

SUBLIMINAL DIFFERENCE

What teases the subconscious mind of the opposite sex and why? Beauty, in essence, is a form of subconscious communication. It is an indicator of health, vitality and the potential for producing viable offspring. But, it's essential that being beautiful is subconsciously transmitted. Appearing "fake," will inadvertently suggest a message of not being healthy and vital—the exact opposite of what is intended. Contrary to the "makeover" concept, it only takes one small detectable change in a person's face, expression or posture to completely alter the impression projected.

Subliminal Difference uses an evolutionary approach to guide treatments – relying on humankind's innate desires for beauty shaped over millions of years. It was designed using non-surgical treatments to strategically improve physical appearance along with self-esteem, resulting in the immediate projection of a more attractive first impression. These outcomes have detailed and supported in peer reviewed published research¹⁺². Unlike traditional methods, following a Subliminal Difference treatment, results are immediately apparent and those who experience the treatment can expect minimal morbidity. Most go right back to work or their busy schedule looking youthful and refreshed.

The key is that these small improvements are recognized by others subconsciously. Subliminal difference is a major advancement in not only the techniques, but also the philosophy of cosmetic medicine. The results are immediately remarkable

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and patient's satisfaction is tremendous.

At the core of the technique is the use of blunt tip cannulas, an instrument that for me allows placement of filler without the bruising affects of traditional instruments. Cannulas are a real "game changer" in the way patients are treated, both technically and philosophically. Large bore 22 gauge cannulas likely reduce the risk for a devastating intravascular related complication and for that reason alone it has become a mainstay in my practice. However, beyond widening the safety index, the use of cannulas has taken filler procedures from a treatment to fill in a few facial wrinkles often associated with bruising and swelling

to an instant facial beauty makeover with little to no bruising and or swelling. Cannulas are soft and blunted. They gently push underlying soft tissue out of the way as they advance. Unlike traditional filler treatments that use a needle which slices through soft tissues and blood vessels and can result in pain, swelling and bruising. The key value of cannulas is reducing the discomfort and morbidity of the procedure as it is my impression that the patients experience and outcome is influenced by the experience of the treatment.

Admittedly many of the most accomplished filler injectors worldwide and likely the majority prefers needles. And in the hands of an expert the experience and outcomes are equivalent regardless of the technique. However, in my experience when a filler treatment is performed with blunt tip cannulas, both the patient, as well as the physician can't cont...

HIGHLIGHTS OF THE DAY

Marketing on a Budget: What Works and Won't Break the Bank

Time 8:20am
Jonathan Kaplan, MD

What the Patient Wants! Indicators and Techniques for Less Invasive Nose Surgery

Time 8:30am
Tunc Tiryaki, MD

Periorbital Fat Grafting: A New Paradigm for Rejuvenation of the Eyelids

Time 11:45am
Timothy Marten, MD

Panel: 'PRIME' The Rise Behind Black Market Aesthetic Products: Should there be Concern by Anyone Other than Industry?

Time 12:00pm
Moderator: Jay Shorr
Panel Jim Hartman; Ron Moy, MD; Mary Lynn Moran, MD; Vlad Paul-Blanc; Alex Thiersch, JD; Kelly Huang, PhD

Various Alternatives for Mid-Face Elevation in Our Practice - Who, What, When, and Why?

Time 2:00pm
Foad Nahai, MD

Adjusting My Browlifting Technique for the Male Patient

Time 5:30pm
Ross Clevens, MD

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help but notice a 'wowing' difference. The results are truly dramatic and seen immediately as the face transforms shedding years right in front of your eyes. It is unbelievable, but there are a couple of keys to getting the 'Wow' result. By choosing the appropriate product based on its inherent properties or when such an ideal product is unavailable thinning the product by adding lidocaine or saline. After deeply placing the filler, it can be gently massaged into place much like a sculptor using clay. Attractive features of the face such as the eyes and lips can be framed, highlighted and emphasized.

Surprisingly not a lot of product is necessary to make a significant difference. The hurdle is knowing where to place it and why. This I find the most difficult part of training the novice injector. And while the new injector is always so focused on technique the fastest route to achieving success is understanding what makes a face beautiful and why. Immediately followed by cultivating an office culture and environment in which people feel comfortable in their vulnerabilities. This new philosophy of shaping the face and the psyche of the individual and not just filling lines and folds of a subject will likely change the way we teach doctors to use fillers as well. As this treatment and philosophy becomes more mainstream over the next few years non-surgical office based treatments likely will replace many face altering surgeries.

