

Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

AAFPRS JOINS STEERING COM- MITTEE ON SOFT TISSUE FILLERS

The Academy was recently invited to partner with the American Society of Plastic Surgeons (ASPS) and the American Academy of Dermatology (AAD) as a member of a multispecialty Steering Committee tasked to supervise the development of a Soft Tissue Fillers Consensus Conference.

The U.S. Food and Drug Administration's (FDA) General and Plastic Surgery Devices Panel held a public hearing November 18, 2008, to investigate the off-label use of fillers and to discuss the requirement for additional long-term studies. In response to the hearing, representatives from the American Academy of Otolaryngology-Head and Neck Surgery, American Society for Dermatologic Surgery, the American Society for Aesthetic Plastic Surgery, and the AAFPRS have been invited to participate with ASPS and AAD in creating a conference designed to yield new research on fillers that may affect their future use and labeling.

The Steering Committee will be comprised of key physicians from these organizations with the charge of creating a research strategy and plan of action to address the short and long-term study design, measurement, and evaluation challenges. The first meeting of the Steering Committee will convene in March or April. The Consensus Conference

See *Patient Safety*, page 4

SEATTLE IS THE PLACE TO BE IN JUNE FOR THE LATEST IN RHINOPLASTY

There is no better place to be in June than the Pacific Northwest, where the surrounding water and beautiful mountains are visible from many vantage points throughout the area neighborhoods. Plan to be in Seattle, June 11-15, to attend the AAFPRS Foundation's bi-annual, flagship course, *Advances in Rhinoplasty*.

Co-chairs Wayne F. Larrabee, Jr., MD; Edward H. Farrior, MD; and Stephen S. Park, MD, have prepared an educational program that promises to provide every attendee an enriching and comprehensive experience. The diverse faculty from across specialty lines were chosen specifically for their expertise in rhinoplasty. The faculty will lead attendees from the consultation to the management of difficult cases; this will be accompanied with didactic lectures, expert panels, and video viewing.

The popular Video Learning Center will be present and will run, on a schedule, the more recent DVDs from the rhinoplasty collection of the John Dickinson Memorial Library.

A cadaver dissection lab, with hands-on supervision, will conclude the four-day course allowing for the application of some of the concepts learned early on.

If you have not had the opportunity to visit Seattle, this is



your chance to discover why visitors come back year after year. Seattle is full of landmarks that create a city that is not only interesting, but eclectic. The landmarks reflect the attitude of the free thinking and progressive residents of this beautiful city.

A brochure is enclosed in this issue of *Facial Plastic Times* for your review of the full program. Register now before the early bird fee expires on May 8. A peaceful night's sleep awaits you at the Sheraton Seattle, where inspiring views of the city can be had. Located in the city's vibrant core, do not wait to reserve your room as they may run out. See you in Seattle.

MARCH 2009
Vol. 30, No. 2
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Facial Plastic Times is published by the

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Reconstructive Surgery (AAFPRS)

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PRESIDENT'S MESSAGE:

"If we had no winter, the spring would not be so pleasant: if we did not sometimes taste of adversity, prosperity would not be so welcome."

Anne Bradstreet (1612-1672)

As we make our way through the winter, watch the development of a new U.S. president wrestle with the significant challenges of modern times, and wonder what the remainder of this year will bring, we hope for good things. Certainly the past six months or so have been challenging, if not downright difficult, for most. With words like "economic downturn," "recession," and even the dreaded "D" word, what will the economy bring us next? And we don't have an economic Prozac or Buspar for this S.A.D. syndrome. Nor will there be any government-sponsored economic bailout or "stimulus package" offered to physicians. We will be fortunate if the third party payers honor their contracts for reconstructive services. So we will welcome prosperity, once it returns.

Mid-February marked the time of our annual winter Board of Directors meeting. Your Board met (at our own expense, I might add...no corporate jets here!) for three days to listen, communicate, evaluate, ponder, recommend, and decide on the immediate and long-term future of the Academy. Here is a summary of our work.

On day one, we met with 11 leaders of eight important corporate industry partners (their ticket), continuing the momentum from earlier talks held last September. These key leaders better understand what we are about; we asked them in turn to share strategies that will enable us to most mutually and effectively work together. Emerging from this were several new ideas that may change how some research studies are conducted and how our Web site may be able to act as a portal linking industry and members. A couple of years ago, past president Peter A. Hilger, MD, realized the importance of closer communications with key medical industry people and his vision is now a reality.

Day two and three then focused on long-range planning as well as issues of the moment. First, we examined our directives that were set a year ago. Next, updates on current initiatives were on the agenda. Following are the summaries.

FACE TO FACE: Wounded veterans program

In January, members received a letter detailing our plans for a program that seeks to offer pro bono medical and surgical services to veterans of the Iraq and Afghanistan who have suffered facial injuries. Not intended to compete with nor imply that medical care provided by the Veterans Affairs (VA) is insufficient, it would offer an additional level of care to certain veterans desirous of the expertise we have to offer. In November 2008, G. Richard Holt, MD, facilitated a meeting in Washington, D.C., with the secretary of the VA where this initiative was presented and their partnership requested. Since then, President Obama has appointed a new chief, Gen. Eric Shinseki, and communications continue. It is anticipated that as we pursue our "from the top down" communications with the head of the VA, we will ask our members to also pursue a "from the bottom up" strategy, and work locally with veterans' facilities to build bridges and seek partnerships. In the meantime, the Academy has commitments from over 120 members from 27 states, Canada, and other countries to volunteer. We would like all states and regions to be covered, so if you have not volunteered (just choose the procedures you are

IF WE HAD NO WINTER ...

comfortable with) please consider contacting our central office. Stay tuned.

Medical Protective Company

My opinion, also shared by other colleagues, is that the specialty of facial plastic surgery with its limited number of surgical procedures, inherently entails a level of risk that should be lower than those practices that also engage in additional, more involved surgical procedures. Medical Protective Company (Med Pro) of Fort Wayne, Ind. is an AAA-rated insurance company owned by Berkshire Hathaway and offers medical liability coverage in 47 states. We met with two key representatives from Med Pro. Currently, the company is engaged in an analysis that will help determine how their underwriters might structure future policies for our members who limit their practice to facial plastic surgery. A thanks is extended to Mark Glasgold, MD, who helped facilitate earlier communications with Med Pro representatives. Stay tuned.

