect or how to view it. Even two weeks after a botulinum treatment, people can forget what they looked like. For example, a glabellar fold may be 80% eradicated, but some of it may be etched in and not go away in one treatment. Although you can try to warn your patients in advance, they do not always take in or understand what you are telling them, so you have to re-explain the fact that the skin can be etched by the movement of the muscle and show them how they have achieved the 80%, steering them away from the 20%.

Since most people are not too objective when they look in the mirror, they are equally subjective after the treatment, especially when they are not sure what to expect or how to view it.

Secondly, patients see things they always had on their face and think that the treatment “caused it.” You need to calmly show them the before and after photographs so they can see that the freckle was already there. Then you need to explain to them why they never noticed it—they were so focused on the frown lines that they never noticed the freckle, and now that the frown line is better they are focused on the next imperfection. Once people start having cosmetic procedures, they start looking in magnifying mirrors and car windows in bright sunlight. They will view EVERY imperfection and every asymmetry on their face or body part. Their expectations will flow to the 100% improvement on a regular basis.

A photography system is important because it is the objective part of the work. If the after photos do not demonstrate improvement, you are going to have a disappointed patient. If you have nothing to go on, it is just your word against theirs (and there is no way you can remember what the patient looked like before, except in general terms). This is not a good scenario as it pits you against your patient, whereas you want to be seen as their allied and their educator.

There are a few different photography systems available, all with pros and cons. VISIA® system (Canfield) for facial photography (for laser work) and a Photofinder for body work, as well as for Botox® and fillers are good choices. Both systems have methods of standardizing the photographs so that anyone (i.e., medical assistants) can take them with a small amount of training. You can set up your own system for a much smaller cost, but then you are a photographer, which is another science. If you want to make the effort to do this and be willing to train your staff more intensively, then this is also a viable option. In some practices there are too many staff members who need to take photographs, so this is not always an option.

You may think that getting a photography system is too expensive, but you will find that it saves you money in the long run, and it saves you headaches by turning dissatisfied patients into satisfied ones. It is also a learning tool and leads to other treatments. When patients see these other imperfections, the next thing they ask is how to improve them; so a follow-up visit turns into a new consult and another procedure. In summary, it is important to set up a good photography system in your esthetic practice. The results will reward you with good will and additional procedures.

ROADMAP
STRIDE INFORMATION
ADVANCE
STRIDE
GROWTH JOURN
PLANNING
PURSUIT

NEXTSTEPS

IN DERM ● ● ● ● ●

HAVE YOU SIGNED UP TO RECEIVE
THE MONTHLY **NEXT STEPS IN
DERM ADVISOR eNEWSLETTER?**

- Original content delivered to your inbox every month
- Step-by-step expert direction from esteemed KOLs and young practitioners
- Regular 'I Wish I Had Known' column
- Easy to absorb video pearls
- Share articles of interest with friends or colleagues via email or Facebook

Register by email today!
info-nextsteps@nextstepsinderm.com

Sponsored by
Aveeno
ACTIVE NATURALS.

JOURNAL OF DRUGS IN DERMATOLOGY
JDD
DRUGS • DEVICES • METHODS

A product of
sanovaworks

CHAPTER 6:

Legal Matters

Abel Torres, MD, FC, Silvina Pugliese, MD, Tracy Leong, MD



Chapter Highlights:

Licensing fundamentals
Certification and credentialing
Understanding the “Privacy Rule” - HIPAA
The new electronic security
The importance of documentation
Lawsuits and legal terms

Licensing

In order to be called a physician and to practice medicine as such, it is necessary to obtain a medical license in your state of employment. The goal of this requirement is to protect patients by ensuring that licensed physicians have met the necessary qualifications and educational competencies as set forth by the state.

Residents typically undergo initial licensure application during internship. However, if you plan to practice out of state or in more than one state, you may need to apply for a new license in each state. Unfortunately, the application processes and requirements are not standardized and can vary significantly between states. The American Medical Association (AMA) produces an annual publication titled the “State Medical Licensure Requirements and Statistics,” which compares requirements, fees, and other information pertaining to licensure across states.¹ Alternatively, this information is available on each state’s medical board website.

TABLE 1. Although application requirements between states do differ, the following requirements are generally uniform across most states:

Proof of prior education (e.g., transcripts and diplomas).

Proof of prior training (e.g., certificates of completion).

Proof of successful completion of licensing examinations (e.g., USMLE results)¹.

Lack of felony convictions or disciplinary problems.

You may also be asked to submit a curriculum vitae (CV), a current photograph, an AMA physician profile, and fingerprints. Each state will also require different application forms to be filled out. Many states offer these documents online, whereas others require you to obtain an application packet.

Processing fees and times vary per state. In California, for example, it can take up to nine months to obtain a medical license.² It is therefore very important to start the process early if you believe you will seek employment or further medical training in a state outside that of your residency program. In order to avoid unnecessary delays in obtaining your license, it is important to submit your application in full and to answer each question truthfully.

In California, for example, it can take up to nine months to obtain a medical license.² It is therefore very important to start the process early if you believe you will seek employment or further medical training in a state outside that of your residency program.

One question that may confuse applicants is in regard to prior convictions. In California, this question states: “Have you ever been convicted of, or pled guilty or nolo contendere to ANY offense in the United States, its territories, or a foreign country?”³ The question then goes on to state that any citation, infraction, misdemeanor, and felony must be considered when answering this question, including traffic violations. In some states, like California, traffic violations are removed for insurance purposes if the driver attends traffic school. However, the infractions remain on the public record (and therefore must be reported). Omitting this information could lead to a delay or failure in obtaining licensure.

Finally, even if you plan to remain in your state of residency education, it is important to remember that licensure still needs to be renewed. Practicing medicine with an expired license is illegal, and a delay in renewing your license can lead to legal action, penalty fees, and suspension.

Even if you plan to remain in your state of residency education, it is important to remember that licensure still needs to be renewed.

The process of applying to states individually can be cumbersome. In response, a national nonprofit organization known as the Federation of State Medical Boards has worked for years to standardize the application process. They currently offer two programs of interest to young physicians:

(1) The Federation Credentials Verification Service (FCVS): This service is an online credentials portfolio that stores frequently-requested information such as identity verification, USMLE scores, medical education/training certification, and history of disciplinary action.⁴ This information can be stored and used as needed to apply for licensure or credentialing (discussed later in this chapter). The base fee starts at a minimum of \$325, with an additional fee for each forwarded profile.⁵

(2) The Uniform Application for Physician State Licensure: This application is similar to the “common application” used for college admission. The application is filled out once and subsequently forwarded to additional states. Currently, only 17 states accept this uniform application: Idaho, Indiana, Iowa, Kansas, Maine, Minnesota, Montana, Nevada, New Hampshire, New Mexico, Ohio, Oklahoma, Rhode Island, South Dakota, Vermont, Washington, and Wyoming.⁶

Certification

The American Board of Dermatology (ABD) describes the process of certification as a way to assure that a medical specialist has been appropriately educated and evaluated as competent to provide quality patient care within the realm of that specialty.⁷ To become certified in dermatology, a physician must have obtained a medical education (MD or DO), completed dermatology residency within an accredited program, and passed a certification exam. Additional requirements are usually needed to become certified within a subspecialty of dermatology.

