Practice Integrity in a Challenging Economy

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We have heard a lot of advice lately—some of it good, much of it questionable—on how to make the best of a bad economy. Unfortunately, not even the most erudite of practice management gurus has a magic formula for making a cosmetic practice truly recession-proof. As consumers at every economic level hunker down for what is still predicted to be a bumpy ride ahead, even those few plastic surgeons who boast a largely “carriage trade” clientele are reporting significant declines in practice volume. Those of us with more typical practices—those that serve the needs of secretaries as often as CEOs—are definitely feeling the pain of fewer inquiries, fewer consultations, and fewer booked surgeries.

With economic concerns on our minds, there may be moments when other considerations seem to pale in comparison. It is in those very moments, however, when we need to remind ourselves of what is most important to the long-term health of our practice.

Arguably the most valuable asset of any medical practice is a solid base of satisfied patients. Not surprisingly, when it comes to patient–physician relationships, satisfaction is closely linked with trust. Physician behaviors associated with higher levels of patient trust range from professional competence, such as providing a thorough evaluation and effective treatment, to “human” qualities, like demonstrating honesty and respect. Personally, I do not know of any plastic surgeon who does not work hard to earn patient trust—not only because that is the way to build a successful practice, but also because building positive relationships with our patients is one of the most meaningful aspects of what we do.

In challenging economic times, it is difficult to deny that virtually any potential cosmetic patient walking through the door is a welcome sight. However, there is an underlying danger that, in our eagerness to shore up our “bottom line,” we may be tempted to drop the bar a little lower regarding standards for patient selection and even patient safety, thereby jeopardizing the very foundation of our practice. Think back to a number of unfortunate and highly publicized incidents over the years in which well-trained individuals with excellent credentials apparently succumbed to economic pressure (or simply used poor judgment) by electing to perform cases that pushed the envelope too far, with disastrous consequences. Some extra soul-searching is definitely in order during an economic slow-down (or any other time) if we catch ourselves doing any of the following:

- Agreeing to operate on a patient who has what we would ordinarily consider contraindicating risk factors;
- Agreeing to multiple procedures that extend operating time beyond our comfortable limits;
- Cutting operating room costs in ways that could compromise established standards of patient safety;
- Accepting a patient with unrealistic expectations that make it unlikely he or she will be satisfied with results;
- Accepting a patient who exhibits other signs of emotional instability or inappropriate motivations for surgery; or
- Agreeing to operate when meaningful cosmetic improvement from the procedure is unlikely.

Another potential pitfall, perhaps more insidious, is the idea that nonsurgical treatments (such as injectables) are so benign that they can be recommended to almost any patient, regardless of the cost–benefit ratio for that particular individual. I have heard many surgeons and consultants discuss the benefits of marketing nonsurgical procedures, which may be perceived as more affordable to consumers on a budget during an economic downturn. I have also noticed that the media is more than happy to pick up on the “trendy” story that surgery may be down, but the demand for injectables is up, often quoting local plastic surgeons who claim that they are busier than ever.

I am certainly not suggesting that there is anything wrong with marketing the nonsurgical side of your practice. Many patients benefit significantly from these treatments and they have become an important aspect of plastic surgery practice. I also believe that most aesthetic surgeons are very realistic with their patients about the limitations of nonsurgical procedures and generally recommend such treatments appropriately. However, there is a temptation when marketing—and perhaps especially when a practice is slow—to take the “come one, come all” approach. It is important for potential patients, even those who are exposed only to a physician’s marketing, to be told that nonsurgical procedures are medical procedures and that new patients will require a physician evaluation and consultation before treatment.

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It has been suggested that one of the best ways to energize a slow practice is through internal marketing to established patients. Such marketing may include discounts on, or “bundling” of, nonsurgical treatments for patients who have received these treatments in the past. In fact, according to a survey of cosmetic practices conducted by Hiner & Partners, Inc. for CareCredit, bundling or package-pricing of services was considered an effective marketing tactic by 66% of respondents, followed by limited-period price promotions (rated effective by 59% of respondents) and repeat customer rewards like special pricing or VIP programs (54%). Interestingly, providing a reward to an established patient for referring a new patient who schedules a procedure was considered effective only by 31% of respondents. I actually believe that this kind of promotion can be effective if both the new patient and the referring patient receive a reward; in the case of the new patient, a free consultation may often be an appropriate incentive. Again, with this approach, it is important for the surgeon to make it clear that no new patient is treated without an evaluation, including a discussion of the benefits and risks of the procedure. Showing up in the office is never a guarantee that a patient will receive treatment if, in fact, such treatment is determined not to be appropriate for that individual.

Experiencing a drop-off in new patients and practice income is disturbing and stressful. There is nothing worse than sitting in your office with empty hours to fill between patient consultations. In addition, the loss of productivity in other aspects of your professional life can be an unfortunate byproduct of a slow practice. For example, whether for financial or other reasons, you may feel less inclined to pursue continuing education opportunities when things are quiet in the office. In truth, such times may actually be ideal for catching up on your professional reading, participating in an online Continuing Medical Education activity, or visiting a colleague to observe a new technique. Taking the time to attend a meeting of professional peers can also provide both a psychological boost and new clinical information that you can apply for the benefit of your patients. There are many ways that, even in the most difficult times, aesthetic surgeons can continue to build the foundation for a successful practice. That foundation is based, first and foremost, on patient trust and satisfaction. It is a strong foundation when supported not only by excellent surgical training and skill, but also unwavering commitment to patient safety and honest communication. By preserving practice integrity, regardless of temporary economic hardship, you can help to ensure that your practice is among those that prosper in the future.

DISCLOSURES

The author has no disclosures with respect to the contents of this editorial.

REFERENCES

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