MedPedia and RealSelf.com

With the continued proliferation of the Web as a source of medical information, the Academy and its members are a rich repository of data and knowledge of facial plastic surgery. Recently, two Web-based companies have realized the value of working closely with us. MedPedia is a new peer-run site, directed at both medical professionals and the public, similar to the well-known Wikipedia but focused entirely on the world of medicine. It debuted in mid-February; we have editors from the Academy who will be adding content.

RealSelf.com has asked our members to join with them to help provide accurate and unbiased medical answers to consumer questions. (See article on page 10.) One way that our participation

helps the Academy, and all of us, is to always simultaneously credit the Academy when participating. Stay tuned.

Public relations

Behrman of NYC serves as the public relations flag-bearer for the Academy. Two Behrman representatives flew to Tampa (on their dime) to share new ideas on getting the word to the media and public about what we do. A multi-media news release has just been made public and we expect to release our 2008 statistics soon. **Trust your face to a facial plastic surgeon**, remains our core message.

Education

The rhinoplasty meeting set for Seattle in June brings the expertise of many surgeons to the Northwest Coast for the first time for this venue. Our trio of Robert M. Kellman, MD; Fred G. Fedok, MD; and Paul J. Carniol, MD, is putting the finishing touches on our Fall Meeting set to begin October 1 in San Diego. The recent e-survey that was sent to all members asking you what you really want to learn about was shared with them as well as the entire Board; this will help sharpen the focus of the meeting, which will also reach out with some special venues to AAO-HNS attendees.

Enhanced Web services

The Board wants to make the content of our Web site more valuable to our members. One new initiative will be to add several channels of educational DVDs. One new plan is to begin to



add some DVDs, which will be complimentary for all paid members and fellows (think of it as "basic cable"). Later, carefully selected DVDs will be added with a "pay-per-view" feature. This should make learning even more convenient and timely. Stay tuned.

Practice of medicine and facial surgery

The political and legislative landscape continues to morph and issues over the use of "board certification" still erupt like wildfires. More and more "providers" are offering cosmetic services, both from within and outside medicine. The Academy

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NOTE: The last president's message suggested I was a fellow with Raymond Konior, MD of Chicago. Now Ray Konior is a great guy, but my "fellow" fellow is actually Ray Kaufman, MD of Butte, Montana and we remain close friends.

The Academy is proud to offer members the award-winning newsletter, *Facial Plastic Surgery Today*, as an educational and marketing vehicle for members to use with current and potential clientele. If you have not placed your order, it's not too late. Check out the spring issue that you will not want your customers to miss.

The cover article will grab the reader's attention with *Luscious Lips for Spring*. This minimally invasive procedure will be very attractive to the reader looking for a low-risk offering with high-impact results. Incredible photographs paired with text explaining the various options and products, is sure to bring interested clients into your office.

Inside the newsletter, *Scar Management: Types and Treatments*, will explore types of scars and the options for improvement. Most people think that their only options are to camouflage a scar or to just live with the disfigurement. This article will inform the reader and offer hope that one's appearance can be enhanced through different techniques.

The popular page three column will begin with *Ask the Expert: What foods promote healthy, glowing skin?* The importance of a healthy diet, rich with



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How to fight the aging process and succeed

There are many ways you can fight the aging process, whether it is slowing the clock down or resetting it with surgery. Start with simple steps you can do today: eat properly, practice good skin care, and exercise. You may want to consider a treatment plan to reduce the signs of aging, which may include a minimally invasive technique or even surgery.

Slow down the visible changes of aging by starting with your diet. Did you know that omega-3 oils are proven skin smoothers? Nuts and fish help hydrate the skin and reduce the appearance of wrinkles. Foods high in vitamins A, C, E, K, and beta-carotene can help protect against ultraviolet damage from the sun and reduce wrinkling. Try drinking green tea, which is known to fight against free radical damage and reduce inflammation. While improving your diet will not eliminate wrinkles or sagging, research has shown that it will improve the texture and tone of your skin. Eat lean proteins, whole grains, fruits, and vegetables; you'll feel and look better.

Once you are nourishing your skin from the inside, properly take care of it on the outside by implementing a skin care regimen. Step one is to clean your face in the morning and at night to remove the dirt and oil that builds up on your skin. Step two is to apply a moisturizer. Look for a product that has a sun protection factor (SPF) of 15 or higher. If you plan to be outdoors for an extended time, make sure you apply a broad-spectrum sunscreen to your skin every two to three hours. Clean, moisturize, and protect this will help with a longer youthful look.

Exercise is another way to help retain your youthful appearance. It benefits your overall health, including increasing blood circulation, which is vital in delivering nutrients and oxygen to your cells so they may function properly. Your skin is a living organ and depends on good circulation to stay healthy. Get moving!

Think about trying a rejuvenation procedure such as a chemical peel. It is one of the oldest forms of rejuvenation; it has been used for many years and offers different levels of strength. The peel will improve skin tone, enhance texture, and reduce the appearance of fine lines and wrinkles. You may want to consider a facelift; there are varying "facelifts" from the liquid lift to the traditional facelift.

A non-invasive, liquid facelift provides youthful fullness without any downtime. Soft, injectable fillers are used to reduce the appearance of lines and plump areas affected by volume loss. There is no downtime; however, the results may last between six months to a year. The traditional facelift entails removing excess sagging skin and lifting and repositioning the skin, underlying tissue, and muscles. The results are permanent; however, you have not stopped the clock.

It is never too early to fight the aging process. Start with a good diet, skin care, and exercise. You may also want to explore a more proactive treatment plan to set back the clock. Trust your face to a facial plastic surgeon. Contact one now to schedule a consultation and discuss your treatment options. ■

vitamin C, vitamin E, beta-carotene, selenium, and omega-3 fatty acids will be discussed, along with examples of nutritious choices. The *What's New* will present going green with cosmetics and toiletries. This hot topic of using eco-friendly products will also include creative ways to reuse cosmetics, ways to support recycling, and tips for identifying environmentally friendly products. The *Health Tip* will provide users with budget friendly advice for looking beautiful. We all want to continue to look our best while being mindful of our spending in this economy.

