March 2011
Vol. 32, No. 2

Facial Plastic TIMES
American Academy of Facial Plastic and Reconstructive Surgery, Inc.

Rhinoplasty Course Meets in the Windy City for a World Class Educational Experience

Register now for *Advances in Rhinoplasty*, May 4-7, 2011, in Chicago. From consultation to the management of the most challenging rhinoplasty cases, the didactic lectures, expert panels, and video viewing will provide a premier learning experience. What is in it for you? Check out the learning objectives that will be met. Co-chairs Stephen W. Perkins, MD; Stephen S. Park, MD; and Minas Constantinides, MD, have not only secured a line-up of prestigious faculty, but also created many opportunities for you to interact with them. Furthermore, take advantage of the opportunity to present your own patient cases for review. And, if you haven't been to the windy city in the spring, this is your opportunity to take advantage of all the city has to offer at an ideal time of year.

The course objectives will meet the needs of facial plastic and reconstructive surgeons across all levels of experience. At the conclusion of the meeting, attendees will be able to discuss principles in fundamental rhinoplasty; explain advances and cutting edge material; debate controversial issues and understand differing opinions; utilize new and innovative technical pearls for complex problems and deformities; and delineate sound principles in functional, ethnic, and reconstructive rhinoplasty.

Learning will take place through your interaction with highly qualified and diverse experts from across specialty lines. Attendees will be encouraged to ask questions and participate through panel discussions and case reviews. After each video presentation, the featured surgeon will be available for questions and answers. This is an excellent time to glean from a surgeon's technique and absorb tips and tricks. Senior faculty will also be involved in the hands-on cadaver lab, where participants will be given feedback and guidance throughout the session.

If you would like to have one of your cases reviewed and discussed by faculty, submit a short history with photographs in advance of the course. This will allow time for in-depth review of the case. Attendees may also bring the information to the course to share. (Submission of cases may be e-mailed to the AAAFPRS Foundation office, info@aafprs.org.)

Not to be missed is the Academy's Video Learning Center, which will feature over 275 DVD titles—all part of the John Dickinson Memorial Library. Attendees will have the opportunity to look through the video library and watch these videos prior to making the decision to purchase them. At this meeting, three new rhinoplasty DVDs will be launched and offered at a meeting discount.

In addition to the exceptional educational venue, there is a wonderful city to explore and experience. Our host hotel, the Sheraton Chicago Hotel and Towers, is located just steps from Michigan Avenue where you can stroll down the Magnificent Mile—an eight-block stretch with 460 stores offering everything from luxury items to bargain finds. The Navy Pier is the Midwest's top tourist destination and just a short walk away from the hotel. Hop on a boat tour or check out the 150-foot Ferris wheel and the many dining options. From here,

See Movable Bridges, page 13

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Executive Editor: Stephen C. Duffy
Medical Editor: David Reiter, MD, DMD
Managing Editor: Rita Chua Magness
Freelance Writer: Lynnette Simpson
Facial Plastic Times is published by the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS)
310 S. Henry St., Alexandria, VA 22314;
Phone: (703) 299-9291; Fax: (703) 299-8898;
E-mail: info@aafprs.org; www.aafprs.org.

President's Message: Medical Liability Re-

"No two ways about it, there are two sides to every story" (George Carlin).

The medical liability system in the United States is broken. The impact of this inherently flawed system is dramatic and affects all Americans. We are in the midst of a crisis in providing, accessing, implementing, and affording health care in the United States. The effects of this crisis are far-reaching.

Does the present medical liability system in most states add to the growing health care crisis? The answer to this important question depends on one's perspective. An individual's or group's perspective is often tainted by their financial incentives. Such is clearly the case with the medical liability system in the United States and any proposed reform of this system.

According to most attorneys, tort reform of the present medical legal system violates the legal rights of Americans. Attorneys argue that medical errors are on the rise and that the present legal system is the only vehicle through which wronged patients can be compensated for these mistakes. The legal profession disputes the argument that excessive numbers of frivolous lawsuits are filed, and argues that placing caps on non-economic damages relating to medical errors is unconstitutional.

However, there is a strong case that the present medical liability system is ineffective, often unfair, and extremely costly. Medical lawsuit expenses are driving up the overall cost of health care at a time when our nation is in the midst of a devastating recession. The existing system increases the difficult challenge of providing quality and affordable health care in the face of high unemployment, rising overall medical costs, and a weak economy.