It is important to note that while licensure is mandatory, certification is a voluntary but often necessary process.

It is important to note that while licensure is mandatory, certification is a voluntary but often necessary process. It is considered a natural endpoint for medical education as it ensures that a physician has received appropriate training and is proficient in their specialty knowledge. Patients often seek only board-certified physicians, and most employment opportunities, hospital affiliations, and reimbursement plans are only available to Board-certified physicians. In the past, physicians could advertise as “Board-eligible” for the entirety of their careers. Since patients may not understand the differences between Board-eligible and Board-certified, it is easy to see how this could lead to false advertising. In 2012, to rectify this situation, the American Board of Medical Specialties limited the time that a physician could remain “Board-eligible” after the completion of residency. For dermatology, that time limit is five years.⁸

Once attained, certification must usually be maintained; it is increasingly less permanent and must be renewed through the process of recertification. Maintenance of Certification (MOC) is described by the ABD as “a program of educational and professional development designed to assess the competence of physicians on an ongoing basis.”⁹ New dermatologists must now become recertified every 10 years to ensure that they are keeping up-to-date with changes within their specialty.

The ABD offers an MOC table to keep track of maintenance activities. These activities include an annual fee, an annual license attestation, CME attestation (the minimum annual requirement is 25 hours), knowledge self-assessment, patient safety review, and evaluations of practice performance, among other components. In addition, a closed-book, proctored recertification exam must be completed every 10 years. Full details on the requirements and when they must be completed can be found on the ABD website.

Credentialing

Credentialing is a process used to evaluate the qualifications and practice history of a physician. Credentialing occurs when applying to work at a new hospital or enrolling with a new health insurance company, and is therefore necessary for obtaining hospital privileges and payment for services.¹⁰ Similar to processes for obtaining licensure and certification, you will need to provide a detailed educational, training, and employment history. In addition, any disciplinary, malpractice, and sanction history is also important. It may involve a review of Medicare and Medicaid to ensure that a physician is not banned from caring for these patients.

Given the high-stakes nature of the credentialing process, a number of organizations offer credentialing services (at a fee to the physician) to compile accurate information. The Federation Credentials Verification Service (previously discussed) is one such service, but there are many others.

It is important to know that some of the information you will need to provide for credentialing purposes is already available to these third parties. For example, the National Practitioner Data Bank (NPDB) was established by Congress to collect information on physicians, and the reporting of certain information to the NPDB is a federal law. This information is largely negative in nature and includes liability payments, changes to privileges, disciplinary actions, and Medicare/Medicaid exclusion reports.¹¹ Entities such as hospitals, state licensure boards, and professional societies can access this information upon request. However, this information is not readily available to the public.

Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a public law enacted to ensure privacy and security of health information. The “Privacy Rule” sets national standards to protect health information. Protected health information refers to any health information that is individually identifiable. This includes names, addresses, social security numbers, medical conditions, treatments, etc. HIPAA allows for communication pertaining to providing quality patient care, while ensuring that patient privacy is upheld. As such, very specific guidelines exist regarding when protected health information can be disclosed by physician.

TABLE 2. Two basic principles of the Privacy Rule are:

1. A covered entity (e.g., a healthcare provider) **can** only disclose PHI as the Privacy Rule states or if the individual authorizes this release in writing.
2. A covered entity **must** disclose PHI when individuals request their own information or when under government investigation.

The Privacy Rule allows for the disclosure of PHI in certain situations, including but not limited to:

- When the individual who is the subject of the information requests it.
- For treatment (e.g., consultation between providers, referrals), payment purposes, and healthcare operations (e.g., quality improvement projects, medical reviews, etc).
- Inclusion in facility directories (e.g., presence of a patient in a hospital), for notification and other purposes (e.g., allowing a caregiver to pick up an individual’s medications from a pharmacy, updating family members on a patient’s medical condition within reason).
- Public interest and benefit activities (e.g., to public health authorities during an epidemic, in cases of abuse or neglect, to aid law enforcement, for organ donations, IRB-approved research, and any serious threat to public health or safety).¹²



HIPAA violations are taken seriously and can result in stiff penalties. Not understanding HIPAA and not knowing that you violated HIPAA will not be likely to protect you from liability. A HIPAA violation by a physician who was not aware that they were violating HIPAA can still result in a maximum civil penalty up to \$50,000 per violation with an annual maximum of \$1.5 million.¹³

A HIPAA violation by a physician who was not aware that they were violating HIPAA can still result in a maximum civil penalty up to \$50,000 per violation with an annual maximum of \$1.5 million.

“Knowing” or intentional attainment or disclosure of PHI can result in a criminal penalty of up to \$50,000 and one year imprisonment. If wrongful conduct involves false pretenses, the penalty increases to \$100,000 and up to five years of imprisonment. If the intent to sell, transfer, or use identifiable health information for commercial advantage, personal gain, or malicious harm is determined, the criminal penalty is \$250,000 and up to 10 years of imprisonment.¹²

Privacy and Technology

The ubiquitous use of mobile devices and social media networks has created new concerns regarding privacy pertaining to both patient information and the patient-provider relationship.

TABLE 3. The “Security Rule,” a component of HIPAA, was established specifically to protect health information stored or transferred electronically.¹⁴ Mobile devices such as smartphones, tablets, and laptops must comply with privacy and security parameters:

Offsite use of electronic personal health information should be limited to cases of necessity only in order to avoid breach of security.

All documents containing electronic patient health information should be password-protected.

Electronic patient health information should not be downloaded to public computers.

Devices with electronic patient health information should be kept in a secure space with the information securely stored.

Virus protection when possible is critical to avoid outside access to patient information.

Health information should ordinarily not be transmitted via an unsecured wireless network.

There needs to be a plan in place if electronic personal health information is breached. The patient should be notified if such a breach occurs.¹⁵

The Annals of Internal Medicine, in its recently released guidelines on online medical professionalism, further comments that devices must be configured and encrypted to protect patient information. Quite pertinent to dermatology is their discussion of cell

phone photography. In sum, it should be treated like any other form of photography. A formal written (if possible) consent is prudent prior to obtaining the photographs, and the images should be protected in the same fashion as any other component of a patient's medical record.¹⁶

TABLE 4. Suggested guidelines from the Annals of Internal Medicine for maintaining online professionalism include:

Avoid becoming Facebook "friends" with your patients.

Keep your public and professional digital identities separate.

Familiarize yourself with privacy settings.¹⁶

This same online medical professionalism article discusses the preservation of the patient-provider relationship in the age of ubiquitous technology. This has become increasingly important as social media threatens to blur the line between one's private life and one's professional life. A recent Twitter analysis examined the profile of 260 physician users. Of the examined tweets: 3% were deemed to be unprofessional, 0.7% violated patient privacy, 0.6% contained profanities, 0.3% included sexually explicit material, and 0.1% included discriminatory statements. Of note, the public profiles of these physicians included their names in 78% of cases and the author's photograph in 78% of cases.¹⁷

The Federation of State Medical Boards has published social media guidelines stating that disciplinary actions can be taken against physicians who inappropriately use this medium by inappropriate online communication with patients, violations of patient confidentiality, derogatory remarks regarding a patient, depiction of intoxication, and discriminatory languages/practices online.¹⁸

Failure to obtain informed consent is often cited as the third most common reason for a malpractice action.