The back cover article, *Domestic Violence Survivors Receive Assistance*, will highlight how facial plastic sur-

- geons make a difference in the lives of these women.
- The restoration and renewal of lives as they journey back to a healthy life and appearance will be featured.
- Order your electronic copy today to post on your Web site or to e-mail to your patients. Complete the order form or contact Michelle Busey at the Academy office, (703) 299-9291, ext 234. You may also send her an e-mail at mbusey@aafprs.org. ■

CALL FOR RUC SURVEY VOLUNTEERS AAO-HNS and AAFPRS Working Together

An individual Relative Value Update Committee (RUC) survey will generally take 20 minutes. It is not an easy process, as physicians must consider the code in question in comparison to other codes. Factors of risk, intensity, etc., come into play.

You may not be called upon to do a survey in a year; alternatively, if a code family comes up for survey, you could be asked to do several. In general, it would be unlikely to undertake more than five-six surveys in any given quarter so this would be the maximum they would be asked to do at any one time.

The RUC surveys are extremely episodic. If the AAO-HNS decides to do a survey, they can adequately plan for it and give folks adequate notice. However, some surveys are called for by the RUC and the Centers for Medicare and Medicaid Services (CMS), in which case there is very little notice to get the survey out and analyzed. That is why we are trying to identify a cadre of survey volunteers in advance. If you are interested, please call Steve Duffy at (703) 299-9291, ext 231.

PATIENT SAFETY FIRST

From Cover Story, page 1
will be planned for the second or third quarter of 2009.

"This is an exciting opportunity for the Academy to take a significant role in ensuring that current research and policy issues related to fillers are addressed in an evidence-based manner," says AAFPRS president Donn R. Chatham, MD. "Patient safety is paramount. We are concerned with both the safety and efficacy of the fillers themselves, and also with the issue of by whom and where are they being injected. This is not like giving a flu shot," Dr. Chatham adds.

Results of the Consensus Conference will be disseminated to the FDA, medical societies, research community, policy-makers, physicians, and other stakeholders. In the meantime, details regarding the planning will be shared in upcoming issues of *Facial Plastic Times*. ■

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MESSAGE FROM THE MEDICAL EDITOR: CURRENT STATE OF

By David Reiter, MD, DMD, Medical Editor, *Facial Plastic Times*

Here's another example of the schism between facial plastic surgeons and mainstream



medicine. Our practices are focused sufficiently to make electronic medical records (EMR) use practical for many if not most; my informal survey of our colleagues suggests that more and more of us are going electronic in our offices. But many of us seem to believe that there is no need for an EMR in a surgical specialty practice with relatively few office visits and a limited spectrum of billing codes. So legislative mandates for EMRs will probably meet with palpable resistance from many facial plastic surgeons, despite the fact that our specialty is better suited for an EMR than most. President Obama has pledged a \$10 billion investment in health information technology (IT) over the next five years. Mandates are flying and it is only a matter of time before we are legally (or functionally) required to free ourselves of paper.

Contrary to popular opinion, there is no federal law mandating an electronic health record (EHR). In 2005, President Bush issued an executive order setting as a national goal the implementation of a "secure, interoperable EHR for most Americans" by 2014. CMS has begun a pilot program offering financial incentives to physician based on how the practice uses EHR functionality to change and improve its operations.

The federal government successfully operates two enterprise-level EHRs. The Department of Defense deployed the Armed Forces Health Longitudinal Technology Application (AHLTA) in 2006. This supports the care of over nine million beneficiaries and is used for over half a million

outpatient encounters and about 20,000 inpatient admissions weekly. And, of course, the Veterans Affairs (VA) medical facilities have been using VISTA nationally since 1999. This system maintains and provides comprehensive health records on over five million patients at more than 1,300 facilities in the VA system. I personally used VISTA daily over the two years in which I attended business school (I was Chief of Otolaryngology at our affiliate VA medical center), and it's not bad at all. There are compromises and deviations from what I prefer, but overall it did the job for me and my residents with very little hassle. Taking it one step further, the VA has since introduced a system called MyHealthVet to enable patients to view their appointments, copays, bills, balances, and key portions of their medical records.

Much federal legislation mandating EHRs has been introduced, but none has survived to date. Senators Kennedy and Enzi introduced and supported the "Wired for Health Care Quality Act" (S 1693) last year, but it never reached the Senate floor because of concerns over privacy issues and funding. A similar bill by the same name (introduced by Enzi alone) had passed in the Senate in 2005 but never reached the House. Multiple bills with similar intent have died in the House, e.g., HR 3800 ("Promoting Health Information Technology Act"), HR 2406 ("Healthcare Information Technology Enterprise Integration Act"), and HR 6357 ("Pro(tech)t Act of 2008").

At the state level, 43 bills containing a mandate for or promotion of electronic health records and/or personal health records were currently pending at the end of 2007 in 24 states (CA, CO, CT, FL, GA, HI, ID, IL, IA, MD, MI, MN, MO, NM, NY, ND, TN, TX, VT, VA, WA, WV, WI and WY). Most mandates share common themes:

California: "Establish electronic health records and personal health records that are compatible across systems on a statewide basis" (CA AB 53); "use of electronic health records by health care providers and consumers in the state, and the integration of personal health records for all residents of the state" (CA SB 320).

Colorado: "On or before January 1, 2009, the committee shall develop a long-range plan for health care information technology, including the use of electronic medical records" (CO S 196 25-1-1401).

Connecticut: "An act requiring electronic medical records" (CT S 88).

Florida: "The agency shall contract with an entity to design a database of clinical utilization information or electronic medical records for Medicaid providers" (FL H 565 Section 5, died in committee).

Georgia: "Provide for the establishment of a central database accessible through a Web site for the purpose of providing a clearing-house of electronic medical records accessible to health care providers, patients, and others" (GA S 28).

Maryland: "Provide funding for the development, support, and monitoring of a Regional Health Data Exchange among primary and specialty care providers, hospitals, and other providers of services" (MD H 979).