What is the answer to the medical liability reform question? Again, this depends on how one interprets the data.

On January 20, 2011, the Committee on the Judiciary of the U.S. House of Representatives convened to consider proposals to modify the existing health care liability system. During this hearing, testimony was presented by the American Medical Association (AMA), the Health Coalition on Liability and Access (HCLA)(AAFPRS is a member), the Physicians Insurers Association of America (PIAA), and the Center for Justice and Democracy (CJD). The pros and cons of reforming the present medical tort system were argued.

Most attorneys clearly oppose reform of the present system. In her argument against tort reform, Joanne Doroshow, representing the CJD, stated that medical errors are steadily increasing, and that medical malpractice claims are declining in number.[1] She highlights that medical errors cost Medicare $4.4 billion a year,[2] and argues that the non-economic damages cap in Texas has had a disproportionate impact on the filing of legitimate cases by children, the elderly, and the poor. She references the Harvard School of Public Health, stating that "portraits of a medical malpractice system that is stricken with frivolous litigation are overblown."[3] She states that injured patients face significant obstacles in the already difficult process of prevailing in the present court system, and that increasing these barriers is unfair. She infers that weakening the tort system will increase errors, injuries, and death. Ms. Doroshow adds that tort restrictions will add to the deficit and will reduce the financial incentive of medical institutions to operate safely.

Many physicians and idealists argue to the contrary. There is no data to suggest that medical liability claims decrease errors, or improve the quality of medical care in any substantive manner. There is clear evidence, however, showing that the present tort system is a very costly and inefficient mechanism to resolve medical liability claims. An August 2010 report by the AMA chronicled the litigious nature of our current liability system.[4] This study revealed that 61 percent of physicians aged 55 and over have been sued, and that there was a wide variation in claims based on specialties. Specifically, the number of claims was five times greater for general surgeons and OB/GYN physicians, than it was for pediatricians and psychiatrists.

The data from the PIAA highlighted that 64 percent of closed medical liability claims in 2009 were either dropped or dismissed.[5] In addition to the personal torment that each case brings to the accused physician, defense costs on each dropped or dismissed claim averaged greater than $26,000. The total cost of these dropped cases accounted for 35 percent of defense costs. Defense costs in tried claims averaged greater than $140,000 per claim in defense victories, and over $170,000 in plaintiff decisions. These costs clearly add to the overall costs for patients, physicians, and our health care system. Attorneys deflate these costs as being small compared to the price of justice. Medical liability cases are not about justice; they are about winning.

Another important factor to consider in the medical tort reform issue is the significant impact of defensive medicine. Defensive medicine is the practice of diagnostic or therapeutic measures conducted primarily to prevent malpractice, rather than to improve the health of the patient. The Department of Health and Human Services (HHS) estimated in 2003 that the cost of defensive medicine was between $70 and $126 billion per year. In December 2009, the Congressional Budget Office estimated that implementation of medical liability reforms, including caps on noneconomic damages, would reduce the total U.S. health care spending by approximately 0.5 percent, or $11 billion. If the nationwide reforms were continued for the next 10 years, the estimated savings to the people of the United States would be enormous. Money spent on medical liability cost and defensive medicine is money that could be used to treat patients or develop and implement new technologies.

California is a good model of a state where tort reform has effectively diminished health care costs and improved access to care, while continuing to protect patients' rights. The Medical Injury Compensation Reform Act (MICRA) was established over 30 years ago. In Missouri and Mississippi, liability reform has helped decrease physicians' insurance premiums.

In a *Wall Street Journal* article (12/15/2010) entitled "Loser Pays, Everyone Wins," Texas Governor Rick Perry proposes the U.S. adapt the British system, which would require plaintiffs to be responsible for the costs of their opponents if plaintiffs lose their suits. Not only does Governor Perry's proposed system require the loser to pay all court costs and fees, but provides an added disincentive of levying fines for claims deemed "groundless." These penalties would be directly paid by the attorneys. These changes would add to the tort reforms in Texas that have improved the conditions to practice medicine in the state. Malpractice premiums have decreased, the number of medical claims has diminished, and there is no longer a physician shortage in the state.

The arguments made by the legal community are expected. Attorneys must justify their existence and their practice by atoning that they "protect the public interest." The American public should realize that attorneys protect only one group's interest—their own. Their interests include cases of high monetary value, and when the financial merits of a given case decrease, so does their interest in the case.

