

1. (Avon Lake, OH): Is there a national effort to increase branding on plastic surgeons vs. so-called 'non-traditional specialties'?

Answer from Renato Saltz, MD:

The Beautiful for Life Project directly addresses this concern. Beauty for Life consists of a website, www.beautyforlife.com, an internet community of registered users, a beauty quiz for consumers and a 'find a surgeon' function. So far, almost 9,000 consumers have used the 'find a surgeon' function and almost 8,000 consumers have joined the Beauty for Life community. After checking out the website, promote it to your patients, your office staff and see the results. For more information please contact the Aesthetic Society's central office (800-364-2147).

2. (New York, NY): I am curious to hear what success our colleagues have had in obtaining reimbursement for accredited office based surgical facilities in reconstructive surgery cases. In NY it has been mixed.

Answer from Alan H. Gold, MD (President, ASAPS):

In NY, as in most other states, insurance reimbursement is not state-mandated, and is not automatic based upon office based facility accreditation. Rather it is determined by each individual insurance company according to the terms of that company's policies, and may require a negotiated fee and contract with the facility, may require the physician to be "in plan" before considering facility reimbursement, or may have assumed the position that it will not, under any circumstances, reimburse facility fees in an office based facility....accredited or not. In NY some insurance companies do still cover, although in ever decreasing numbers. I would suggest identifying the companies with which your patients are most commonly insured, and contacting each of them directly to see if they would be willing to negotiate a reimbursement fee. If he or she accepts no insurance, or more accurately is not a participant in a particular plan, trying to obtain facility reimbursement becomes even more difficult.

3. (Louisville, KY): For external marketing, what has the best return on investment: websites, newsletters, print media, or broadcast media? Is this cost effectiveness, based on good clinical study?

Answer from Marie Czenko Kuechel:

The best return on advertising depends on your goals, your market and what is right for your practice. Goals may be simply visibility, they may be more specific to generate traffic for a new procedure, or they may be to educate consumers on what aesthetic surgery can accomplish to fulfill one's goals. Your market may be computer driven, computer literate, casual users or don't use the internet at all. Newsletters need to get into the right hands to be effective, and they need to be read. Print media varies greatly in price and demographics, and broadcast media, despite the current economy remains expensive and is not "retained" meaning your audience cannot go back and re-visit your message as they might in print or on the web.

There are no specific or scientific studies on consumer response to advertising or external marketing, but MedAdNews, the trade publication for medical advertising publishes a pulse study on drug advertising each year, and on-line, at present, is clearly the strongest growing category for both consumer education and awareness. However, in order to drive consumers to your web site, you need visibility whether through search engines, brand-awareness advertising or my favorite means of external marketing -- referral whether from patients, other physicians or even other "image" related professionals.

4. (Scottsdale, AZ): Do you think the announcements today regarding the Small Business Admin changes will make working capital more available? One way to cut overhead is to consolidate debt and decrease interest rates.

Answer from Dr. Daniel B. Dubin, MD:

I did see a press release in the middle of March indicating that the government was allocating capital to make it easier for banks to provide SBA loans. Further, the government was willing to guarantee up to 90% and to waive certain fees. However, I did not see specifics regarding the interest rates that these loans may have.

As a general rule, when one can consolidate debt and reduce interest payments on favorable terms this is a good idea. It is possible that the government plan will make it easier for doctors to access capital to do this. One thing to consider is the pre-payment penalties on the existing debt as one is taking into account all of the costs of refinancing.

Please see www.sba.gov for more information.

5. (Neenah, WI): Do you suggest free services to your staff's friends? If so - do you set a limit?

Answer from Dan C. Mills, II, MD:

We have a policy for staff to have injectables (free with samples, and costs if we don't get samples from the company) and for their immediate family (25% off of regular fee--as costs of goods are usually 50% of the overall fee). We do not have a 'friends' category as this can be a slippery slope of who qualifies. I find this to be a decision of the physician on a case-by-case basis. For example, if anyone sent me 6 full paying customers, I would give them a discount. We have a package for friends, so if someone brings in a friend that has spent over \$500, they get \$50 off their treatment as a package.

6. (Boca Raton, FL): What if the board-certified plastic surgeon is now working for sub standard clinics, as they had to close their office? What advice would you offer?

Answer from Renato Saltz, MD:

I would be very concerned about liability issues, including products and other treatments offered. Be careful if you are titled "medical director" of the clinic/spa. You are legally responsible for everything offered and treated there.

7. (Size of practice) A one man practice has different needs than larger, 3-4 member practices. Some of the recommendations Dr. Codner spoke of pertain more to larger sized practices than a one man practice – any advice? As for our membership, what is the percentage of single practitioners?

Answer from Mark A. Codner, MD:

For a single physician practice, reducing costs through negotiating rent, equipment leases, and malpractice coverage will make the most impact. The majority of ASAPS members are in solo practice.

8. (Referrals and Confidentiality) Referral incentives are a good idea, and many of our patients refer their friends and families, so it is very pertinent, but I am concerned about possible violations of confidentiality. Sometimes patients will mention our doctors to someone, but the new patient does not tell them that they have made an appointment. On the other side, patients will call and say they referred someone but don't want that person to know that they actually had surgery. Do you know of any articles or guidelines about this?

From our legal counsel, Robert H. Aicher:

This is actually three questions, so here they are, with answers.

- **If an existing patient refers a new patient, is it a violation of the new patient's confidentiality if I send the existing patient a thank-you gift [because then the existing patient will know the new patient made an appointment]?**

- **Answer:** Probably not, especially if the gift comes without a reference to the patient's name, because the mere fact of making an appointment isn't subject to confidentiality. If it were, every doctor's office and hospital would be liable for letting patients see each other in the waiting room.

- **If an existing patient refers a new patient, is it illegal to send the existing patient a thank-you gift?**

- **Answer:** Probably yes, because most states prohibit paying referral fees on the theory that the doctor is likely charging the new patient more to make up for the cost of the referral. However, since only big time scams (such as lawyers giving doctors kickbacks for padding their personal injury accident bills to the insurance company) are targeted by each state's Attorney General, referral incentives are really common, so there are several things doctors can do to minimize (but not eliminate) their legal exposure:
 - Keep the gifts really small, or better yet, just make a personal call and send a thank you note.
 - Include all referring patients, whether or not the new patient actually books a procedure.
 - Hold "Friends of the Office" parties for all patients (referring and not) and pass out gift bags.

- **If an existing patient refers a new patient, is it a violation of the existing patient's confidentiality if I acknowledge to the new patient that the existing patient is in fact a patient of mine?**

- **Answer:** Probably not, because typically, referrals don't come from non-patients. Since the new patient already knows, there's no breach of confidentiality. However, the doctor shouldn't be telling the new patient anything about which procedures the existing patient had received, because revealing the details would breach confidentiality.