And so it goes, state after state exploring ways to make EMRs a reality. Many paths are taken. As fiscal crisis engulfed the state, California framed a broad—and expensive—vision for healthcare, to wit: "It is the intent of the Legislature to enact legislation to accomplish the following: provide universal health care coverage to all Californians, regardless of age, income, employment, or health status [and] establish electronic health records and personal health records that

ELECTRONIC RECORD MANDATES

are compatible across systems on a statewide basis."

Other states are promoting diverse efforts to encourage EMR development and use. For example, Washington plans to leverage their purchasing power "[t]hrough state health purchasing, reimbursement, or pilot strategies, [to] promote and increase the adoption of health information technology systems, including electronic medical records, that...reduce unnecessary duplication of medial tests." Vermont plans to offer grants and loans "to provide for the capitalization of electronic medical records systems at primary care practices."

West Virginia has what seems like one of the more palatable mandates for EMRs, as it includes "a tax credit to medical providers in an amount equal to their investment in electronic medical records technology." With a corporate tax rate of 8.5 percent, a \$100,000 investment in an EMR would ensure no state taxes on the next \$1,176,470 of

net practice income if incorporated. This would obviate state corporate tax payments for several years for the average practice corporation and should be very appealing to unincorporated practices. I suspect the current economic climate will put it on hold for a few years, but it deserves support.

It is still appropriate to point out that the biggest stumbling block to widespread adoption of EMRs in physician practices is that none is perfect. As with medical care, furniture refinishing, and golf, a multitude of alternatives means that none is clearly superior. But when push comes to shove, we will have to choose an alternative; so we'd best work hard to support intelligent legislation while learning as much as we can about currently available options. This will be no different from having your condo association come to you with a bill for the new windows you don't think you need—except that moving away to escape it is not an option. ■

PR COLUMN: SPRING AWAKENING

Being on the same page makes turning a new one much easier for everyone reading. This single-minded approach to teamwork was what spurned the American Academy of Facial Plastic and Reconstructive Surgery's public relations firm, Behrman Communications, to join and take part in the annual Board meeting in Tampa this past Valentine's Day.

Among the many things discussed was the foreseeable forecast of 2009. High on the agenda, outside of keeping a consistent brand message of *Trust Your Face to a Facial Plastic Surgeon*, is the goal to secure the Academy's position as a leader in facial plastic surgery and build name recognition among the media by leveraging the role of Donn R. Chatham, MD, as president, the organization's credibility, clinical research, professional guidelines, consumer education, and humanitarian activities.

Obviously, in the current financial climate, predicting 2009 to be a benchmark year may seem like a stretch; however, a study of recent press points to the pendulum swinging the other way—toward positive change, growth, and promising achievements. A recent article in *Forbes* titled, "Looking Gorgeous: What Women Won't Give Up," discussed the enduring strength of cosmetic mood-lifters, included quotes from past president Steven J. Pearlman, MD, and mentioned the AAFPRS. This article alone syndicated to nearly 70 regional media outlets. Other recent articles, like the one published in the March issue of *Marie Claire* titled, "The Career Lift," included the Academy survey results from 2007. Dr. Chatham was also quoted on *AOL.com* about aesthetic cheer-ups and the need

See *Multimedia News*, page 16

Goldman's Theater

Eugene Bortnick, MD, an emeritus member who is still practicing medicine and who is an artist (and a member of the National Watercolor Society) generously donated "Goldman's Theater," a painting that poignantly depicts a moment in the Academy's history. Dr. Bortnick explains, "The painting is based on a photograph taken by Sidney



Feuerstein, MD, and published in Dr. Robert L. Simon's *Coming of Age* book. It depicts Irving Goldman, MD, performing a rhinoplasty in the operating theater at Mt. Sinai Hospital in New York City."

The solemnity of the moment captured in the darkened surgical amphitheater coupled with the dramatic white light that emphasizes the pure light of knowledge draws the viewer into the painting and movingly reminds us that facial plastic surgery is an art as well as a science.

Thank you Dr. Bortnick for your generosity, talent, and creation of a visual environment that the staff and visitors can learn from and enjoy.

YOUNG PHYSICIANS COLUMN: RECOMMENDATIONS FOR WHAT TO DO IN A TOUGH ECONOMY

By Mark Hamilton, Chair, Young Physicians Committee

The downturn in the economy has

created a challenging environment for all facial plastic surgeons, but particularly for the young facial plastic surgeon just embarking in practice. A survey just one year ago regarding practice demographics showed surprising strength among those of us less than five years out into practice. One has to wonder how those numbers have changed in an economy where companies such as Rhytec and Artes Medical have been forced into bankruptcy.

Although these changes may have soured the picture, opportunities remain for young facial plastic surgeons to grow their practices. The following are some recommendations that are feasible for those on a tight budget and unable to make larger marketing investments.

Physician referrals. Say free. You cannot spend too much time getting to know potential referring physicians. At the top of the list are your local dermatologists. With some exception, most are in solid practice situations and only marginally interested in doing cosmetic procedures other than injections and lasers. They enjoy seeing their patients taken care of and are interested in having a good relationship with a plastic surgeon. A simple introduction and follow up thank you letter for referrals goes a long way. It is well worth your time to get to know them.

Other physicians are potential sources as well. General otolaryngologists share a common bond with most of us. Often they will have patients who need more



complex nasal surgeries or other facial procedures they don't do. A good relationship can work both ways, especially if you no longer do general otolaryngology. Family practice, internal medicine, and other surgeons all come across patients on a daily basis that need or are seeking your services. Getting to know other physicians may surprise you in its ability to serve as a source of potential patients.

Internal marketing. Even for the young physician just starting out, this should always be your number one focus. The patient you have now is much less expensive to maintain than trying to reach along with every other cosmetic physician for that new undecided patient. Newsletters can be pricey, but e-newsletters, blast e-mails, and basic good care cost very little. Offer VIP services to great referring patients. Now, more than ever, it is critical to focus on each patient and meet their needs with personalized service and great work.

An adjunct to this is patient appreciation events. Without a doubt, it is the most effective marketing I have done in my 10 years in practice. This does sometimes involve a little more investment, but builds upon that relationship strategy that doesn't fizzle when the economy does.