A few years ago, I was a defense expert on a rhinoplasty malpractice case. At one point, I asked the defense attorney,

See Medical Tort System, page 4

10% Savings

Enclosed in this issue of *Facial Plastic Times* is the Products Catalog. The new DVD, MACS-Lift by Patrick L. Tonnard, MD, is not in the catalog. Please see the DVD description and order form on page 13.

Order anything from the catalog by April 15, 2011 and take 10 percent off your total order.

The featured product for the month is the Web link. If you are not already linked on the AAFPRS Web site's Physician Finder section, now is the time for you to do it. Before the deadline of April 15, 2011, the initial link fee of $350 will be discounted to $275. A Web link form is enclosed in this issue. Also, see article on page 7 for the benefits of linking.

Fix the Broken Medical Tort System

From President's Message, page 3

"Don't these frivolous cases bother you on some level?" He replied, "Bite your tongue, doctor!" Even though he was trying to be funny, there was a real truth to his comment. As far as the attorneys are concerned, the more lawsuits, the better. Lower obstacles to filing claims, and higher potential economic rewards result in more lawsuits and greater awards.

It is time for the medical community to stand up and support fixing our broken medical tort system. This includes proposing mechanisms to discourage the existence of groundless claims, and creating statewide caps on noneconomic damages. These changes will improve access to medical care, decrease the practice of defensive medicine, and result in a decrease in the overall cost of medicine. The health care reform bill initiated in 2009 failed to address medical liability reform in its lengthy treatise. The reasons for this are largely political. The American Association for Justice (AAJ) noted in their September 4, 2009 statement that health care reform must reduce medical errors and not limit patients' rights. Unfortunately for the people of the United States, attorneys make most of the laws, while we take care of the patients.

Jonathan M. Sykes, MD

Please see page 16 for references noted for this article.

Spring Your Practice Ahead with Facial Plastic Surgery Today

Take advantage of the best marketing vehicle for your practice—*Facial Plastic Surgery Today (FPST)*. The spring issue is sure to captivate, inform, and bring in past and current clientele to schedule their next appointment. Consumers will learn about 2010 trends, wrinkle improvement, scar options, the trampoline lift, skin cream scams, and spring break makeover ideas.

Just released, the major findings of the AAFPRS trend survey are featured on the cover. Everyone wants to know who is having what surgery and why. For 2010, non-surgical procedures spiked dramatically. The article also discusses the most popular surgical procedures and trends by age and ethnicity.

Inside *FPST*, explore *All About the Lines*. Women and men want to know their treatment options for the variety of lines that appear on their face—crow's feet, frown lines, lip lines, etc. This article offers solutions and improvements to the most common wrinkle concerns.

No parent likes to see their son or daughter suffer with the embarrassment and self-consciousness that acne scars can cause. In the *Ask the Expert* section, a parent asks what options her daughter has to make the scars look less obvious. The answer includes possible treatments, with the recommendation to be seen for a consultation appointment.

The *What's New* presents the trampoline lift. Approved by the Food and Drug Administration in 2009, this procedure is gaining popularity. Both the trampoline lift and the traditional neck lift procedures are described as options for a younger looking neck.

In the *Health Tip*, consumers are instructed to check their moisturizers. Studies have shown that not all facial creams that claim UV-A1 protection have it included. Readers are told what ingredients and at what concentration levels they should look for on labels.

THE PHOTO ABOVE SHOWS THE COVER OF THE WINTER ISSUE OF FPST, WHICH IS STILL AVAILABLE FOR PURCHASE.

Finally, the back cover article, *Spring Break Makeover*, suggests clients say goodbye to winter and embrace the spring season with a spring break makeover. This article recommends minimally invasive procedures that will revitalize and rejuvenate.

From trends and treatment options to tips and techniques, *Facial Plastic Surgery Today* is your solution to building trust and educating your potential and current patients. This four-color consumer newsletter serves as an excellent way to keep your Web site content fresh and new. Also, print copies with your customized practice information to provide to referring practitioners, potential clients, and those in your waiting room. Clients appreciate information they can trust and look to you to provide it. If you are not a current subscriber, order your digital copy today. Refer to the FPST order form enclosed in this issue of *Facial Plastic Times*. ■

Message from the Medical Editor: Talk the Talk
Improving Outcomes by Communicating Better

By David Reiter, MD, DMD, Medical Editor, Facial Plastic Times

In my current position as associate chief medical officer of a three-campus medical center with about 1,000 beds, I have to read literature that would otherwise escape the notice of a facial plastic surgeon. And I find some interesting things that are directly pertinent to us, despite the apparent lack of a direct connection.