► **Steve Dayan, MD** is a facial plastic surgeon, professor, and researcher who has published over 100 articles in medical journals and five books

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I'LL THINK ABOUT IT. NOW WHAT?

You thought you had a great consultation with your prospective patient, Sara – at least you thought you did. However, Sara ended up saying, 'I gotta think about it' and walked out the door. Ugh!

WHY DIDN'T THEY BOOK?

Since cosmetic rejuvenation is a very personal as well as emotional decision, there are all sorts of reasons why the prospective patient didn't book:

- Maybe the downtime was too much for them
- Maybe the reality of surgery and general anesthesia scared them away
- Maybe they couldn't afford it or didn't have a way to comfortably pay for it

Or, maybe they got bad news that morning and weren't in the right mind frame to bond with you and make a decision. Or a dozen other benign things could have happened that had nothing to do with you. It could have had everything to do with their frame of mind at the time that prevented them from moving forward.

The point is people change, their moods change and their circumstances change so you can never assume anything.

WHAT DO YOU DO WHEN YOU CAN'T CONVERT THE CONSULTATION?

If the prospective patient can't or won't make a decision during the consultation or says they have to think about it, don't push. For whatever reason, they are just not ready to book.

So rather than hope they call you back when they are ready, here is an effective proactive strategy to get you closer to the finish line:

- Rather than call or email to 'follow-up' with them or, worse, do nothing, offer new information that helps the patient get to a **YES**.

For example, let's say Sara, the prospective patient, wants a Mommy Makeover. She mentions at the end of her consultation with your coordinator that she'll

be going on three more consults to do her due-diligence and you happen to be her first visit. You mail and email Sara your 'Checklist of Questions to Ask the Surgeon During Your Mommy Makeover Consultation'.

Now fill the checklist with questions you can say yes to that your competitors may not be able to, i.e., you have performed an above-average number of Mommy Makeovers, etc. And, fill it with patient stories and photos of other Mommy Makeover patients just like them who have had the procedure. Add their contact information or at least an invitation to set your happy and satisfied patients up to talk with Sara about their experience.

Now your coordinator calls Sara not to 'follow up' but to 'get feedback' and says: 'Hi Sara, it's Kim from Dr. Smith's office. It was so great to meet you the other day. I'd love to get your feedback on our "Checklist of Questions to Ask the Surgeon During Your Mommy Makeover Consultation". Was it helpful to you for your other consultations?'

Now zip it and listen. Let Sara tell you. While you hope that's what she needed to move forward with you, maybe it was or maybe she decided to go in a different direction. Regardless, at least you have an answer one way or the other.

For more strategies to comfortably and confidently follow up with a prospective patient who said they need to think about it, attend my talk, "They Said, 'I'll think about it.'" Now What? today at 3:10pm.

► **Catherine Maley, MBA** is a cosmetic patient attraction and conversion specialist. Catherine and her team in Sausalito, CA use creative patient-attraction and staff-training strategies to keep a steady stream of cosmetic patients coming to you. You can visit her at: www.CosmeticImageMarketing.com

SESSION HIGHLIGHTS: HIFU – WHAT YOU DON'T KNOW FROM AROUND THE WORLD

The use of high intensity focused ultrasound (HIFU) has become one of the most popular and most studied cosmetic aesthetic procedures that many clinicians now use on a regular basis for skin tightening and lifting in a non-invasive manner. With the marketing efforts that have accompanied the positive results from the procedures, the procedure has garnered its own term in the aesthetic community – Ultherapy.

Ultherapy has earned its place and as noted, has had numerous clinical studies and US FDA approvals to support the

marketing efforts and claims. Since it has become so popular, many companies from other parts of the world, especially South Korea and China, have come out with their own HIFU devices. What make them different and do they perform at the same levels as what we have here in the US? The claims are coming in – and it would seem that these devices are perhaps working faster than our current Ultherapy device. They have more transducers with more capacity than our current device allowing them to treat not only the face, neck, and décolleté like our current device, but also

treat larger areas, such as the abdomen. It will be prudent for all of us to examine these devices carefully, to look at the clinical studies that are accompanying these devices and to determine if they are, in fact, similar, superior, or inferior to our current Ultherapy device.

To hear more on this topic, you can attend my talk, 'HIFU – What You Don't Know From Around the World' this afternoon at 5:30pm.