Do things in house. How much less expensive is it to do that seminar at your office than in the expensive banquet hall/hotel/conference center down the street? This also offers you the opportunity to show off your practice and make the patient feel "at home." Especially in a tough economy, patients are going to be more attracted to a facial plastic surgeon that offers them a caring, personalized approach.

The Internet. This will be obvious to most young facial plastic surgeons, but cannot be

stated too often. The Internet is where even the 60-year-old grandmothers are going to get information. Making your Web site effective does not mean it has to be the most expensive. Changing content, keeping an active blog, showing your before and afters all go a long way to optimizing your site as well as making potential patients feel comfortable with your practice.

Spas, estheticians, beauty salons. Working with this group can often be tricky; many have different ethical standards. They often have ideas of business relationships that are far different from what we may find acceptable. That said, they are a great source of referrals and are constantly seeing everyone's work. Most have a high interest in cosmetic procedures themselves. Getting to know them, doing informative seminars, and offering discounted services are all well worth the time and cost very little.

These recommendations take time and effort, but cost much less than expensive full-page ads or television advertisements. It is possible to create a strategy for your practice that allows you to maintain or even grow your business even in this tough economic climate. Just remember to keep moving—action will be rewarded over inaction. ■

In Memoriam
Charles Knox Alford
November 30, 1992 –
February 13, 2009

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Gene and Mary
Beloved brother of
John and Bess

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- A link to your practice Web site
- An easy way to display your RealSelf.com postings back on your own Web site

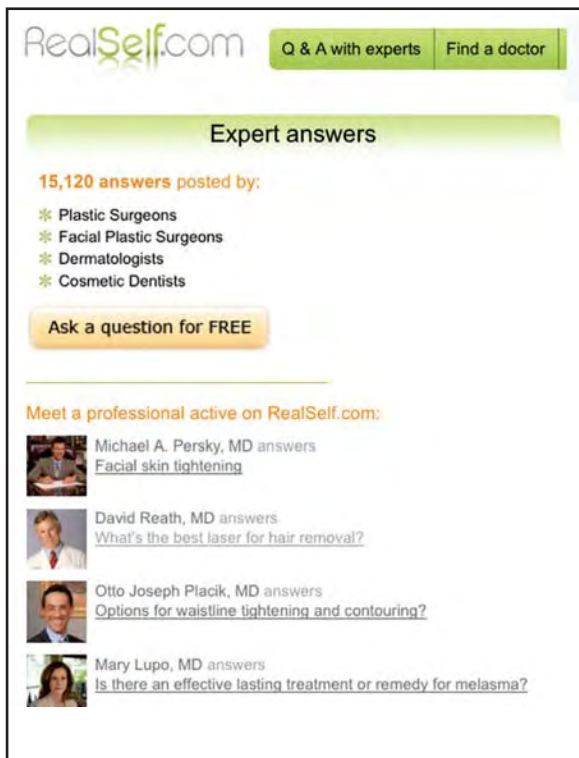
To take advantage of these benefits all you are required to do is activate an account and participate in Q&A with prospective facial plastic surgery patients. There are no obligations to participate. Surgeons who wish to become very active on the site and link back to RealSelf.com (e.g. Michael Persky, MD, www.realself.com/find/California/Los-Angeles/Facial-Plastic-Surgeon/Michael-Persky) receive an enhanced set of benefits that include the display of a patient inquiry link with each posting.

To get started

Each member will receive an e-mail invitation with a one-click sign-up to get started. Alternatively, you can go directly to the site to claim your profile: www.realself.com/find-my-profile.

What is RealSelf.com?

RealSelf.com is a free, consumer resource that uses social media to connect over 500,000 unique visitors per month with facial plastic surgeons, dermatologists, and plastic surgeons active on the site.



- RealSelf.com does not take fees from doctors, but displays Google advertising to fund its operation.
- The team that runs the company is made up of Internet industry veterans who are passionate about offering consumers high-quality, aesthetics information. You can view more information by visiting: www.realself.com/about_real_self.html.

Why does social media matter to your practice?

Most AAFPRS members have their own Web site to showcase their practice. This being done, some may have hired vendors who promise to drive Web traffic using techniques referred to as search engine optimization (SEO). These efforts may encounter diminishing returns because of changes in the way Google organizes information and a shift in how consumers research information on the Web.

One change at Google is that it now personalizes search results to a degree that most of us see unique search results. The rank of your Web site may appear higher simply because you are most often clicking on links to your own site. At the same time as search

See Patients Sharing Experiences, page 16

Development Office's Wish List During March Madness

1. To have AAFPRS surgeons sign up for the FACE TO FACE: Veteran's Initiative from the following states:

Alaska	Maine	Oklahoma
Arkansas	Mississippi	Rhode Island
Colorado	Nebraska	Vermont
Hawaii	Nevada	West Virginia
Idaho	New Hampshire	Wyoming
Iowa	North Dakota	
 2. To have emeritus members attend AAFPRS committees at the Fall Meeting in San Diego; to let the AAFPRS headquarters know what you are up to; and to let you know you are a valued member of our Academy!
 3. To have young physicians who would like to assist with the Fall Fundraiser in San Diego.
 4. To have AAFPRS surgeons willing to go to Vietnam in 2009 who can perform microtia surgery.
 5. To have at least five new (and we also welcome returning) 1887 members.
 6. To have you tell your patients about the AAFPRS Foundation; you would be surprised how willing they are to donate to your cause.
 7. To have at least two AAFPRS members inform the development office that they have made provisions for the AAFPRS Foundation in their estate plans thus making them members of the Samuel Fomon, MD, Society. (A bequest or trust of any size to the AAFPRS Foundation qualifies an individual for membership.)
- Give us a call today; we appreciate your support!
Contact: Ann H. Jenne at aholton@aafprs.org or call (703) 299-9291, ext. 229.

THE INTERNET INSIDER: ENHANCE YOUR OPTIMIZATION WITH IMAGES

The Internet is a visual medium. Go anywhere online and you'll find images, photographs, videos, and whole Web sites dedicated to images and videos. Images can be essential to a Web site for a variety of reasons.

Images can provide your visitors with a bit of visual stimulation. They can be used to break up large blocks of text and keep your visitors interested. Further, people often remember a good, impactful image more than they might remember a paragraph of text. This, in turn, can help your visitors to remember your site and to return time and again.