I've been researching the relationship between doctor-patient communication and patient outcomes, and there are some strong links of which we should be aware. The most important finding is that patients do better when their doctors communicate more effectively with them. This does not refer to subjective measures like happiness and sense of well being—it refers to serious pathophysiologic parameters such as resolution of chronic headaches, objective changes in emotional states, lower blood sugar values in diabetics, and reduced blood pressure in hypertensives. And there is every reason to extrapolate this to our own specialty, in which our patients' outcomes are logically influenced by our communication with them at least as much as outcomes for other patients.

Objective parameters of quality communication are well researched and understood. They include the percent of open-ended questions asked during a patient encounter (higher is better), the percent of biomedically focused questions asked (lower is better), the number of pre-visit concerns expressed by patients (higher is better), and the degree to which the discussion was patient centered (well researched for objective assessment, and obviously better if higher). The degree to which a doctor validates patient understanding of communication and summarizes it for the patient is a strong indicator of effective communication, and even empathy can be rated by patients in several studies using objective, validated scales.

Rao et al [Communication Interventions Make A Difference in Conversations Between Physicians and Patients: A Systematic Review of the Evidence. Medical Care (the journal of the Medical Care Section of the American Public Health Association) 45(4): 340-349, 2007] systematically evaluated 36 studies on the effectiveness of interventions to evaluate and improve communication between physicians and patients, finding a measurable improvement in the amount and quality of information provided by patients to their physicians after interventions designed specifically to achieve that end point.

One of the most consistent findings in studies of interventions to improve communication between physicians and patients is that it takes education, practice, and feedback on performance to help most of us become truly effective communicators. Multiple, high quality studies have found that physicians who do not practice and receive feedback on their newly learned communicative skills are rapidly recidivistic, while those who practice and seek feedback sustain higher levels of achievement and effectiveness.

Why is this important? Multiple, well-designed and conducted studies show better outcomes for patients of better communicators, and those outcomes are driven by compliance with our instructions and advice. Tamblyn et al [Arch Intern Med. 2010;170(12):1006] demonstrated that more effective communication between doctor and patient resulted in significant reduction of noncompliance with antihypertensive medication (22 percent to six percent). As multiple studies show a 22 to 62 percent incidence of noncompliance by new users with antihypertensive medication, Tamblyn's study is on the low end of the potential benefits of improved communication. Similar studies exist for noncompliance with antibiotic administration, which is self-reported by patients at about 25 percent in multiple studies. Glazier's group [A Systematic Review of Interventions to Improve Diabetes Care in Socially Disadvantaged Populations. Diabetes Care 29(7): 1675-1688, 2006] showed similar benefits in management of diabetes from communication interventions. DiMatteo's group (University of California Riverside) found in a meta-analysis of 127 studies that "patients of physicians who communicate well have a 19 percent higher rate of adherence, and that training physicians in communication skills improves patient adherence by 12 percent."

Multiple studies show that physicians are not well trained in communication, and that most believe themselves to be more effective communicators than they are and than their patients perceive them to be. The message: The benefits of pursuing more effective communication skills and styles are manifold, are easily achieved, and accrue to our patients as well as ourselves. Better patient understanding results in better compliance with instructions, fewer unrealistic expectations, and less patient anxiety about discussing problematic issues with us. As the economy strengthens and aesthetic surgery recovers from its recession-induced slump, facial plastic surgeons must be as effective at communication as we are with care delivery in order to maintain our position of prominence in the market. ■

Enhancing Your Practice with Linking and Streaming

The Academy has two exciting opportunities through its Web site that many of you do not know about: direct linking and streaming video. Visit the Academy's official Web site www.aafprs.org, and find out how you can take advantage of these excellent member benefits.

When the Academy's Web site was developed, the goal was to focus on search engine optimization and to connect prospective patients with member surgeons. This is achieved starting with the *Find a Surgeon* options on the homepage and the default to the patient navigation. Additionally, a list of nearby surgeons is displayed on every page of the patient section. This greatly increases the likelihood that a prospective patient will click on a member listing and, if the member has paid for a link, visit that member's Web site. The listing of members is continuously rotated in an equitable fashion starting with those members who have paid for a link. This allows every surgeon to come up first on the list an equal number of times.

