



PATIENT EDUCATION

Patients can't ask for anti-aging treatments if they don't know their dermatologist provides them. "The worst thing is to find out that someone who's been your patient for 20 years is going down the street for procedures you do, because they don't realize you do them," said Jeffrey S. Dover, MD, associate clinical professor of dermatology at Yale University School of Medicine and director of SkinCare Physicians in Chestnut Hill, Mass. "I've had that happen — every dermatologist has had that happen." Thus, the first step is "educating patients as to what we do as dermatologists, whether it's getting rid of brown

**We can not only make patients feel better,
but also feel better about themselves.**

spots or skin tags, or doing [botulinum toxin] or fillers, or blepharoplasties," said Mark S. Nestor, MD, PhD, voluntary associate professor of dermatology at the University of Miami Miller School of Medicine and director of the Center for Cosmetic Enhancement in Aventura. "It's what we're comfortable in doing, and what we do better than anyone else. Many dermatologists don't feel comfortable marketing, but they certainly feel comfortable educating their patients about what they do."

In Dr. Nestor's practice, the process starts in the waiting room, which is stocked with reading material explaining the cosmetic procedures he performs. In each exam room, a PowerPoint presentation runs continuously, showing before and after photos of patients who have had laser treatments, photorejuvenation, botulinum toxin and filler injections, and other procedures. While patients are waiting, "they're enthralled to learn about the procedures, and then when I come in they feel comfortable saying 'oh, I just saw this, can you tell me about it?'" he said. "It's very, very effective. In fact, what often happens is that a mother will bring in a child for acne treatment and end up having a cosmetic procedure right then and there because she saw it on the screen." As part of the initial evaluation of each patient, a medical assistant asks the patient if he or she has any cosmetic concerns, "and that often yields a positive response." If the answer is affirmative, Dr. Nestor follows up in the exam room; if not, he doesn't initiate a discussion of cosmetic treatment.

Dr. Dover's practice developed a set of 20 single-sheet brochures and displays them in "custom-built, beautiful cherry racks in every exam room and in the waiting room." When it's evident that a patient has been looking at them, he takes the opportunity to ask if the patient has any questions about the procedures, providing the opening for a

discussion of cosmetic treatment. Photo albums of patients before and after cosmetic procedures are also on display in the waiting room and in the exam rooms.

Amy J. Derick, MD, instructor of clinical dermatology at Northwestern University's Feinberg School of Medicine and director of Derick Dermatology in Barrington, Ill., ascertains patients' interest in cosmetic treatment before their first office visit. A staff member registers patients by phone, "and during that conversation we ask them if they have any cosmetic interests and basically give them options: skin care routine, wrinkle treatments, etc.," Dr. Derick said. If a patient doesn't indicate interest during the initial

phone call, "I never bring it up unless they bring it up. Our focus is truly on medical dermatology, though we also do a lot of cosmetics. You don't want people to say, 'I came in for a rash and they wanted to sell me [botulinum toxin].'"

Dr. Derick doesn't display information about her services in the waiting room but does provide portfolios of before and after photos in the exam rooms, and remarked that the photos often prompt patients to inquire about cosmetic procedures even if they didn't indicate an interest before. "For me, I don't want to be seen as a product-pusher. I'm super-busy with my medical practice, and very happy with that. My cosmetic work is a nice addition."

A full skin exam can provide the opportunity for a discussion of cosmetic treatment that doesn't feel forced or unnatural, said Tina S. Alster, MD, clinical professor of dermatology at Georgetown University and director of the Washington Institute of Dermatologic Laser Surgery. "I'm a dermatologist first and a cosmetic dermatologist second, so I perform a complete skin exam for every patient the first time they present for treatment," she said. "I don't simply point out their cosmetic deficiencies, but as I'm going through their exam, I will mention my findings such as solar lentigos, skin tags, or telangiectasias that can be treated, if desired, but that it's not a medical necessity to do so." Dr. Alster further elaborated, "In the course of the skin exam, patients will often point out cosmetic problems that bother them. And, if they don't, I use that as a sign to back off. If you start cross-selling a lot of procedures or products without patient initiative or enthusiasm, it makes you sound like a used car salesman." Dr. Alster also routinely outlines a skin care regimen for each patient and sells the products she feels are most cost-effective. Although the products are available online, most patients prefer to purchase them at her office "because it's easier for them, especially if they don't think you're price-gouging or pushing products on them. Selling them isn't high priority for us, but what is high priority is for patients to understand what the better products are and how to use them."