The Aesthetic Surgeon’s “New Normal”

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“It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptable to change.”
—Charles Darwin

By now, we all are familiar with the term new normal. It has been often repeated in countless contexts, generally when discussing changes occurring in our lives and our society over which we seemingly have little or no control. Often, deeming something to be the new normal signals a change for the worse, a condition to which we must become accustomed, even if we find it disagreeable. For example, longer lines at security check points in the airport, increased difficulty in locating a doctor who takes Medicare, part-time rather than full-time work for many struggling Americans. We have been told, however, that such facts of life are simply part of the new normal, and we will get used to them.

Aesthetic surgeons, too, must contend with a new normal, and many of us may be finding it difficult. Our new normal includes the following: (1) A practice profile that, despite our years of intensive training, often winds up being light on surgery, heavy on “quick fix” procedures. (2) The commoditization of aesthetic surgery. (3) Patients who have more faith in what they read on the Internet than what we tell them face to face, based on our experience.

ASSESSING CHANGE

Cosmetic patients are selecting nonsurgical options at a much higher rate than surgery, as evidenced by the latest statistics from the American Society for Aesthetic Plastic Surgery (ASAPS). In 2013, there were 9.5 million nonsurgical cosmetic procedures compared with almost 1.9 million surgical procedures. Compared with 2012, nonsurgical cosmetic procedures increased by 13% (21% for the subcategory of injectables), while surgical procedures increased only 6.5%. Nonsurgical procedures generally cost the patient less per procedure than surgery, often requiring the aesthetic surgeon to maintain a higher patient volume to produce comparable revenue.

The commoditization of aesthetic surgery has been the inevitable result of increased competition coupled with aggressive and broad-based marketing. The rise of technology and social media has taken all this to a whole new level of complexity. Some surgeons are intimidated by the prospect of having to learn the ropes of Internet marketing and social media to effectively compete in this arena. Hiring experts to oversee your marketing operations is usually necessary, but the pitfalls are significant. It is essential to maintain an ever-watchful eye over content and delivery of marketing materials developed by others, some of which may violate professional ethics or good taste. This burden, added to the responsibility of taking care of patients and the day-to-day running of a practice, presents a huge challenge to many surgeons. To others, almost any type of marketing is simply repugnant. I know a number of surgeons who say that one of the reasons they retired from practice was that they could not bring themselves to accept the fact that doing good work was no longer enough to ensure a steady stream of patients.

When the surgeon engages in expensive marketing efforts and, at the same time, cuts fees to counter competition, the practice is forced to maintain a higher patient volume in order to survive. The unintended result may be a reduction in the overall quality of patient care. Communication with patients may also suffer when a physician’s time is spread too thin. Failure to thoroughly explain procedures and to establish patient rapport further diminishes the importance of a personal connection between the patient and doctor, encouraging patients to focus on the price factor above all else. Misconceptions about cosmetic procedures that have been generated by corporate entities, unauthoritative websites, and other ill-informed media may not be effectively addressed, ultimately leading to disappointed or disgruntled patients.

ADAPTING TO CHANGE

While the above-mentioned causative factors—the rise of “nonsurgery”, commoditization, and misinformation—are inescapable elements of the aesthetic surgeon’s new normal, negative consequences need not be inevitable.

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There are, in fact, a number of highly positive aspects of the new normal, provided that aesthetic surgeons are prepared to adapt to change.

The popularity of injectables has, in fact, resulted in a larger potential pool of cosmetic patients. In many instances, injectables enable surgeons to quickly and easily satisfy patient desires for a more “refreshed” look, with minimal risk and downtime. Injectables also have proven to be a useful adjunct to surgical facial rejuvenation, providing additional volume restoration and keeping the reappearance of wrinkles at bay. Although many plastic surgeons are reluctant to embrace a practice model which utilizes nurse injectors, this option (at least theoretically) allows the surgeon to devote his or her time to surgery while simultaneously generating additional practice income. I believe it should be noted, however, that surgeons who fail to thoroughly involve themselves in the consultation process for nonsurgical procedures are losing an important opportunity to make a long-lasting connection with new patients.

On a related note, some older surgeons have found that injectable and laser procedures can provide a continuing stream of income and permit them to stay partially “in the game” when they decide it is time to retire from surgical practice. In such cases, at least in some states, the cost of malpractice insurance can be reduced to a more reasonable level.

Aesthetic surgeons who learn how to run their practices like businesses, take advantage of all that the new interactive technology has to offer, find that they can vastly increase their range of marketing opportunities. Like every business, the aesthetic practice must be prepared to adapt to change. Whether that means sending certain staff members for specialized training, hiring reliable experts, or the aesthetic surgeon becoming personally involved in marketing and social media, the point is to explore and embrace these new avenues for practice promotion.5-8 I know of some physicians who have elected to enroll in Master of Business Administration (MBA) programs in order to better position themselves for continued success in a changing practice environment. Others have, on their own, simply “done their homework” with regard to Internet and social media marketing, allowing them to more effectively guide the evolution of their practice in these key areas. Another strategy employed by some aesthetic surgeons, in an effort to adapt to the new normal, is to consolidate their practice with related specialists, developing a mutually beneficial marketing strategy and patient referral base.

One of the keys to dealing with the new normal is to involve your staff in the process of adaptation. Discuss with them the changing practice environment. Seek their input and ideas. Unquestionably, there will be new demands on staff with regard to patient communication. When patients are exposed to so much information from sources outside of the surgeon’s office, they tend to have many more questions.9 Every aesthetic surgeon should prepare his or her staff to deal with the expanded volume and scope of patient inquiries – how to answer anticipated and recurring questions, when to refer questions to a nurse or technician, and when to involve the physician. An extra dose of patience may be required of all those who deal directly with patients in this access-to-information era.

It is important to remember that certain aspects of the new normal, whether or not entirely welcomed by aesthetic surgeons, do have perceived benefits to our patients. Clearly, having a wider range of treatments and methods from which to choose, many of them nonsurgical, substantively empowers patients. With regard to the commoditization of aesthetic surgery, while we believe strongly (and rightfully) that it ultimately works against the patient’s best interests, it nevertheless is perceived by many consumers as offering certain free market benefits such as lower cost. Our challenge is to work even more diligently to reestablish the perception that training, experience, patient safety, and overall quality of care are the key factors to be considered when selecting an aesthetic surgeon. Finally, many of our patients come to us having already read extensively about the procedure in which they are interested. While it often requires additional consultation time to correct misinformation, we must learn to welcome the greater participation of patients in their healthcare decisions. No longer is it a one-way dialog, with the surgeon providing his or her physical assessment of the patient, followed by a laundry list of procedure benefits and risks, often with the patient only thinking of questions hours, days, or weeks after the consultation. Now, it is more likely that the patient enters the office already prepared with a list of questions, and this can promote a more “democratic” doctor-patient dialog as well as more opportunity to establish a genuine rapport. To further encourage patients’ involvement in their own healthcare decisions, aesthetic surgeons may wish to provide them with a list of vetted websites that can serve as a relevant and accurate adjunct to what is discussed in the office.10

You may well be thinking that some of my comments are akin to trying to make lemonade out of what is essentially a sour lemon. I won’t disagree that sometimes one has to look long and hard to see the plus side of certain changes occurring in our day-to-day practice of aesthetic surgery. But given that we wish to survive, as a specialty and as individual practitioners, we have little choice but to adapt to the new normal. Who knows, we may even find that, in the long run, we become stronger and smarter because of it.

**Disclosures**

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