When it comes to cosmetic surgery marketing on the Internet, images can prove beneficial. In fact, a good before-and-after photograph of a patient can often convey a facial plastic surgeon's skills far better than even the best written copy. A well-placed photograph of a beautifully transformed nose instantly tells your Web site visitors that you are an expert in rhinoplasty.

Consider your own use of the Internet, particularly when shopping. You're far more likely to buy something online when you're able to preview it beforehand, whether it be through a photograph or video; the same is true when it comes to your facial plastic surgery skills. Images can convey ideas, products, and services in ways that words simply cannot.

Aside from before-and-after photographs, there are a number of other ways in which images and video can be incorporated into your Web site. In fact, just about any text on your Web site can be enhanced with an image. You might incorporate photographs of your office and staff, or even a video tour of your facilities, to help convey a sense of professionalism and hospitality. If your Web site includes tutorials on or

even descriptions of surgical procedures, images can help to illustrate each step. But images are not just eye candy for your visitors. When properly optimized using the ALT attribute in your Web site HTML and adding further descriptive captions in the text around a photo, images can be a powerful tool for increasing the traffic to your site. What's more, they can result in even more visitors through image search in Google, Yahoo, and the like.

Of course, as with most things, there can be too much of a good thing, and the same is true with the images on your Web site. Too many images can make your pages appear cluttered. The best approach is to carefully select the most powerful images and videos for your site and to use them appropriately. ■

Social Media Sites

You can further enhance your visibility on the Internet and your overall optimization strategy by creating image pages on social media sites. These include sites like Flickr.com, picasa, and photobucket, all of which allow you to upload and publicly share your photos. Simply create an account and start uploading. As with the images used on your own Web site, the photos you upload to these sites can be similarly optimized. Most sites have made this relatively easy to do by allowing you to create your own text for titles and captions. Some sites like Flickr.com even allow you to create a separate page for each photo with your own title, description, and keyword tags. Further, you can include a back link to your own Web site within your photo description.



EXTENDED PAGE FOR MEMBERS

The extended surgeon page provides a page of content that covers a variety of areas: about the physician, the practice, procedures, and more. This page is search engine optimized and will provide multiple, targeted links to your own practice Web site.

The Academy's Web managers will point multiple links to this page on the AAFPRS site. As such, the power that flows directly through to your own Web site will be increased. "This is extremely valuable for link building and search engine marketing efforts," says World Wide Web Committee chair Andrew Campbell, MD. "Especially since the AAFPRS Web site is already one of the most powerful sites on the Internet when it comes to facial plastic surgery." That means links from this site to your own are powerful and "trusted" in the eyes of Google. With multiple links pointed to this page on the AAFPRS site, your own site will rank better for geo-targeted terms, those specific to your geographic area (e.g., Carlton rhinoplasty).

The extended member surgeon page is only available to paid linked members. Check out a sample at this address: www.aafprs.org/patient/surgeon-spotlight.html, for your review.

We have broken the page into a few sections; the top-middle area is about the surgeon and the practice. It includes geographic information for search engine marketing focus. The bottom-middle area is for procedures, which can be linked to the surgeon's own procedure page on his Web site. You need to provide us with unique content. In the right column, we show office and staff photos. Patient photos are not allowed.

This provides a basic road-map for your own page but be

See Geo-Targeting, page 16

VIABLE REMEDIES TO "CIBERLIBEL" CASES

The Internet gives the average person an opportunity to express their opinion, anonymously, well-beyond any other venue. An individual now has the ability to publish statements and articles across the world in an instant, without the guidelines or checks and balances of traditional publishing. Thereafter, on-line erroneous statements may linger for months, or even years, almost impossible to recover, amend, and remove. Internet defamation lawsuits are on the rise and the number of people sued over on-line speech is increasing sharply, according to statistics from the Citizen Media Law Project at Harvard's Berkman Center for Internet and Society.

Traditional remedies and approaches do not apply to cases involving physicians. First, physicians are bound by state confidentiality laws and HIPAA. They are forbidden from defending against reputational assaults by posting the medical record as a correction. Second, in 1996, Congress granted broad immunity to Internet Service Providers for the tort of defamation. In general, physicians have few practical after-the-fact remedies against Internet assaults on their reputation.

The following case studies detail actual physician "cyberlibel" cases. A firm specializing in Internet defamation and cyber law represented the physicians. The cases illustrate that after-the-fact remedies are more costly, take longer, and are more uncertain than the Medical Justice approach.

Case study I

A doctor discovered an alarming, anonymous post on a physician-rating Web site alleging gross misconduct, including "morally reprehensible" behavior by the doctor with a minor. The post eventually matriculated to the first page of top search engines,

irreparably harming the physician's practice. Current and potential patients called questioning the posting's contents and merit. Many existing patients chose to leave the practice. The situation created emotional and economic hardships as the practice struggled to remain viable while the doctor defended his reputation.

The anonymity of the poster and the Internet service provider's claim of immunity under section 230 of the Communications Decency Act increased the difficulty of this case. After an exhausting investigation, the law firm discovered the posting originated not from a patient, but from a competitor's computer. Because the doctor was not utilizing the Medical Justice preventative Anti-Defamation protection, the firm created alternative strategies to address the issue.

After legal maneuvering, the competitor removed the false post from the Web site. The firm successfully resolved the dispute; however, the lead lawyer in the case states, "The case took a significant amount of time, effort, and resources."

Case study II

In September 2007, an ex-patient posted false and defamatory statements on a Web site citing physician misconduct. In this case, the physician was a Medical Justice member who incorporated the Anti-Defamation Contract Language into his patient intake forms. The firm confronted the author who admitted being treated by other physicians, each of whom agreed that the original treating doctor did nothing wrong. The patient then admitted that the postings were emotionally driven and false. The patient agreed to remove the posting and to sign a cease and desist document.