Link your Web site to your listing in the Physician Finder to reap the following benefits:

- Increased search engine optimization (e.g., Google, Yahoo)
- Be able to track your hits and know how many click-throughs you get from the Academy's Web site
- Be eligible to submit patient before and after photos for the photo gallery, where a link to your site will be displayed underneath the set of photos
- Be eligible to purchase an extended surgeon page which is housed on the Academy's site.

As a paid link member, you will also be able to purchase an extended surgeon page that provides information about you, your practice, procedures you perform, and more. This page is search engine optimized and will provide multiple, targeted links to your own practice Web site.

Another valuable area on the Web site is the AAFPRS Video on Demand, http://streaming-video.aafprs.org. Currently, there are 13 of the top selling and most requested titles from the John Dickinson Memorial Library. When purchased, you can view the video of your choice from the convenience of any computer, as many times as you like during a 30-day period. There are over 275 other titles, not streamable, but you can purchase on-line from the AAFPRS Store. ■

IF YOU ALREADY HAVE A WEB LINK ON THE ACADEMY'S SITE, THEN IT IS TIME TO STEP IT UP A NOTCH. THE EXTENDED PAGE IS LINKED DIRECTLY TO MULTIPLE SEARCH ENGINES. ▼

www.aafprs.org
Information Galore
Take advantage of it.

- **Physicians Buyers Guide**, handled by Multiview, this guide lists companies that provide products and services to facial plastic surgeons.
- **Education and Meetings** lists upcoming meetings, their programs, and the option to register on-line, securely.
- **AAFPRS Store** is where you would order brochures, DVDs, books, etc., securely.
- **OFPSA navigation** is for all assistants and office staff.
- **Media navigation** houses press releases, statistics, FAQs, etc.

The **Members Only Section**, has other features just for you.

- **On-line PR Tool Kit** is a compilation of public relations tips, press releases, fact sheets, etc.
- **Membership Directory** is the on-line version of your printed copy.
- ***Facial Plastic Times*** is the on-line version of your printed copy.
- **Logo Use** describes how you are able to use the AAFPRS logo in your practice.
- **Web Link Report** allows you to check on your hits and number of click throughs.
- **Edit Your Profile** allows you to make changes to your address and other contact information.
- **CME Transcript** allows you to generate a report of your CME credits earned through the AAFPRS courses.
- **For Residents Only** houses video clips of instruction from Richard Webster, MD.
- **Women in Facial Plastic Surgery** houses articles and information about the mentoring program.

There are many other features on the site for you and your patients. Take the time and browse through each page. You will be amazed at the amount of information contained in one site: www.aafprs.org. If you have any questions about the site, contact Rita Chua Magness, publications and marketing director, by e-mail at: rcmagness@aafprs.org.

Getting Social Media to Fit into Your Practice

"Social media doesn't fit into my day." I've heard this comment time and again when speaking with facial plastic surgeons. They feel there is insufficient time to build on-line relationships and promote their practices through social media platforms like *Facebook* or *Twitter*. Another common concern is that these Web sites allow for greater accessibility and potentially inappropriate exchanges with patients. Consequently, a large number of surgeons have decided to stay away from social media altogether. In doing so, they miss out on an opportunity to reach new patients and protect their reputation. In today's plugged-in world, social media is critical to a successful cosmetic surgery practice.

For a practice looking to attract more patients and stay relevant in a modern world, social media is an essential component to any marketing plan. A recent Pew Research study found that over 60 percent of U.S. consumers use the Web to research medical procedures and nearly half of these Web researchers seek out postings by peers, not just experts. RealSelf delivers a mix of expert medical insights and person-to-person exchanges that millions use to learn about a cosmetic treatment or medical provider.

Some doctors have seen first-hand the downside of social media, with patient reviews that attack their credibility and professional skill. Fortunately, a doctor's on-line reputation isn't entirely based on what others have to say about them. It is also shaped by what the doctor says and does on-line. Social media gives doctors a platform for their voices to be heard—and allows them to take charge of their own on-line reputations, far beyond what they could achieve with advertising or practice Web sites.