Although this should be common sense, it is not ordinarily appropriate to post patient information on social media sites such as Facebook or Twitter. It is also not prudent to post information about colleagues or to express dissatisfaction about work. Finally, it is important to avoid unprofessional behaviors that could be accessed by employers and patients. A better understanding of privacy settings is necessary to attempt to keep your personal life private, but the very nature of social media encourages all information to be public. Therefore, avoiding the contribution of information is perhaps the easiest way to prevent an unfavorable outcome. It is best to assume that nothing is private, nothing is anonymous, and nothing is ever truly deleted.

Documentation

Consent

Consents are an important and necessary part of any medical practice. Failure to obtain informed consent is often cited as the third most common reason for a malpractice action. Many physicians equate informed consent with the signing of a generic, pre-printed form by a patient prior to undergoing a procedure. However, informed consent should really be viewed as a process constituting an agreement between the patient and healthcare provider (documented on paper or electronically) stating that the patient will undergo a specified procedure, after the two parties have agreed upon several key points. This dialogue between the healthcare provider and patient is both an ethical and legal requirement, and *must* ordinarily occur before the specified procedure takes place.

TABLE 5. As a general rule, the AMA suggests that all informed consent discussions should contain the following information:¹⁹

The patient's diagnosis (if known).

The purpose and nature of the procedure.

The risks, benefits, and alternatives to the procedure.

The risks and benefits of the alternatives (all viable alternatives should be discussed, regardless of their cost or perceived likelihood that the patient would choose that particular alternative).

The material risks and benefits of not undergoing the procedure.

Adequate documentation of the informed consent process can benefit a physician in a court of law. An appropriate informed consent form will include the majority or all of the parameters previously listed, and should not be too generalized or too detailed. An overly generalized consent form can leave room for the assertion that the specific side effect a patient encountered was not actually discussed prior to the procedure. Yet, broad statements such as "risks were discussed with the patient" may allow the assertion that a patient was not told specifically about a risk such as hyperpigmentation following laser therapy. Conversely, an overly detailed consent form may actually work against the physician if it is deemed too complicated or in the unfortunate situation where a rare, undesirable complication occurs that was not specifically listed on an otherwise detailed consent form. One way to avoid this situation and to help the patient understand more clearly is to add a phrase prior to listing the possible complications, such as "risks that include, but are not limited to" in order to indicate that the list is not all-inclusive. In addition, the practitioner can add documentation stating that risks, benefits, and alternatives emphasizing a specific issue of importance for the patient were discussed with the patient.

While not mandatory, having a witness present during the informed consent process can be extremely valuable in the event that a dispute occurs as to whether or not the consent was obtained.

Medical Records

Adequate documentation in the medical record is an integral part of patient care. It serves as the basis for formulating appropriate treatment plans, provides a chronological record of the patient's medical care, and aids in the continuity of care for the patient among various healthcare providers. While a physician may sufficiently document the details of a patient's medical history for diagnosis and treatment reasons, the documentation may not be sufficient to meet medical record compliance standards for appropriate billing. If compliance is not met upon review of a patient's medical record, the healthcare provider may not be reimbursed for the office visit or treatments and procedures that were administered. Of even more concern, the physician may be accused of making fraudulent insurance claims.²⁰⁻²²

TABLE 6. In order for medical records to meet compliance requirements, the following components should substantially be present:²²

The medical record should be complete and legible (ideally less of an issue with the implementation of electronic medical records).

Documentation of each office visit should contain a chief complaint, relevant history (including applicable family, social, surgical, and past medical history), pertinent physical exam and diagnostic test results, a diagnosis or differential diagnosis, clinical assessment, and plan of care.

The rationale for ordering diagnostic lab tests or imaging, referral to other healthcare providers, or other ancillary services.

The patient's progress, response to, and changes in diagnosis and treatment.

Appropriate correlation between ICD codes and CPT codes on insurance claims, supported by documentation in the clinic note.

Malpractice

Statistics

Although physicians should not practice medicine under the constant fear of litigation, getting sued during one's medical career is not an uncommon occurrence, with 3/4 of all physicians reportedly having faced at least one malpractice claim by the age of 65.²³

According to a *New England Journal of Medicine* article published in 2011 assessing malpractice risk among physicians in the United States, dermatology ranked as one of the "lower-risk" specialties. Among the dermatologists reviewed in the study, there was an annual rate of less than 6% of claims made against dermatologists, and of these cases, an indemnity payment made in less than 25%.²³ A *Journal of the American Academy of Dermatology* article published in 2008 reviewing only closed claims (defined as a resolved claim, with or without payment, settled either by private agreement of the two parties or in a court case) across all medical specialties over a 23-year period also demonstrated relatively low numbers of claims against dermatologists. During this time period, just 2,704 (approximately 1.1%) of nearly 240,000 claims were reported against dermatologists. Of these closed claims, 28.7% resulted in indemnity payments on average of \$137,538. The most common charge in these cases was improper procedure performance followed by diagnostic error. Of the cases with improper diagnostic error, most cases involved the diagnosis of melanoma. Not surprisingly, these cases also

involved the highest indemnity payments, on average \$436,843.²⁴ Medical malpractice laws can be complex and differ widely from state to state, so it is important to familiarize yourself with the laws in the area where you plan to practice and also to surround yourself with legal advice that you trust (e.g., have the name of a trusted malpractice lawyer close at hand).

Case Examples

Malpractice lawsuits can reach every area of our practice, from Mohs surgery to medical dermatology to dermatopathology. Another area in which a malpractice claim may present itself is through the use of physician extenders. The employment of physician extenders, such as nurse practitioners and physician assistants, has become common in today's dermatologic practice. Although they may work with considerable amounts of autonomy, their actions still fall under the responsibility of the physician who employs them.

The employment of physician extenders, such as nurse practitioners and physician assistants, has become common in today's dermatologic practice. Although they may work with considerable amounts of autonomy, their actions still fall under the responsibility of the physician who employs them.

A case that demonstrates this concept involves a 26-year-old male who presented to his dermatologist for a pigmented lesion that was growing on the left cheek. The lesion was biopsied and pathology revealed a severely dysplastic nevus. The patient was then seen in follow-up by the dermatologist's physician assistant, who told him the lesion could be excised or treated with multiple rounds of cryotherapy. The patient opted to undergo cryotherapy treatment. Three years later, a cyst-like lesion appeared at the same site. A punch biopsy of the lesion showed a melanoma with a Breslow's depth of 2.5 cm. He then underwent wide local excision, sentinel lymph node biopsy, interferon, and radiation therapy. The patient brought suit against the physician assistant and his dermatologist employer for providing him with treatment that deviated from the standard of care and caused him personal, emotional, and financial injury. The patient won the suit against both of them, despite the fact that the dermatologist did not personally see or treat the patient after the initial visit. This case serves as a reminder that as physicians we are not only responsible for our own actions but ordinarily for the actions of those we employ, making adequate supervision and training extremely important if one chooses to employ nurse practitioners or physician assistants.²⁵



Read More About This Topic at:
NextStepsInDerm.com

TABLE 7. Legal Vocabulary

In order for a patient to successfully win a malpractice claim against a physician, the patient (plaintiff) must establish negligence on the part of the physician (defendant). A tort of negligence involves four basic elements:

Duty: The plaintiff must establish that a duty was owed to the patient by the physician. Often, this means showing that the patient should have reasonably relied on the physician's advice or actions. These can be gratuitous or fee-based actions by the physician.