Although the patient removed the disputed posting, the Web site

kept all comments associated to the original posting. The host Web site did not stop there; it retrieved the first negative comment of the original posting topic, backdated it and promoted that negative comment to the top of their listings of complaints. The law firm promptly delivered a cease and desist order to the Web site, presented the signed Medical Justice patient-physician contract agreement, and showed evidence that the Web site manipulated posted comments. In response, the Web site immediately removed everything associated with the original patient complaint and contacted the law firm to announce the removal of all comments associated with the case.

Medical Justice: Cost effective, viable protection

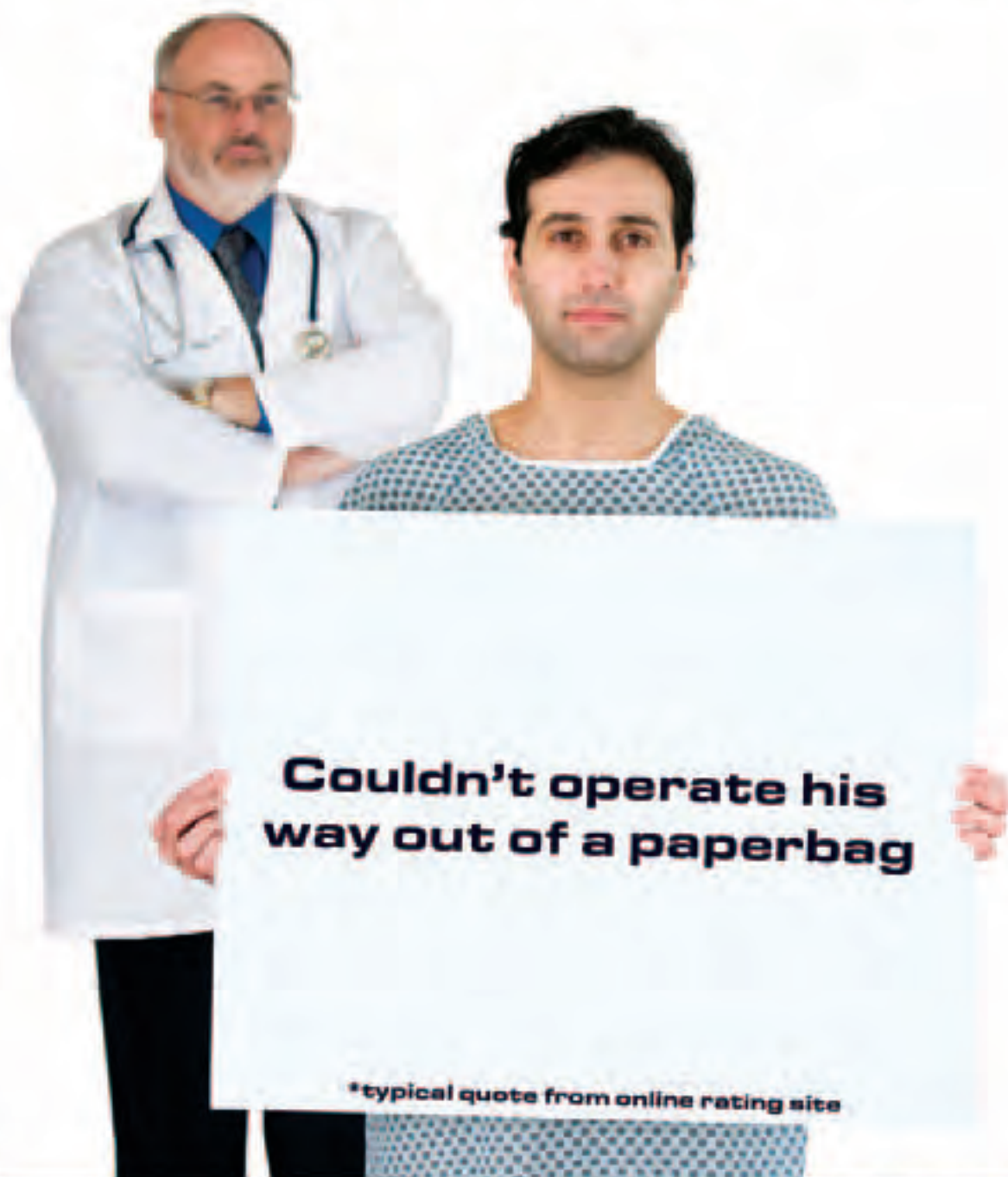
Without Medical Justice protection, Internet libel cases are difficult to resolve. State privacy laws, HIPPA, and the immunity granted to Internet Service Providers restrict a physician's ability to defend and protect their reputation. These restrictions also limit the remedies available for legal redress. If these cases go to trial, they can take years to resolve.

In the second case above, Medical Justice gave the physician and his counsel tools to resolve the case in an expeditious, cost-effective manner. Medical Justice protects its member physicians, prevents defamatory Internet postings, and provides viable remedies to remove negative posts should they occur.

Medical Justice is offering dues-paying AAFPRS members its Anti-Defamation Program at no cost for one year.

To protect your on-line reputation for free for one year, go to www.medicaljustice.com/anti-defamation-trial.aspx and enter the promotion code: AAFPRS. Take advantage of this free offer. ■

With the Internet, the whole world can read his sign



Your reputation can be destroyed in just a few mouse clicks.
Until now there was nothing you could do about it ...

For a limited time Medical Justice is offering one-year of
Anti-Defamation protection at NO COST to AAFPRS Members.

Protect your practice
Safeguard your reputation.

Call 877.MED.JUST (877.633.5878)
to safeguard your reputation today

*Some restrictions apply.

OFPSA CORNER

As March is upon us we sometimes feel that our New Year's resolutions are slipping away and other immediate projects have taken over. It doesn't have to be that way when you are a member of the Organization of Facial Plastic Surgery Assistants (OFPSA). You will have a network of individuals (376+ and growing) who will keep you on track!

The OFPSA benefits all office staff practice managers, estheticians, nurses, medical assistants, and administrative personnel. Membership benefits include:

- A quarterly newsletter; sample articles include, "A Managers Eight Commandments," "Facial Plastic Surgeon Offices Top Sellers," and "Post-Operative Nausea and Vomiting."
- Access to the OFPSA listserv, which will allow you to ask questions and receive a timely answer from over 100 experienced members.
- Each member receives a directory of professionals for problem solving and networking.
- On the OFPSA Web site you will find protocols, documents, policy and procedures, and manuals that have proven to be successful in passing surveys by accrediting organizations such as AAAHC and JACHO.
- In addition, there are excellent learning opportunities at the AAFPRS Annual Fall Meeting; topics include curriculum for the cosmetic nurse/medical esthetician, planning for the slow times, 2008 benchmarking project, document sharing, lasers A-Z, etc.