THIS DIAGRAM ILLUSTRATES HOW Q&A WORKS ON REALSELF. ▲

A simpler way to participate in social media

We've created an easy way for surgeons to fit social media into their busy schedules. By participating in RealSelf's thriving Q&A community, doctors find they can build a positive on-line profile and trust with consumers in their area. The process is simple:

Doctors must first apply to join our Q&A community. Upon acceptance, they can choose to answer consumer questions that have been posted on our site—increasing their visibility to an ever-growing audience (we have more than 1.5 million visitors a month). In addition to posting a reply on RealSelf, a doctor can publish it on their personal Web site, as well as social media profiles of their choosing—all with one click. Keeping your on-line profiles updated with fresh, relevant information has never been easier.

How to measure success?

Once active in the RealSelf community, you'll see several benefits from your participation. From a quantitative perspective, you should notice an increase in contacts from interested patients. These contacts include traffic to your RealSelf profile, practice Web site, as well as phone and e-mail inquiries (often coming directly via our site).

But numbers or dollars alone can't measure the payoff from social media. As an active RealSelf surgeon explained to me, their participation in Q&A helped create a positive relationship with patients before they had even met. After reading the doctor's responses on-line, patients walked into consultations, saying, "I feel like I already know you." This is the true measure of success with social media: building trust with consumers. ■

Editor's Note: Tom Seery is the CEO and Founder of RealSelf.com, the largest social media service dedicated to aesthetics. RealSelf collaborates with AAFPRS to offer members free services to build a strong Web presence. For a custom social media consultation or to apply for a profile, visit: www.realself.com/doctor.

renew your knowledge.

Knowledge is power—it helps improve people's lives. PCA SKIN is the trusted industry leader for providing unparalleled educational opportunities to clinicians and physicians alike. In addition to our acclaimed **Skin Biology & Chemical Peel**, **Ingredient & Product Knowledge** and **Advanced Treatment Technologies** seminars, we now offer two new hands-on courses for beginners and experts. Choose **Peel Fundamentals** if you are using only a few of our formulas or are new to the line. **Advanced Peeling Techniques** is excellent for those who are well-versed in our professional treatments and interested in enhancing outcomes. Energize your business and your career by investing in education.

Call a highly trained member of our Practice Development Group to find out how becoming a PCA SKIN Certified Professional can maximize your skin heath practice.

To learn more call or visit us online at www.pcaskin.com/education.

PCA skin®

pcaskin.com | 877.PCA.SKIN [722.7546]

In Brief: Aesthetic Think Tank, Discovery Channel, Mobility Lift

Conducted at the Biltmore Hotel in Coral Gables, the two-day Aesthetic Think Tank brought together six facial plastic surgeons. Joining **Jeffrey S. Epstein, MD,** of Miami, who organized the event, were: **Philip J. Miller, MD**, of New York City; **Steven H. Dayan, MD**, of Chicago; **Sam Naficy, MD,** of Seattle; **Ben Bassichis, MD**, of Dallas; and **Jon Mendelsohn, MD**, of Cincinnati. On the agenda included talks on ethics, practice development, management of patients from initial inquiry to follow up after surgery, the role of the Internet and applications in education, and management techniques for retaining and promoting top employees.

FROM LEFT ARE: DRS. MILLER, MENDELSOHN, BASSICHIS, DAYAN, NAFFICY, AND EPSTEIN. ▲

Nabil E. Fanous, MD, of Montreal, Canada, was recently featured on the most popular French Canadian women show, "Deux Filles le Matin" ("Two girls in the Morning"), the equivalent of a French "Oprah" show. Dr. Fanous' patient, a journalist, appeared on the show three months following her surgery and provided a full-hour description of her facelift as a new minimally invasive technique. "Optimum Mobility Lift" introduces a paradigm shift in face lifting that focuses on using the naturally existing internal mobility within the facial tissues, through the use of special smart sutures and minimal dissection. This facelift technique was published in the *Canadian Journal of Plastic Surgery* and will be presented at the June 2011 Vegas Facial Cosmetic Surgery Meeting.

Andrew J. Jacono, MD, of New York City, was featured February 20 on "Facing Trauma," a new reality special on Discovery Fit & Health that follows Dr. Jacono as he reconstructs the faces and lives of two women and one girl who were tragically scarred by domestic violence. Dr. Jacono is the senior advisor of the AAFPRS Foundation's FACE TO FACE Committee (chair for the past four years) and is an active participant of the FACE TO FACE: The National Domestic Violence Project. ■

The AAFPRS is happy to announce accomplishments and achievements of its AAFPRS members. Please e-mail Rita Chua Magness at the Academy office if you would like to be mentioned in this In Brief Column of Facial Plastic Times. *Her e-mail address is: rcmagness@aafprs.org.*

2011 FALL MEETING PRELIMINARY DAILY SCHEDULE

Mark your calendars now for the AAFPRS Annual Fall Meeting in San Francisco, Calif., September 8-11, 2011. Below is a preliminary daily schedule for your advanced planning.