Breach of Duty: The plaintiff must then prove that the physician failed in providing the specified duty to the patient, where a similarly trained healthcare professional in the same or similar circumstances (often the specialty) would have fulfilled that duty. Essentially, breach of duty may be thought of as failing to adhere to the "standard of care" within that specialty. That standard of care usually requires expert testimony.

Causation: The patient must prove that the damages occurred as a result of the physician's breach of duty.

Damages: The patient must have suffered compensable injury, whether emotional, physical, or financial, as a result of the healthcare provider's care or lack thereof.

Preventing Lawsuits

Even the most conscientious physicians may find themselves named as the defendant in a malpractice lawsuit. Although there is no way to completely ensure a lawsuit will not be brought against you, there are steps that can be taken to help minimize the risk of this happening.

- **Encourage good patient-physician communication and manage expectations.** Much emphasis is placed on poor surgical outcomes or diagnostic errors as the root of all lawsuits. While these errors are often the initiating factor, what actually pushes patients to pursue litigation is usually the perception of poor communication between themselves and the physician and/or unrealistic expectations of the results following a procedure or treatment. Make sure that you speak to your patients honestly and in a language they can understand. Review of all pertinent risks, benefits, and alternatives clarifying their expectations of the outcome *before* the procedure or treatment takes place is of utmost importance.
- **Staying up-to-date on current guidelines and recommendations.** This is important in providing proper care for your patients. It can also work to your benefit if a malpractice claim is brought against you. If you can show that your actions fell within the recommended guidelines for dermatology despite an adverse effect occurring, this can support that you were following the standard of care. Conversely, not adhering to a guideline does not necessarily mean that the standard of care was breached since guidelines are not often meant to be considered the standard of care.
- **Document well when the care you provide deviates from accepted guidelines and your reason for doing so.** Whether it is insurance denial of a medication or the patient declining the recommended treatment, documentation when your care deviates from guidelines can help your defense if a claim is made against you.

What To Do If You Are Sued

Being sued can be an incredibly scary and stressful experience for anyone. However, there are some necessary steps that should be taken to help minimize the impact of litigation:²⁶⁻²⁷

- **Contact your insurance carrier immediately.** The first thing to do if a lawsuit has been brought against you is to contact your malpractice insurance carrier. This can be done even if you have not yet been sued but are suspecting that a lawsuit may be brought against you. Doing this allows your insurance company to prepare for the possibility that a suit may be brought against you and advise you accordingly.
- **Contact your attorney.** It is important to obtain legal counsel from an attorney you trust. Meeting with your attorney early on and being completely candid with them regarding details of the case will work in your favor to help protect you in a court of law.
- **Do not alter or remove content from medical records.** Although tempting, adding additional notes or removing documentation from the medical record to help your case is ethically questionable and can also be extremely damaging to your defense if discovered.
- **Limit your discussions of the case with colleagues and staff.** Although it may feel good to vent about the situation and seek advice from your colleagues, try not to discuss the case with any of your coworkers or medical staff since they can be summoned to provide a deposition regarding the case. If you absolutely need to talk to someone, keep conversations limited to clergy, mental health providers, or a spouse, as these conversations will be protected in a court of law.
- **Do not try to contact the plaintiff or the plaintiff's attorney.** It is unlikely that anything you do or say at this point would change their decision to pursue this claim against you. Let your attorney make the contact with the plaintiff or plaintiff's attorney when appropriate.
- **Become well-versed with the case.** Many times, lawsuits may not be served until several months or years after the patient was under your care. The further out from the event, the more fuzzy your recollection of the event may be. It may be helpful to review all related documents if you are summoned to make a deposition. However, make sure that no changes are made to the record and that there is no appearance of impropriety when you access those records.
- **Keep calm and carry on.** Cases can often be emotionally and financially draining and often drag on for months, on average requiring almost 19 months to complete.²⁸ Throughout the entire process it is important to stay level-headed and view the situation as objectively as possible.

Conflict Resolution

Successful Doctor-Patient Communication and Rapport Building

Fostering good communication and rapport with your patients is fundamental to a solid doctor-patient relationship. Studies have shown that there are seven descriptive traits that patients identify in an able and competent physician:²⁹⁻³⁰

1. Confident: Doctors who are confident in their treatment plans
2. Empathetic: Doctors who try to understand what the patient is feeling
3. Humane: Doctors who are kind and compassionate
4. Personal: Doctors who are interested in the patient as an individual person, not just as a diagnosis

5. Frank: Doctors who are honest and direct
6. Respectful: Doctors who take patients' input seriously
7. Thorough: Doctors who are conscientious and follow up

Incorporating these seven characteristics into your own practice will help in establishing successful communication with your patients. Remembering a personal fact that a patient shared with you on a previous visit, or calling a patient the evening of her surgery, takes just a few minutes but can really help to foster the doctor-patient relationship as these little things are viewed as indicative of the doctor caring.

Remembering a personal fact that a patient shared with you on a previous visit, or calling a patient the evening of her surgery, takes just a few minutes but can really help to foster the doctor-patient relationship.

Rectifying Adverse Events

Mistakes will occur at some point in every physician's medical career. However, the way in which these mistakes are dealt with can drastically change the outcome of the situation:

- **Empathize and show concern without admitting wrongdoing.** Patients will often state that the main reason they brought suit against a physician is for a perceived lack of caring. Saying "I'm sorry" is often associated with admission of guilt or wrongdoing. However, it is possible to empathize with a patient if an adverse event has occurred without admitting that a medical error has been made. Careful statements that express empathy without admitting guilt, such as "I'm sorry you are having to go through this situation" or "I can see this has been a difficult time for you" can help change the patient's attitude toward you without your admitting wrongdoing. Apologizing for an error if done properly can often help diffuse a situation, but if done improperly can ignite a situation.
- **Be honest without sharing too much.** Honesty is always the best policy, but it is not always helpful to admit with excruciating detail how or why the adverse effect happened since this may simply add to the confusion.
- **It is not prudent to charge patients for correction of a "mistake," whether real or perceived.** Especially in the case of a cosmetic procedure, where the patient has already paid out of pocket for the procedure and expectations are likely higher.

Sources

1. Medical Licensure. *American Medical Association*. Available at <http://www.ama-assn.org/ama/pub/education-careers/becoming-physician/medical-licensure.page>. Accessed May 5 2013.
2. Licensing Application Information. *The Medical Board of California*. Available at <http://www.mbc.ca.gov/applicant/>. Accessed May 5 2013.
3. Medical Board of California License Application. *The Medical Board of California*. Available at http://www.mbc.ca.gov/applicant/application_forms_1a-1f.pdf?date=Jan7. Accessed May 7 2013.
4. License requirements. *New York State Education Department*. Available at <http://www.op.nysed.gov/prof/med/medlic.htm>. Accessed May 7 2013.
5. Federation Credentials Verification Service. *Federation of State Medical Boards*. Available at <http://www.fsmb.org/fcvs.html>. Accessed May 7 2013.