Following are the 2008-2009 OFPSA officers. Please feel free to contact them directly.

Rosemarie Hess, President
(410) 398-6570; rosemariehess@earthlink.net

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(515) 277-5555; daphne@Kochmd.com

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ReGina Simo, Past President and AAFPRS/OFPSA Educational Liaison
(314) 743-4000; regina@anaturalyou.com

The OFPSA offers you the opportunity to become a leader in your field. Membership is \$100 per individual or \$150 per office. For more information please contact Ann H. Jenne, director of development and humanitarian programs at (703) 299-9291 ext. 229 or aholton@aafprs.org.



OTHER ISSUES, ABFPRS, ABOTO, OBSERVERSHIPS

From President's Message, page 3 continues to emphasize patient safety, and believes those physicians with the proper education, training, and board certification are the most qualified to address the health and appearance of the face. We continue to fight for the integrity of the AAFPRS and support both the legitimacy of the ABFPRS and the ABOTO. (A reminder to those who challenge the legitimacy of the ABFPRS: In every state where it has been challenged, it has emerged victorious.)

Other issues

Other important initiatives include working with the IFFPSS to begin the "international observerships." We are exploring mechanisms to possibly offer brief "national observerships" to members and fellows within the U.S. who wish to expand their knowledge base by visiting with a participating surgeon. The "Cato Council" will begin to solicit input from our more senior members who would agree to become engaged in both educational venues and advisory roles to the Academy.

I want to thank the members of the Board and our office staff for their efforts and enthusiasm. Your Board serves "pro bono;" it is only with their dedication that anything really new or meaningful can occur. One can see that we have many features on tap for this year and some hopefully will bloom.

So the cold days of winter will pass, and, with cautious optimism, we anticipate what we can nourish and grow this spring. All without any bailout money! Stay tuned.

A handwritten signature in black ink that reads 'Donn R. Chatham'.

Donn R. Chatham, MD



“ I was all set to have rhinoplasty.

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Call **866.247.3049 ext. 2** for more information or to get started now.

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MULTIMEDIA NEWS RELEASE

From PR Column, page 7
to seek board certified facial
plastic surgeons.

Other 2009 initiatives in the
first quarter include the distribu-
tion of a multimedia news release
(MNR) that supports the *Trust
Your Face to a Facial Plastic
Surgeon* initiative and updating
the Academy's Web site with
media placements and news.

The Academy's horizon is
bright with other agents of posi-
tive change. The Academy's
calendar is busy with a FACE TO
FACE trip to China, the *Advances
in Rhinoplasty* meeting, and the
results from the 2008 annual
trend survey that will soon be
scrutinized and leveraged to
optimize the amount of media
stories throughout the year.
Thanks to membership participa-
tion, the statistics will bring
aesthetic trends into sharp focus
and help separate the Academy
from the other organizations.
Once the media gets a hold of the
statistics, the profile and prestige
will be reinforced with the public.
These signs of growth and ad-
vancement indicate a promising
and exciting year for the
AAFPRS.

GEO-TARGETING

From *Extended Member*, page 11
creative. You don't have to stick to
this example; follow the basic
format. Just remember that
unique content is very important;
if it's duplicated elsewhere, it
won't help rankings very much.

While this extended member
page will help your own site, don't
forget that the AAFPRS site itself
ranks very well for scores on the
facial plastic surgery phrase and
gets tens of thousands of page
views every day. This is a great
value. Contact Michelle Busey at
the Academy office to purchase
your extended page today or
complete the enclosed form.



FACIAL PLASTIC TIMES MARCH 2009

2009

JUNE 11-15

ADVANCES IN RHINOPLASTY

Co-chairs: Wayne F. Larrabee, Jr., MD;
Edward H. Farrior, MD; and Stephen S.
Park, MD
Seattle, WA

JUNE 27-28

BOARD EXAMINATION

Administered by the ABFPRS
Washington, DC

OCTOBER 1-3

FALL MEETING

Co-chairs: Robert M. Kellman, MD;
Paul J. Carniol, MD; and
Fred G. Fedok, MD
San Diego, CA

NOVEMBER 6-9

47TH ART OF RHINOPLASTY

Director: Leslie Bernstein, MD, DDS
San Francisco, CA

2010



Symposium Chair: Shan R. Baker, MD
Program Chair: Philip J. Miller, MD

Winter Meeting of the European Academy of Facial Plastic Surgery

March 7-14, 2009

Flims-Laax/Schweiz

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PATIENTS SHARING EXPERIENCES

From *RealSelf*, page 10
customizes, consumers are
demanding ways to interact with
a Web site. They appreciate the
authenticity that stems from
online discussions and build
trust when connecting with
others to discuss information on
a site. Social media sites, like
RealSelf.com, offer surgeons a
way to increase their exposure to
these consumers and to broad-
cast expertise to a large audience.
RealSelf.com encourages users to
vote, comment, subscribe, and
share your content, thus making
it feel much like a dialogue versus
a one-way delivery of information.

Enclosed in this March issue of
Facial Plastic Times are the:
Advances in Rhinoplasty Brochure;
Web Link and Extended Page Form;
FPST Order Form; and Fund Envelope.
Paid ads appear on pages 5, 9, and 15.

What if a user says disparaging comments about me?

A feature of RealSelf.com that
differentiates it from many other
sites like CitySearch or Yelp is
that it doesn't allow for doctor
reviews. Patients can share and
rate a positive or negative experi-
ence but the doctor's name is
displayed in a field that's hidden
from Google and only available to
registered users. Furthermore,
RealSelf.com does not allow
personal attacks of any commu-
nity member. Our policy is to
remove this material from discus-
sion areas. Every page has a
"Report Inappropriate" link so the
community can police against
these types of postings.

If you have more questions
about RealSelf.com, feel free to
e-mail RealSelf directly at:
expert@realself.com.