Wednesday, September 7, 2011
- Committee Meetings*
- Board Meetings

Thursday, September 8, 2011
- Plenary Sessions
- Women in FPS Luncheon
- Fellowship Directors Luncheon
- Tardy Scholar Lecture
- Welcome Reception
- Past Presidents' Dinner

Friday, September 9, 2011
- Breakfast Sessions
- Plenary Sessions
- Jack Anderson Lectureship
- Instruction Courses
- Founders Club Dinner

Saturday, September 10, 2011
- Breakfast Sessions
- Plenary Sessions
- John Conley Lectureship
- Instruction Courses/Free Papers
- Focused Learning Opportunities
- Business Meeting and Elections
- Essentials in FPS Workshop
- Hair Transplanation Workshop
- Laser Workshop
- Injectable Fillers Workshop
- Practice Management

Sunday, September 11, 2011
- Plenary Sessions
- Meeting ends at 12:00 p.m.

*Some committees meet as early as 6:30 a.m. on Wednesday, September 7, which may require you to travel on Tuesday, September 6. Please check with your staff liaison on your committee meeting times.

The AAFPRS headquarters hotel is the Westin San Francisco Market Street and committees and some optional workshops will be held at this hotel. The plenary sessions, instruction courses, exhibits, lunches and breaks, and most workshops will be held at the Moscone Convention Center, a block away from the hotel.

Internet Insider: Increased Prominence of Local Listings in Google

Google recently made significant changes to how it presents information for searches that may be deemed to have "local intent." Essentially, when Google believes that search results would be improved if local business listings are included, Google will now integrate business listings into the normal results page.

Until these recent changes, the business listing were displayed in something called a "one box" or "seven pack" toward the top of the results page, which was more separated from the standard organic results. But these recent changes more tightly integrate business and local results with the regular listings, and in some cases they completely replace the top 10 listings, which means that these business listings now garner a significantly higher percentage of the clicks.

In addition to the new layout and integration of local results, Google now also displays extended information for each listing, including the number of reviews, the star rating, a photo (if available) and other information such as a link to pages that cite a given listing. Because these listings "replace" other organic listings in the top 10 and because they are more tightly integrated to appear as though they are organic listings (what most people are looking for), local search has become even more important than before Google made this change. It is more critical than ever to aggressively pursue strategies that will achieve better local rankings. This means significant effort in verifying and consolidating Google place listings, and acquiring listings in local directories and from other sites that may increase performance for local searches.

The search engine marketing industry, in general, views Google's recent changes as a significant commitment to the future of local search. One must assume that as more people use mobile devices and perform searches for local businesses that Google—and other search engines—will continue pushing to deliver local, higher quality results. This means that even though local search performance is already important for driving qualified leads today, it is about to become even more important in the near future. ■

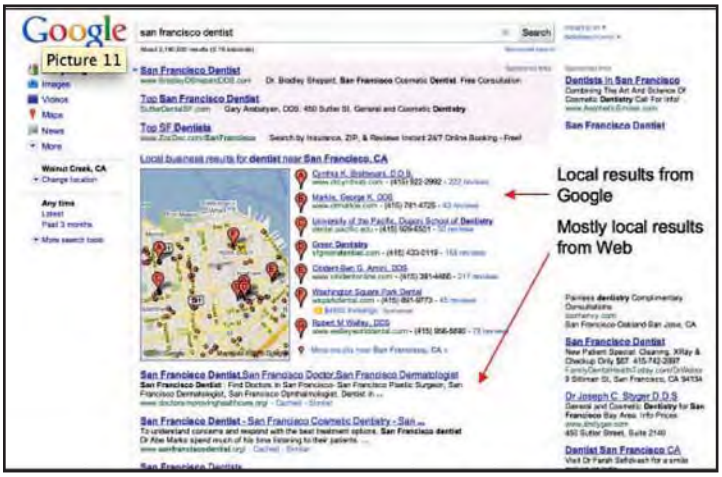

FIG 1. GOOGLE LOCAL RESULTS BEFORE CHANGES

FIG 2. GOOGLE LOCAL RESULTS AFTER CHANGES

Editor's Note: This article was written by Robert Baxter of Surgeons Advisor, the company that manages the Academy's Web site.