6. Uniform Application for Physician State Licensure. *Federation of State Medical Boards*. Available at <http://www.fsmb.org/ua.html>. Accessed May 7 2013.
7. The Meaning of Board Certification. *The American Board of Dermatology*. http://www.abderm.org/home/what_doesitmean.html. Accessed May 9 2013.
8. ABMS Member Boards' Board Eligibility Periods and Transition Dates. *American Board of Medical Specialties*. http://www.abms.org/News_and_Events/downloads/ABMS_Board_Eligibility_Policy_by_Board_021313.pdf. Accessed May 5 2013.
9. Recertification/Maintenance of Certification. *The American Board of Dermatology*. <http://www.abderm.org/moc/overview.html>. Accessed May 9 2013.
10. Enrollment and Credentialing. *American Medical Association*. Available at <http://www.ama-assn.org/ama/pub/physician-resources/practice-management-center/practice-operations/enrollment-credentialing.page>. Accessed May 5 2013.
11. Available at <http://www.ama-assn.org/ama/pub/physician-resources/legal-topics/business-management-topics/national-practitioner-data-bank.page>. Accessed May 5 2013.
12. Summary of the HIPAA Privacy Rule. *U.S. Department of Health & Human Services*. Available at <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>. Accessed May 12 2013.
13. HIPAA Violations and Enforcement. *American Medical Association*. Available at <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/hipaahealth-insurance-portability-accountability-act/hipaa-violations-enforcement.page>. Accessed May 13 2013.
14. Summary of the HIPAA Security Rule. *U.S. Department of Health & Human Services*. Available at <http://www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html>. Accessed May 14 2013.
15. HIPAA Security Guidance. *U.S. Department of Health & Human Services*. 28 December 2006. Available <http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/remotese.pdf>. Accessed May 14 2013.
16. Farnan JM, Snyder Sulmasy L, Worster BK, Chaudhry HJ, Rhyne JA, Arora VM. Online Medical Professionalism: Patient and Public Relationships: Policy Statement from the American College of Physicians and the Federation of State Medical Boards. *Annals of Internal Medicine*. 2013;158(8).
17. Chretien KC, Azar J, Kind T. Physicians on Twitter. *JAMA*. 2011;305:566-568.
18. Rhyne JA et al. Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice. *Federation of State Medical Boards*. Available at <http://www.fsmb.org/pdf/pub-social-media-guidelines.pdf>. Accessed May 15 2013. <http://www.ama-assn.org/ama/pub/physician-resources/legal-topics/patient-physician-relationship-topics/informed-consent.page>
19. <http://www.ama-assn.org/ama/pub/physician-resources/legal-topics/regulatory-compliance-topics/health-care-fraud-abuse/federal-fraud-enforcement-physician-compliance/compliance-planning/physician-compliance.page>
20. http://www.thehealthlawpartners.com/files/compliance_and_electronic_health_records_jlg.pdf <http://oig.hhs.gov/authorities/docs/physician.pdf>
21. Jena AB, Seabury S, Lakdawalla D, Chandra A. Malpractice risk according to physician specialty. *N Engl J Med*. 2011 Aug 18;365(7):629-36.
22. Moshell AN, Parikh PD, Oetgen WJ. Characteristics of medical professional liability claims against dermatologists: data from 2704 closed claims in a voluntary registry. *J Am Acad Dermatol*. 2012 Jan;66(1):78-85.
23. "verdict 6."
24. Crane, Mark E. *Medscape Guide to Winning a Malpractice Lawsuit*.
25. Minana G, McCurdy T. Being sued? What to do and what to expect. *Missouri Medicine*. 2006 Mar/Apr;103(2):124-129.
26. Jena AB, Chandra A, Lakdawalla D, Seabury S. Outcomes of medical malpractice litigation against US physicians. *Arch Intern Med*. 2012 Jun 11;172(11):892-4.
27. Bakic-Miric NM, Bakic NM. Successful doctor-patient communication and rapport building as the key skills of medical practice. *Medicine and Biology*. 2008;15(2):74-79.
28. Nelson R. Improving communication skills enhances efficiency and patient-clinician relationship. *Arch Intern Med*. 2008;168.

NEXTSTEPS

IN DERM



Log on to the Next Steps Online
Resource Center for access to other
dynamic educational tools, including:

- Unique Online-only Articles
- Downloadable Podcasts
- The Next Steps Video Series
Featuring *Conversations* and *Pearls*
- Career Planning Tools
- Downloadable eGuide

NextStepsInDerm.com

Sponsored by
Aveeno
ACTIVE NATURALS®

JOURNAL OF DRUGS IN DERMATOLOGY
JDD
DRUGS • DRUGS • METHOD

A product of
 sanovaworks

CHAPTER 7:

Personal Outlook

Diane Berson, MD



Chapter Highlights:

Get involved

Balancing family and work life

Industry relations

Introduction

Now you have finished your training and are about to embark on the rest of your professional journey, first pat yourself on the back for getting to this point! The field of dermatology has never been so exciting—with an explosion of research, clinical advances, new technologies, and innovations. These advancements have greatly benefited our patients, while also raising our visibility as a specialty. The ability to combine medical, surgical, and aesthetic interests, and to do so in various practice settings, have contributed to making this one of the most sought after specialties. You have so many choices for this career path. Academics will give you the opportunity to interact with colleagues, residents, and medical students on a daily basis, as well as participate in research in addition to patient care. Becoming an associate in an established private practice will give you the flexibility for other responsibilities, such as family, without the hassles of running a “business.” Starting your own practice, while a challenge at any stage, will provide you with autonomy and the ability to set your own schedule. And, of course, if you start in one of these practice settings and find it is not the right fit for you, you can always switch to another.

Get Involved

If you have a specific interest, try to develop it with publications, lectures, and even participation in advisory boards. This will allow you to interact and network with others who have similar interests. Being involved with industry indirectly helps our patients as our advice can be used to develop products that will benefit them and improve their lives. Participation in these advisory boards may also lead to opportunities to conduct clinical trials, also evaluating new treatments and products for our patients. If you devote a good amount of time to advising and participating in trials, you may develop and nurture a specific interest within the field of dermatology that could lead to your becoming an “expert” or thought leader or key opinion leader (KOL). Developing a niche interest will allow you to publish and lecture, and possibly become an advisor to other industry partners. If you are active in organizations within the specialty, you will find that having colleagues in industry may help secure financial support, which all not-for-profit medical groups rely upon. Find a mentor to support you and help guide you in this journey. You will never forget those who gave you your first chance, though it will be up to you to take it from there and “run” with it.

From the Author

After I completed my residency 25 years ago, I became an associate in an established private practice and saw patients four days a week. My first child had been born a month before I started my year as chief resident, so I already had a babysitter who would basically work the same hours I did. This practice scenario allowed me to do professionally what I loved best: take care of patients. I was able to practice clinical dermatology and, at the end of the day, get back to my family, without the headaches of running a business. I had a clinical appointment in the NYU Department of Dermatology, where I taught every week in resident clinic. I feel this is so important; it is not only great to “give back” to the specialty, but also helps keep your mind stimulated and gives you the wonderful opportunity to become a mentor while sharing knowledge with colleagues. I have enjoyed teaching talented medical students and residents ever since, and experienced the rewards of seeing many of them become successful dermatologists and future leaders. The flexibility of this scenario also gave me some time to publish articles, prepare lectures and presentations for dermatologic meetings, and start participating in advisory board meetings. If I had started my own practice I may not have had the time for these other professional endeavors. If you are interested in becoming a “thought leader” and being active in professional societies, joining an established practice may better facilitate this, especially if you also have family commitments. There are only so many hours in a week!