► **Michael H. Gold, MD** is the Medical Director of Gold Skin Care Center, Nashville, Tennessee

EMBEZZLEMENT, FRAUD, AND THEFT IN AESTHETIC PRACTICE

JAY A. SHORR AND MARA SHORR DISCUSS THE MOST COMMON CASES OF DISHONEST BEHAVIOR IN AN AESTHETIC PRACTICE AND POSSIBLE SOLUTIONS

IF YOU THINK THAT embezzlement, fraud, theft, and dishonest activities only occur in large corporate settings, think again. We always hear of major catastrophic events, like Enron, Bernie Madoff, and Scott Rothstein. The media plays those cases up for ratings, and the cases affecting thousands of innocent people. The truth of the matter is that it happens every day, right in our own businesses, but we're either not savvy enough to catch it, or it only bears its ugly head when it amounts to a compelling event.

Let's look at a few ways our practices are subjected to dishonest behavior:

THEFT OF CASH

When a patient pays cash for a procedure or a combination of procedures, the staff member should post the procedure just like any other transaction. Once the transaction has posted, if your practice management system allows for a staff member to delete the transaction without secondary approval, then the cash can be stolen and the transaction will not be listed to match up with the daily report for monetary consideration, inclusive of cash, checks, credit cards, etc.

Another way your staff can steal cash from your practice is to check for multiple credit card transactions using the same credit card number. When a patient pays in cash, the staff member can take the cash and use their personal credit card to charge the transaction. The daily report will match for the total revenue, but the cash and credit card amounts may

not match if the transaction was not altered to reflect the proper method of payment.

This may not seem like a big deal, but the employee just took an interest free loan and you have to pay the merchant processing fee on the transaction.

SOLUTION

Mandate secondary approval for all deleted transactions and run a daily exception report of all deleted transactions. Additionally, check to see if multiple transactions were used by the same truncated credit card numbers (last four digits).

EMBEZZLEMENT FOR PHONY VENDORS

Check to see that all payments are made to legitimate vendors. Staff members can set up phony companies, create invoices for goods or services, and you pay the vendor, which may indeed be your staff member or their family members.

SOLUTION

Make it a practice policy for you to approve every vendor with proper name and contact information. Review each invoice processed to determine the legitimacy of the goods and services listed.

Limit the amount of authorized signers on your checking account.

THEFT OF PROFESSIONAL SERVICES

All too often, a provider will request payment for procedures in the exam room. Patients do not know your practice policy for payments, and often accept the honesty of the provider. Payments are made to the provider, and it

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never reaches the checkout counter. The provider may even alter the route sheet to indicate a complimentary or lesser fee for the treatment.

SOLUTION

Your practice policy must indicate that every transaction must be posted at the checkout counter and not in the exam room. Unless both staff members are in cahoots with one another, the checkout staff member must bring any discrepancy to your attention.

THEFT OF RETAIL PRODUCTS

What type of product inventory system do you have? Does every item received in your orders make it to the inventory on your shelves or in the stockroom? Do you even know what was ordered and what was received? Most practices leave this up to an aesthetician with minimal to no controls. This leaves you wide open for internal theft.

SOLUTION

Ensure that you have some type of inventory management system, and review it. Do not depend exclusively on the same person who orders the merchandise. That is like having the fox watching the hen house. Many practice management systems have proper software to assist you. Even a manual excel filing system, although primitive, is better than nothing.

Theft plays a large part in

diminished profits, as every dollar that walks out of your practice is a pure profit dollar. Remember, it usually takes three to four revenue dollars to make one profit dollar. Be prudent, and don't be afraid to challenge your staff.

ABOUT THE AUTHORS

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What Twitter said...

“We'll be at Vegas Cosmetic Surgery 2016 this week! Visit us at Booth 804 to learn about women's hair loss. #vcs2016” @retress

“Are you at #vcs2016? If so, check out “The Patient-Doctor Digital Divide: What It Is & How to Close It” @DrCommunity

“Come visit us at #VCS2016 #miraDry Booth #306/207 @MiramarLabs @miraDry @VCS2016” @Florez_vanessa

“Looking forward to #VCS2016 this week to introduce patient acquisition software by @DoctorLogicUS” @JohnVakidis

“Botox isn't just for the face! Surprising uses include fighting headaches and perspiration, says @drssunder! #VCS2014” @realself

“Follow me on snapchat for all our @DrDavisPlastic Las Vegas meeting goodness! @VCS2016 #vcs2016 #skinlearns” @the_gretta_show

“Excited to head out to Las Vegas for @VCS2016 at @Bellagio to speak on @ProfoundLift, ProLift & @CoolSculpting! Stop by and see us!” @DrMarkBeaty

FRIDAY'S EDITION...