Reminders from the Fellowship Program Office

Applications for the 2012-2013 fellowship year have been posted for fellowship directors to review. Late applications will be posted by March 7, 2011. Interviews should be scheduled between March 1 and May 31, 2011. Rank lists are due in the San Francisco Match Office on June 3, 2011.

Fellowship directors will be given an opportunity to update their fellowship descriptions in June. Reminders will be sent out via e-mail by the end of May.

Fellows in the 2010-2011 year must submit their fellowship research papers to qualify for the *John Orlando Roe* and *Sir Harold Delf Gillies* awards by June 1, 2011.

Match results will be available on June 10, 2011.

PR COLUMN: ANNUAL SURVEY RESULTS REVEALED

The Annual Trend Survey results are in and uncovered some interesting trends in facial plastic and reconstructive surgery. This year's survey was shortened to 10 targeted questions designed to pinpoint industry trends and to encourage greater survey participation among Academy membership. Although up from previous years, physician participation was not what we expected.

The survey is a key component to the AAFPRS public relations efforts, as it allows Green Room PR to position the Academy as a resource to the media and public as a source of statistics, trends, and other relevant information. Please let us know what we can do to the survey that will encourage you to participate next year.

Some of the anticipated key findings include the following:

- An increase in non-surgical procedures in 2010, a continuing trend from the 2009 survey results.
- More patients are opting for these procedures to delay more invasive surgery.
- Three-fourths of the procedures performed by AAFPRS surgeons in 2010 were non-surgical.
- The most common procedures for patients between the ages of 35 and 60: brow lift, facelift, blepharoplasty, Botox injections, chemical peels, and filler injections.
- Two out of five surgeons also reported an increase in their Asian American, Caucasian, and Hispanic patient populations in 2010.

For full survey results, go to the Academy's Web site (www.aafprs.org) and click on "New Stats Out."

Updated on-line PR tool kit

The Annual Trend Survey press release template announcing the survey results has been added to the on-line PR tool kit; Academy members can customize and use it in their own public relations efforts. To access the AAFPRS On-line PR Tool Kit, which provides Academy members step-by-step instructions on how to conduct their own public relations outreach with their local media. go to the Members Only section of the Academy Web site.

Media campaign update

As part of the Academy's PR efforts, Green Room PR analyzed the survey results to highlight the most pronounced findings in their outreach efforts to broadcast to on-line and print media outlets. Resulting coverage to date includes three online facial plastic surgery Web site placements, as well as radio interviews in New Orleans (WWL-AM and WWL-FM) and Louisville (WHAS-AM). Additionally, Green Room PR is currently coordinating television interviews for local surgeons to discuss the survey results in the following markets: Huntsville, Ala.; Rochester, N.Y.; and Asheville, N.C. Also, this past February, AAFPRS president Jonathan M. Sykes, MD, appeared on KMAX-TV's "Good Day Sacramento" (local CBS television affiliate), where he discussed popular "lunch-time" procedures and recent trends stemming from the survey. In the upcoming weeks, Dr. Sykes will be featured as an expert guest on the nationally syndicated radio program, "Let's Talk." The program has a large audience reach, which includes airings in the New York City metro area. The interview is scheduled to air in mid-March.

AAFPRS in the news

In addition to media outreach around the survey, Green Room PR continues to promote AAFPRS members as the foremost specialists in the field, reinforcing our key message to consumers to "trust your face to a facial plastic surgeon." As a result of the media outreach, Dr. Sykes and Corey S. Maas, MD (the Academy's VP for public affairs), were recently interviewed for an upcoming story on getting "Red Carpet Ready." The piece will be featured on *All About Facial Rejuvenation*, a Web site dedicated solely to facial plastic surgery.

Dr. Sykes also appeared on Sirius XM Radio's national show, "Broadminded," a daily national radio show that offers a fresh perspective on all issues relating to women of all ages.

As always, Green Room PR is open to suggestions and comments from Academy members and is always looking for a good story. ■

Congratulations to **Srinivasan Krishna, MD**, of Bronx, N.Y., for winning the survey respondents raffle drawing. