



Cosmetic Medicine: The New Paradigm?

By Marie Czenko Kuechel

Among plastic surgeons, there seems to be talk of a new paradigm: cosmetic medicine. How this will co-exist with aesthetic plastic surgery is the prevailing question. To answer that requires consideration of the marketplace, economics, the present and the future.

“Cosmetic” and “aesthetic” have two very distinct definitions. One is about substances like lipstick—it covers, temporarily, what exists. The other is about beauty—it is pleasing in appearance. Appropriately, cosmetic medicine includes a lot of temporary fixes, from injectables to skincare to lasers. If you stop using these things the “fix” will eventually wane. Aesthetic plastic surgery has, for forty years, been something that endures: a one time, permanent fix that results in a pleasing appearance.

Aesthetic medicine is the nucleus from which cosmetic medicine has been born. And like any anthropological original, over time aesthetic surgery must evolve. In these evolutionary times I see two possibilities:

- aesthetic plastic surgery as a slice of cosmetic medicine, or
- aesthetic plastic surgery as the core of cosmetic medicine.

The decisions made today regarding issues such as the marketplace, industry challenges, politics and economics will result in either aesthetic plastic surgeons taking a slice of the pie, or taking position as the core entity from which cosmetic medicine is prescribed.

Personal Spending

The U.S. Federal Reserve defines the wealthiest 10 percent of Americans as having an income of \$256,000 annually. Near-affluence is a new category among economists, defined as an income of \$100,000 to \$256,000.

Personal spending among these groups is high and growing. The top four categories in personal spending among affluent and near-affluent Americans in 2006 were:

- 1) Automobiles
- 2) Clothing
- 3) Watches
- 4) Cosmetics/beauty products which includes “cosmetic medicine.”

One might argue that, in today’s times, you need a car, clothing and watch. But clearly, brands such as Bentley, Hermes and Breitling are not a need, they are wants that connote luxury.

Like these brands, cosmetic medicine is a want. And, like any indulgence, one may be willing to spend a significant portion of income to get it. Where cosmetic medicine differs most significantly from these other examples of “wants” is that it involves not only money but also time, discomfort and the stress of an unknown outcome. Unlike that-car, there are no warranties or guarantees.

Consider that the average of all surgical fees in 2006 was \$4157. Patients in the near-affluent group spend 1/25th of their annual gross income on surgical fees alone.

The average price of a non-surgical, cosmetic medicine treatment in 2006 was \$777. Therefore a consumer of near affluence is spending about 1/200th of gross income on something that he or she must repeat in order to continue to reap the benefits.

Is personal income a factor in consumer choices for aesthetic surgery and/or cosmetic medicine?

Slice: Aesthetic surgery is a luxury and those who want it will buy it.
Core: Cosmetic medicine offers greater variety and chance to test drive or taste of what aesthetic surgery might offer.

Luxury

It may commonly be defined as indulgent, expensive and non-essential, but most succinctly luxury is defined by expectation. Depending on one’s income, luxury is highly variable. Cosmetic medicine and

aesthetic surgery may be labeled as such, but do they deliver luxury? And who is defining the expectations?

Brand loyalty among near affluent and affluent Americans in luxury categories rates as follows, with the following reasoning:
1) Automobiles “I drive a lot.” “Safety I trust.”
2) Cosmetics/beauty products “It goes onto or into my body.”

Bottom line? Brand loyalty is about trust.

A spa is a luxurious place to be pampered. As of yet, medi-spas have not been defined by luxury or self-pampering, but rather by non-surgical, cosmetic medicine treatments. Some may offer luxury and pampering, others offer nothing more than medically based treatments with a business model no different than a \$19.95-per-visit to a hair salon.

Is luxury essential to aesthetic plastic surgery and/or cosmetic medicine?

Slice: Luxury is defined by label.
Core: Luxury is not defined by product, it is defined by experience

Brand Loyalty

Travel is a lot like cosmetic medicine: you don’t know what the outcome or the experience will be until you’ve completed your journey. Among the leaders of brand loyalty in luxury markets is the Four Seasons Hotel group. Bill Gates loves it so much he bought it. People who stay there once return again and again. Small children behave because they love it there, and they become adults who choose the Four Seasons. Patrons are defiantly loyal, and while the rest of the hotel market rewards loyalty in upgrades and points, the Four Seasons offers neither.

What they do provide is the service and experience you expect for the price you pay. They cannot guarantee the weather, the ways of the world or what happens to you outside their properties. But what brings Four Season’s guests back time and again is the consistency of service and quality offered by their brand, among many unpredictable variables in the world.