► **Treatment tips for acne**

► **New fillers on the horizon**

► **Tips to manage patient expectations**

► **Facelifting techniques**

THE RISKS OF BLACK MARKET AESTHETIC PRODUCTS — PART II

Wendy Lewis continues to explain how practitioners and the industry can fight back against the growing tide of black market products. In Part I, featured in yesterday's daily newsletter, Wendy covered the definitions of black market products, key threats posed by such products, and what can be done. In Part II, Wendy covers patient education and the role of the regulators.

PATIENT EDUCATION

A big problem cited by physicians relates to the fact that many patients have no idea what product they have had injected and are just looking for a good deal. These patients may not even understand the potential risks to their health posed by counterfeit products and devices. When complications arise, they may see another doctor or go to the nearest ER. Not knowing exactly what was done and how, does not allow the next doctor to best treat the problem or manage the complication. It's a vicious cycle.

Physicians all over the world report that they are seeing an increase in the number of patients coming in for corrections from injections that have gone wrong. Complications range from foreign body granulomas, extrusions, chronic inflammation, and infections from fillers, to more severe consequences including death from illegal injections of permanent substances performed by non-physicians and/or unlicensed physicians. The risks associated with unlicensed fillers and neurotoxins range from dangerous reactions to outdated or ineffective products. More serious consequences, ranging from infection to death, have also occurred. Epidermal injuries, including scarring, hypopigmentation, hyperpigmentation, and burns from lasers and energy-based devices also pose an increasing problem.

Regrettably, the disasters tend to land on the front page of local papers and the nightly news, which often paints every practitioner with the same brush. These stories send a message to consumers of 'buyer beware,' and it does not bode well for the medical aesthetics industry as a whole. It may also contribute to preventing scores of considerers from taking the next step to actually having a treatment. It leads to greater uncertainty in the marketplace, and more consumer fear and apprehension. The end result is a negative impact on the expansion of aesthetic market penetration.

PRODUCT POLICE

How can the industry police the influx of products in the market that are finding their way into practices?

As I see it, the responsibility is three-fold. It is first the job of the FDA to police what comes into the country and how it is being used. Next, it falls on physicians to make good decisions by demanding solid clinical data and a long safety profile to determine what products

are efficacious for patients.

Then there is the all-important issue of whistle-blowing. Unless practitioners can be certain that the products they are using are the real deal from a reputable source, they may be putting their license and future practice at risk. In the US, major manufacturers have strict protocols in place to identify practices in violation, and are cracking down on physicians who are illegally importing product into the country and making examples of them. There are steep penalties and even jail time being handed out in many countries for those who get caught participating in this practice, and their employees.

“Unless practitioners can be certain that the products they are using are the real deal from a reputable source, they may be putting their license and future practice at risk.”

The industry fares well when there is a concerted joint effort to educate consumers about these sorts of practices and how to avoid them. Major manufacturers display photographs of their products and logos, and post of comprehensive listing of legitimate or authorized providers under the 'physician locator' section of their consumer websites.

According to Mr. Sullivan, 'We feel education is the best way to combat this problem. We will continue to educate patients and physicians alike on the merits of our technology and our brand to ensure patients are receiving safe and efficacious results. One way the industry can police itself is to prevent non-FDA cleared devices from appearing at trade shows. Another way is to encourage medical boards and state boards of health to clamp down on doctors, spa owners, and others who use non-FDA cleared devices in their practices. ZELTIQ has a zero tolerance policy on counterfeiters. Our legal department sends cease and desist letters to counterfeiters we are made aware of in the US and escalates to litigation if necessary.'

In general, the industry agrees that more needs to be done. Counterfeiting is a losing proposition for practitioners and consumers alike. Although it does not rest solely on the shoulders of the industry to monitor quality control, manufacturers and professional organizations are becoming more vigilant. It is clearly an ongoing global challenge to keep up with which doctors are bringing products into their practices that are illegal or counterfeit, and where these are coming from.

RISKS TO PATIENTS AND PRACTITIONERS

- 1 Products do not meet established standards of quality
- 2 May be too strong or too weak
- 3 Produced with dangerous ingredients
- 4 Contaminated with foreign or toxic materials
- 5 Created in unsanitary, unsafe or unsterile conditions
- 6 Improperly transported, labeled, stored or handled
- 7 Outdated, expired or repackaged products
- 8 Lack of warrantee, servicing, parts

Wendy Lewis is President of Wendy Lewis & Co Ltd.