When my two children were teenagers, the practice closed and, though I had a large following, I joined a multi-specialty center that was part of the Cornell University Medical College Dermatology Faculty Practice. I enjoyed meeting new colleagues in other specialties and taking care of patients as part of a team. There are many stimulating aspects to being a part of an academic medical center, and I enjoyed the further professional growth that followed. I was able to continue lecturing, publishing, teaching, and consulting, while also becoming more active in societies such as the Women’s Dermatologic Society and the American Society of Dermatologic Surgery Association. I started by joining various committees and gradually became more involved.

However, in addition to patient care and teaching, both of which I love, there are also administrative responsibilities such as departmental and hospital meetings. I decided to move on from the bureaucracy of an academic center and opened my own practice after my first child was already in college. It is never too late to start, and that decision will depend on various factors, such as family responsibilities. Private practice allows you the autonomy to set your own schedule and make time for family or other personal or professional interests without having to “answer” to anyone, but there is a lot of work! The practice of medicine is becoming more complex, so expect to spend much time running your practice (or find someone very trustworthy to help). Once you are successful, though, the satisfaction and rewards are worth it! Whichever practice scenario you choose, if you are devoted, compassionate, and caring you will develop close relationships with trusted patients, and they will follow you. Throughout the years, so many of my patients have felt more like family. I look forward to our visits, and now also treat their children.

If you have the opportunity, become involved in a local or national organization. For example, years spent in the leadership of a dermatologic society will give you priceless opportunities for networking, mentoring, and volunteerism, culminating in the presidency.

You can also develop relationships with fellow board members of the Acne and Rosacea Society, as well as the American Society of Cosmetic Dermatology and Aesthetic Surgery. Participating in these organizations allows you to enrich the specialty with others who have similar interests.

I have learned to appreciate the values of integrity and working together in a collegial environment. Some of my closest friendships evolved in this group. I treasure these relationships and always look forward to attending meetings where I can share both professional and personal experiences with them.

However you choose to start your career, hard work and dedication can lead to personal and professional success, including leadership positions. Remember, though, everything will come together with TIME; you cannot expect everything to fall into place at once. It takes a great deal of effort and commitment to even come close to “having it all.”

Avoid Burnout

This is a field that will allow you to prioritize and succeed as a physician, mentor, and leader, but also as a parent if you want a family. Don't take on too much at once, and give yourself time to decompress. An exhausted and unhappy person will not make a great physician or parent. There will be times when you may feel overwhelmed, at which point take a step back and decide which commitments are most important and which you can forego. Learning how to say “no” when your plate is too full is another goal—it may be difficult to achieve, but eventually will be the key to avoiding burnout. Learning how to prioritize will come with time and experience. Ideally time for yourself will be the result, but it will be a learning process and there will probably be bumps in the road. Surround yourself with supportive family, friends, and partner or spouse who derive the same satisfaction from your accomplishments as you do. Finding the right balance between work and time for family, friends, and yourself may not be easy at first, but with time you will figure it out.

Balancing Family and Work Life

As far as family is concerned, hopefully your partner and children will respect you and support what you do. For me, balancing a family has been more of a reward than a challenge, and motherhood has been a gratifying experience. Despite having two physicians for parents, my children are happy, well adjusted, and successful in their own rights, and I am so proud of both of them! They always knew that they came first. Because of that, some of my professional achievements came later; but I appreciate them so much more now and have no regrets. There will always be sacrifices and nothing is ever perfect!

Plan ahead and find the best way to make it work for you, such as practicing near your home or your children's school. This will allow you to be present for all the important things you might otherwise regret missing, such as school plays and parent-teacher meetings. As far as friends are concerned, they will be your anchors and confidantes for life. The good ones will understand your other commitments and be there when you need an understanding ear or just a little fun.

Remember you can't do it all yourself, so learn to delegate. This is how many successful leaders made it to the top. It is something many of us are not comfortable doing, but it can be indispensable. Treat your staff like an extended family, and just enjoy your daily interactions, whether with family, patients, colleagues, or friends. If you are a caring, compassionate, and ethical person who is dedicated to all of them, and you enthusiastically put in the effort, success and life balance will hopefully eventually follow.

Here are some words of advice from my colleagues:

Mary Lupo, MD

I have always felt that a woman who believes in herself can do anything she wants. I feel fortunate to have been born at a time when doors were opening to women, but I still had to prove myself because in the 70's many were still skeptical about whether the "woman's movement" was a good idea. It made me want to work harder to be better. Now everyone knows that women can be leaders, innovators, inventors, and entrepreneurs at the same time being wives and mothers.

While I believe you can have it all, you need to get over yourself and that sense of entitlement. You can't have it all at once, and you still have to earn it. Being a mom is not hard work; it is too important to make it sound like a chore. Being a mom is a lifetime position that should fill you with joy, even when it is tough. There is no appreciation for things that are easy. As far as being a wife, I have one piece of advice: find a partner who gets as much joy from being the spouse of a successful, passionate, hard-working woman as you feel from being one. Only if they are vested in your success, without competing with it or diminishing it, can you make the journey together with a feeling of accomplishment, pride, and marital peace. Never settle for a person who envies you, what you do, or your love for it. Finally, make sure that your friends do not become casualties of your passion for work and love of your family. They are your best resource for support, encouragement, and a good laugh.



Adam Friedman, MD, FAAD

Being a resident, our work lives are quite diversified: didactics, clinics, consults, research, conferences. It is very easy to come out of residency and be funneled down just one of these silos and be directed down a monotonous path. Variety is very important but knowing how to maintain it is not always easy. Look to your local institutions for opportunities to volunteer, attend grand rounds; look to your local societies to get involved, speak at meetings, start new initiatives; look to the academy to serve on committees, participate in their leadership forum and program, speak at the meetings (definitely easier to get your foot in the door at the summer academy); look to industry to stay in the know on new drugs, to share your expertise (yes they actually care what you have to say), make new friends, and potentially initiate research projects. But at the end of the day, this variety needs to include a life outside of dermatology. Hobbies, sports, fun—possibly put on the back burner when fighting for that coveted dermatology residency spot. Let's be honest, we are all a little Type A if we went after and successfully got into dermatology. It's hard to let go of the drive sometimes, but it is important to do so and have a balanced life in and out of the office. While it is a great feeling to nail a hard diagnosis, publish a paper, get a grant, be appointed to a committee—nothing beats hearing my son yell, “hey dada,” when I walk in at night after work, and when not changing diapers, taking advantage of all the great food and drink in NYC. We have all worked so hard to get where we are, try to enjoy it as well.

Susan Weinkle, MD

Establishing a relationship with our industry partners can be a rewarding experience. Participating on advisory boards gives us the opportunity to learn about new product development and interact with colleagues who have a similar interest in dermatology. Advisory boards are often a venue for industry to understand the needs of our patients. The ultimate goal is to enhance the treatments available and to improve the quality of life for our patients. Clinical research is vital in bringing new products to our patients. Working with our industry partners to perform these clinical trials provides the

Susan Weinkle, MD cont.

necessary data for United States Food and Drug Administration approval of new treatments. Many of our organizations and educational programs are generously supported by our industry partners. Having personal relationships with our industry partners can enhance their willingness to support the programs we are so passionate about. Overall, a positive relationship with industry is a win for the physician, industry, and patients.

Neil Sadick, MD

It has always been a challenge to bring harmony to my personal and professional life. I run three multi-specialty offices as well as a clinical research and product development group. I always strive to bring balance and harmony by allotting defined periods of time for activities outside of medicine which I truly enjoy.

The most important of these activities is spending time with my beautiful daughter Sydney, who is a sophomore at George Washington University in Washington, DC and my father Harry, who lives in Ft. Lauderdale, FL. I make it a priority to see my daughter every two to three weeks and my father every month or two. Weekends are devoted to these endeavors, but can be challenging due to my global travel schedule of research advancement and development that carries me to a different part of the world on a regular basis.

I keep the hours of 5 am to 7 am open for my alternative pursuits, which include biking, running marathons, surfing, and in the evening hours a chance to enjoy my cultural interests, which include books, the cinema, and global travel and linguistics.

It's all about time management—that is how I strive for the pursuit of harmonic balance between my professional and personal life. Keeping yourself from swaying solely into one direction is the key to both personal and professional success and satisfaction.

CHAPTER 8:

Becoming a Thought Leader

Maritza Perez, MD ● ● ● ● ●

Chapter Highlights:

Enhancing your profile
Achieving credibility
Becoming influential
Organizing your career goals

Wise Words of Mentorship

To become a leader in your profession you not only have to excel intellectually, but you also have to willingly and unselfishly share your intellect with others without expecting any recompense. You have to learn easily and teach easily as well. The father of a great mentor once said, “It is not that they are stupid and do not understand; it is that you are not clear in explaining it.” You need to dedicate time and hard work to learn from the previous generation of leaders who unselfishly donate not only their intellect but their charisma, projection, ways of knowledge transference, demeanor, and ethical values. Dedicate time to read, apply your knowledge, and share your knowledge, and above all be humbled by the fact that you were given the great opportunity to leave a legacy in doing so.

Another great mentor used to say, “90% of luck is hard work.” You select your mentors according to your own expectations in life. If you want to be a great alchemist, then you should associate yourself with one. In dermatology, associate yourself with great thoughtful minds that unselfishly share their whole persona with you—this will lead you to become the leader you hope to be. Lead others along the same pathway because the true value of what you have accomplished and your knowledge will be given to them.

Gaining Exposure

The most effective way to be read is by getting involved in your mentor’s projects and volunteering to write and review manuscripts with them. This is where fellowships are instrumental in expanding your career. It is very easy to publish in what you are learning on a daily basis. At the beginning, your papers may not be at an expert level, but they will improve as you ask everyone to review them. You will also learn how to improve your writing and critical reading. If you are not in a fellowship position, then try a proctorship with someone local who is recognized for their contributions in your field of interest. You can also develop your career by selecting a field of interest and dedicating all your efforts to excel in that particular field. Whichever route you take, if you excel in your field you will be recognized and invited to participate in clinical trials and scientific committees. You will also be recognized as a leader.

Public Speaking and Broadcasting Engagements

There are two ways to be heard by an audience. (1) During your fellowship, you will most likely have training that includes public speaking to present your work. (2) You can cultivate an expertise by personally and profoundly immersing yourself in a subject and then volunteering yourself in a local meeting and/or submitting your presentations for evaluation at a national meeting. Both ways are valuable; however, the fellowship route may be more structured. Personal self-promotion can be more complicated.

You will only get television appearances if you outshine in public speaking in a journalistic manner, are not shy of the cameras, and do not suffer from stage fright. You can start by offering your services in your areas of expertise at the local TV station. Send the stations a copy of your biography and accomplishments, and let them know your availability for relevant dermatological stories in your area. Remember, to get to a level of national exposure you need to be internationally known and branded. Another way to get contacted for TV appearances is to contract a public relations agent to distribute your name among the media; however, this can be costly and the results are variable.

Involvement in Societies

As the first step to getting involved in societies, you should start and expand your network. It's recommended to work on your network from the first day of your dermatology residency; however, it is never too late to start. Keep expanding your network throughout your career. Get involved with the societies you are a member of, volunteer and be effective, and show your leadership. It is important that others notice you for your good qualities and sharing spirit, and think of you as a problem solver. Get to know your local medical leaders and the national and international dermatologic mavens of your field—exchange knowledge and problem-solving approaches with them.

Serving on Pharmaceutical Boards

To get to this level of recognition you need to have taken all the previous steps and to have been recognized as a leader in your field. Pharmaceutical company boards will only recognize established investigators for their published contributions and international presentations. You will then be invited to run clinical trials and sit on their panels for product evaluations.

Develop Goals

Your goals have to be well defined. Determine what you want to accomplish professionally in life, and then divide your potential life expectancy into compartments to get it done. Theoretically, divide your life into four compartments.

Life Component 1: Learn and Excel

The early part of your career should be dedicated to obtaining knowledge and applying it under the supervision and guidance of your selected mentor. This mentor will have the same intellectual aspirations as you because you have selected them for that purpose; and they will connect you with other colleagues who will expand your network. Learn how to excel at all levels of your profession, including:

- Basic research
- Conducting clinical trials
- Exploring medical literature intuitively
- Writing and reviewing medical literature inquisitively and extensively
- Public speaking

During your formative years, you will not sleep much because you will be repeatedly reading, writing, and doing everything that you want to accomplish and share. You have to be available for the exposure that your mentor will be willing to give you. For that, you need to prepare yourself by practicing public speaking as much as you can, firstly in small groups as informal lectures for your fellow residents, and then expanding to larger and more complex audiences. Because you understand your facts at the most profound level, it will be second nature for you to explain these to others. Be compassionate when teaching others who might not have your level of intellect because this will increase the receptiveness of your message, and the level at which others receive your message is the level at which they will start recognizing you as a leader in the field. However, remember, first and foremost, that you are a medical doctor in training to treat patients. Your patients and their maladies will be the avenue to your success. The better you understand them, and their medical and circumstantial conditions, the more your knowledge will grow; and they will learn to recognize you as their healer.

Life Component 2: Balancing Act

In the second compartment of your professional life, you have to integrate your family into the equation. Your children, your spouse or partner, your parents, and all the people who constitute your support group will orchestrate your life in a way that makes it feel like a dance. If it is harmonious, it feels good. If not, changes and adjustments need to be made. You cannot grow professionally in a vacuum. As Hillary Clinton said, “It takes a village to raise a child.” If you thought that you did not sleep while you were in residency, be prepared to sleep even less now.

Your passage to success in dermatology and life may be very rewarding, but not without its difficulties. The road to success and leadership is determined by life’s experiences, and your family may be the first stone of that foundation because it determines not only your genetic component (intellectual, physical features), but also your emotional, spiritual, and ethical values. When moving through your profession, remember that your family or your strongest support system is your alpha and your omega.