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Should aesthetic plastic surgery and/or cosmetic medicine compete on price and convenience, or service and value?

Slice: Price breeds loyalty

Core: Service and quality breed trust, trust breeds loyalty

New Treatment Options

Non-surgical treatments are not new. But there certainly are many more non-surgical treatments and those treatments that truly demonstrate results account for the majority of what is being called “cosmetic medicine”.

Based on the ASAPS 2006 statistics the ratio of non-surgical vs. surgical procedures is roughly 7:1. Many would argue that surgical procedures are dwindling in a world where cosmetic medicine is growing. Surgical procedures did in fact decline in 2006 overall, but this was statistically due to steep declines in lip and chin augmentation, eyelid surgery and forehead lift.

Conversely, in the non-surgical segment, dermal fillers saw rapid growth in 2006 (used to augment the lips and chin). Yet overall, non-surgical procedures as a category demonstrated only 3 percent growth in the ASAPS statistics, a compilation of procedures provided by board certified plastic surgeons, dermatologists and otolaryngologists. Cosmetic medicine suppliers and Wall Street numbers would clearly dispute that the market is flat. And they would be correct. The disparity in reported numbers is simple: The number of core providers has not changed. Surgery has not changed. Therefore unless plastic surgeons are working a lot more, non-surgical procedures as performed among them are not going to change. Non-core providers, in no formalized setting or specialty who are statistically abstract and generally unquantified, account for the growth in cosmetic medicine.

Should aesthetic plastic surgeons innovate, advance and prescribe cosmetic medicine treatments?

Slice: Only if these impact specific surgical procedures

Core: Choice, service and quality breed trust and loyalty

New Service Models

Since the GI's returned from World War II, medical specialties are defined by their focus. Dermatologists treat skin. OB/Gyns act as primary care health providers to women. These are simple and well-known service models among medical specialists.

Cosmetic medicine is, of course, not a specialty; it is a new paradigm whose service model is confusing at best. The models are so diverse that they include everything from core providers to employed non-core physicians, nurses and aestheticians, from core physician administered procedures to core physician prescribed, physician-supervised, off-site physician supervised, no physician supervision and even physician “directing” of cosmetic medical services. Confusing at best!

Organized plastic surgery took the lead in defining the appropriate model for ambulatory surgery by mandating accreditation and establishing standards.

Should organized plastic surgery formalize the cosmetic medicine service model?

Slice: Existing practices are too diverse among core providers to set standards

Core: Service, quality and safety are paramount to standards that breed trust and loyalty, and can endure

Politics

Some would argue that cosmetic medicine doesn't injure anyone other than the naïve consumer, so caveat emptor is all that is needed. However, how can a buyer

beware in a diverse and complicated world of treatment categories, providers, federal, state and local governments all with different agendas?

The potential categories of cosmetic medicine alone are confusing—do skin-care, supplements and lymphatic massage constitute cosmetic medicine?

The politics of cosmetic medicine are presently lacking three things:

- 1) clear definitions for the various categories of cosmetic medical treatments
- 2) safety and research standards for treatments

3) an easy means to identify qualified, well-trained providers.

Accomplishing this requires simple rules, supported by unbiased data, networked by core providers and the public alike through all levels of government and the insurance industry.

Is regulation of cosmetic medicine necessary to uphold public safety?

Slice: So long as it doesn't restrict my practice

Core: Take the lead among appropriate providers and work together toward the common goal of protecting the public interest

Economics

A basic law of economics: If demand is high and supply is limited, raise your price. A basic law of commerce: If demand is high and supply is limited, market an alternative. Another law of economics: If you are a monopoly, you can fix your price.

The “supply” of board certified plastic surgeons has not grown much over the past decade. Surgery overall is not growing. Non-surgical treatments are growing, but not necessarily among core providers. There's an economic dilemma here and it is simple: Treatment may be more convenient for consumers somewhere else. It's not a matter of price wars; the commercial goods necessary for cosmetic medicine are largely at a fixed price. (Truly how much variation exists in the cost of one IPL device to another?)

Are the laws of economics valuable in shaping a new paradigm?

Slice: Surgery is not growing, do not add more plastic surgeons

Core: We need more leaders who are qualified to prescribe cosmetic medicine and who can manage various providers in the new paradigm

New Providers, New Treatments, New Competition

Among many specialties of medicine it's clear—there are defined providers that carry out basic care as prescribed and supervised by the specialist.

Such a paradigm does not exist among the current core providers of cosmetic medicine: plastic surgeons, dermatologists, or otolaryngologists.

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Botox, Restylane, Thermage and Fraxel have created new treatment categories within cosmetic medicine. Many new treatments and categories of varying effectiveness will likely come in the future. Ultrasonic fat reduction without added liposuction is a heartbeat away. Autologous tissue grown in a lab in the form of breasts is reportedly a few years away. And even cosmetic medicine is not insulated from challenge. A true botulinum type A cream is reportedly two years away. Will it be prescription or OTC?

Can a new paradigm manage the growing and undefined world of providers, treatments and competition?
 Slice: Surgeons exist to operate
 Core: Aesthetic plastic surgery must evolve

Marketing and Communications

The web. Advertising. Media. Gossip. When it comes to aesthetic surgery or cosmetic medicine, these are pervasive, accessible and influential and they can also be inaccurate, make false claims and come from poor sources. With such a doctrine, it's easy to understand why some view marketing and communications as Pandora's box.

Freedom of speech applies to cosmetic medicine. So does the freedom not to speak. The conflict arises when only one voice speaks.

From a micro-view, marketing is measured by ROI (return on investment): the number of procedures tracked to an ad or effort must cover the cost of that ad or effort, at a minimum. Even if you don't

advertise, messages affect your practice; for example, radio spots for a revolutionary non-surgical facelift by a competitor. Your office gets calls asking for the procedure. You can turn away callers, find yourself forced to debate the value of the latest gimmick.

From a macro-view, new societies with pseudo-credentials are growing both in the number of members and in the number of groups that exist. One unhappy patient or political crier can open the floodgates with a web site or blogging that lives in Google's top ten. One unproven innovation can influence the spinmasters resulting in morning news programs that look like infomercials. A company can fly beauty editors to the Caribbean for a beauty weekend before a treatment receives FDA approval and suddenly the women's books are filled with promise and anticipation.

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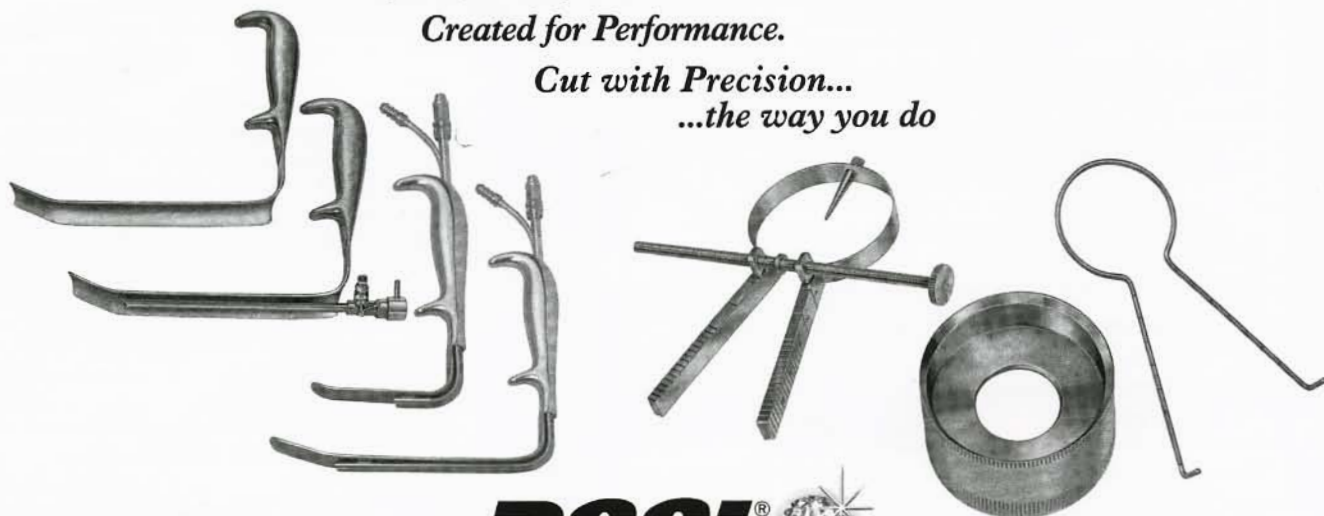
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Aesthetic Surgery in the Media

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themselves in the details and nuances of plastic surgery. I have seen many more quality pieces which do a real service to the public in presenting not just the latest and sexiest new procedures, but also the perils and pitfalls.”