Life Component 3: The Start of Recognition and Successful Development

In the third compartment of your professional life, you will receive recognition for your contributions to the field of dermatology, both in conjunction with your mentors and individually. You have to continue working hard, both at work and at home, reading, writing, lecturing, and dealing with public media in an effort to expand your message.

You can only get to this level of your professional life comfortably after having crossed over successfully from the previous development stages. You have to own it to do it. If you do not own it, you will crash. That is what happens to the individuals who seek instant gratification without establishing the fundamentals for life structure—the structure collapses with them.

At this point in your profession you have accomplished name recognition. Pharmaceutical companies, the media, and your peers recognize your name because of your hard work, and extensive publications and public speaking. You are at the beginning of the top of your career. Now you are the mentor, the example for others to emulate. You have to be very clear in the knowledge, values, and legacy you want to leave behind. You will be asked to review and edit manuscripts for journals, write chapters for books, and perhaps write books yourself. You will be asked to collaborate in studies, participate in evaluation of products, and be a scientific advisor to pharmaceutical companies. Do it with passion and always with a smile. Your mentees will ask you for professional and personal advice. Always be available for them, and always be honest. They might not like your answer but they will remember your candid advice when they get to where you are. Remember that someone else was available for you at that level in your career development. Do it with the retroscopic mirror that reflects those days that you were at that same level. All these accomplishments will result in you getting the recognition of your peers as a leader in your field.

Also, you should not compromise your values for anything—not for money, not for fame, nor for convenience. You can lose all material positions and they can be recovered, but if you lose your reputation or compromise your values, these can never be recovered. During this period, you have to keep doing what has gotten you here, and more. You have to keep reading, writing, and sharing your knowledge with others. Keep being the mentor for everyone who seeks your help, but be selective since you cannot effectively help everyone. Learn to delegate to others to keep expanding the chain of mentorship. Use your network wisely. You have established solid and cemented relationships based on shared knowledge, respect, and mutual advancement in your respective professional lives.

Your mentees will ask you for professional and personal advice. Always be available for them, and always be honest.

Treat your patients with respect, love, and care, but never allow them to disrespect you or your personnel. Those good patients who share your views and values will always follow you. Those who are opportunistic and entitled will always cause problems and disturb your peace; divorce them. Do not waste your time and energy. Your personnel need to be part of your team approach. Treat them with respect and understanding but do not let them take advantage of you. You have to be fair and friendly, but vigilant to opportunists.

Life Component 4: Retirement

The last compartment of your professional life should be that of retirement. You may sometimes act as a thought leader when called upon, but enjoy this time to relax. Or maybe it is okay not to relax too much and to continue your journey with a lighter agenda, but always including your family and friends in your relaxing moments.



Make Yourself Visible

Deborah S. Sarnoff, MD

How to be Read

Never lose your sense of wonder. As you see patients in your practice and encounter unusual diseases or therapeutic conditions, keep a notebook or diary, if you will, of “interesting cases.” When you observe something for the first time, or you have the spark of an idea to write a paper and share it with the world, write it down in your journal. Don’t just sit back and forget about your book of ideas. Page through it and start researching. If your idea is a good one, write it up, or assign a medical student or resident the task of helping you. Fine tune your paper, including up-to-date references, and edit, edit, edit. Then, submit it for publication, following the directions of the journal you think is best suited to publish your paper. Become an avid reader of the journal first so you can write your paper in the same style. And don’t be afraid of rejection! If you don’t succeed at first, try and try again—this may involve re-writing, major editing, reformatting or submitting to a different journal. Read the reviewer’s criticism and strive to make your paper even better. Try collaborating with other dermatologists or other physicians. Pooled ideas and cross pollination is fun and invigorating, resulting in synergy and a quality publication.

How to be Heard

You will be given ample opportunities to present cases or research findings when you are a resident. The first few times you may be anxious and nervous. You will definitely get better with practice. Practice makes perfect and you will lose your fear to the point where it actually becomes fun. You might want to start by presenting at smaller meetings, local meetings, regional meetings, and work up to larger national meetings. Make sure your presentation is enlightening and not boring. Your audience will love clinical slides—if you show before and after photos, make sure the lighting is uniform and the angles are the same. Make sure your follow-up is adequate—at least 6 months to a year or more is even better. Make sure the font on your text slides is easy to be seen from the back row—don’t make your slides too busy. Remember “KISS” – keep it simple and you will get rave reviews. Positive audience reviews will keep you on the lecture circuit, and you will be invited back again and again.

How to be Seen

Join the societies – AAD, ASDS, ISDS, ASLMS – and put yourself out there. Attend the meetings and attend the social events. Offer to serve on committees. Volunteer to help plan the scientific program for next year's meeting by speaking directly to the board of directors of the organization. Send an e-mail to those in charge of planning the meeting, suggesting topics for future presentations. Get involved on a local or regional level first, and network, network, network. Try to develop a few areas of expertise, where you can be more knowledgeable in a narrow area of dermatology that you are passionate about. This will position you as an authority or leader or valuable resource for future speaking engagements.

Try to maintain an academic appointment. Volunteering a half day a week at a derm teaching program will keep your mind fresh—the questions residents have will challenge you and keep you on your toes. A teaching appointment will impress your patients and your colleagues. As the professor, you are the authority and you command more respect from the public and from the medical community.

Final Words:

Daniel M. Siegel, MD ● ● ● ● ●

Well Dear Colleague, you've finished the book and may still be wondering, what's next? Stay honest, learn our beloved specialty, complete your training, and move on to the next stage of life with more insight than before. Whatever path you choose, be sure to maintain your joy and your enthusiasm. They will be of tremendous benefit throughout your career.

In the immortal words of John Lennon, "Life is what happens while you're busy making other plans." Choose your track and set your strategy to include all of your priorities, and create the life you love.

NEXTSTEPS

IN DERM 

**Log on to the Next Steps Online
Resource Center for access to other
dynamic educational tools, including:**

- Unique Online-only Articles
- Downloadable Podcasts
- The Next Steps Video Series
Featuring *Conversations* and *Pearls*
- Career Planning Tools
- Downloadable eGuide

NextStepsInDerm.com

Sponsored by
Aveeno
ACTIVE NATURALS®

JOURNAL OF DRUGS IN DERMATOLOGY
JDD
DRUGS • THERAPIES • METHODS

A product of
 **sanovaworks**

BREAKTHROUGH
ADVANCE
INFORMATION STRIDE
DEVELOPMENT PURSUIT
PREPARATION PLANNING

ADVANCE
PURSUIT STRIDE
MENTOR INFORMATION
JOURNEY SPEAKER ADVANCE
LEADERSHIP DEVELOPMENT

PREPARATION
BREAKTHROUGH
ADVANCE
INFORMATION STRIDE
PLANNING PURSUIT
DEVELOPMENT

A Companion to the Online Resource Center

NextStepsInDerm.com



An interactive center featuring unique online-only content, a pod-cast library and the Next Steps Video Series: Conversations and Pearls

PREPARATION PURSUIT DEV
GROWTH INFORMATION JOURN
PURSUIT JOURN
PLANNING BREAKTHRO
ADVANC
JOURN

A product of
 sanovaworks