Notwithstanding the volume of sensational journalism, there are a number of writers whom have become much more educated on the subject. Journalists such as Joan Kron from Allure Magazine, Natasha Singer of the New York Times, Sarah Brown of Vogue, Lois Johnson of More, as well other reputable journalists, have consistently proven that unbiased and well-researched pieces on cosmetic surgery is possible. Pitman believes “some of their pieces are sometimes as detailed and substantive as articles in the Science section of the New York Times.” In my writing career I have endeavored to steer clear of unconstructive, negative pieces. I feel the public is looking for the best in reporting not cynical derisive journalism.

It's taken me years to really appreciate that 'new are not always good' and there should be a period of critical analysis. New procedures may only be adding to the size of the menu of options rather than genuinely benefiting the patient. The press office at ASAPS has been an incredible source of solid non-sensational information for me over the years. I have come to rely on them and all the members for reliable quotes and I have learned to temper my impulses to write up every new fad. Journalists are always looking for the latest, greatest injection, product, therapy or surgery. I have tried always to take an honest look at the benefit versus the perils. The pieces I write today are focused more on non-surgical procedures following the national trend. My readers are younger and include one of the biggest growth sectors, men. Statistics show and editors follow statistical trends, that men are the fastest growing and potentially lucrative group interested in staying young and vital.

So what's the secret to getting good press?

Though it might seem obvious, be charming, helpful, modest, yet very confident in what you offer. Give the journalists something unique to build a feature

around. Persistence does pay off even though editors hate to admit it, the squeaky wheel theory does work. Slow, or no news days are the nightmare every editor dreads, so be creative, and use interesting anecdotes to relate the story you want to get across. Amusing, innovative, heart rending stories are gold dust to a writer. Feel free to ask journalists what they are looking for and how you can help. If you can offer up a good story we need you. Be accessible. I tend to use the same doctors again and again for quotes and opinions as well as recommendations, if I can get through and speak directly with the doctor, or the office manager responds knowledgeably, remembers my name and gives and takes good messages. (The doctors I quote in this piece returned my messages on the same day). Being a good source for topical quotes effectively makes you the first person to call!

I often check doctor's websites to view their work and update my information. Think of your website as your waiting room. It tells potential clients a lot about you and an informative, easy to navigate site will reap rewards. Better to be looked over than over-looked. All of these trends have developed exponentially; websites are now the norm, as is cosmetic surgery.

To keep one step ahead or on a par with your peers you need to keep us, the journalist in the loop and have something exciting to offer.

I am a surgery advocate. I love the business, the operations and hopefully the results. If I can guide one person to the right doctor for their needs my job has been well done. We work together, not at odds.

Shannon Leeman has been writing at the highest level for journals and magazines for over a decade on the subjects of anti-aging, health, beauty and cosmetic surgery. She has won journalistic awards for her research and writing and has gained the respect of not only her colleagues but from the doctors and therapists to whom she refers.

Ms. Leeman has been a contributing editor to the Sunday Times, W magazine and Tatler magazine. She has consulted with numerous television series on style, anti-aging and cosmetic surgery and is writing a book on the subject.

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Must aesthetic plastic surgery address marketing and communications?

Slice: Cater to them, ignore them or try to compete

Core: Connect to the right partners and media players who uphold your values, reach the masses and appeal to individual consumers

Evolution or revolution

It's happening all around the country. Cornfields are popular sites for new housing. Teardowns are equally in the spotlight. It's an odd mix of people and architecture in the neighborhood when the split-levels and raised ranches are being leveled in favor of more traditional construction. Yet in some neighborhoods, the old brownstones and three flats of prior decades are being renovated into single-family homes, with plenty of room for our near-affluent and affluent appetites.

Cosmetic medicine is not much different from housing. Medi-spas are cropping up anywhere. Might they become the teardowns of the future? If the paradigm is too trendy, no doubt they will.

Does aesthetic plastic surgery need to be torn down and rebuilt into cosmetic medicine?

Slice: Historical landmarks are often the target of rebels, rebuilding is only a matter of time.

Core: Preserve the original structure, but make room for today and anticipate tomorrow.

Marie Czenko-Kuechel is a consultant to the plastic surgery community including private and university-based practices worldwide, and an advocate for consumer safety in cosmetic medicine. She is the author of the practice management guide "Aesthetic Medicine: Practicing for Success" and the author, contributor and editor of numerous consumer and practice management books and articles. She has appeared nationally on CNN, Good Morning America, Today and other programs, is editor-at-large to "NewBeauty" magazine and a regular contributor to the NBC local television stations group.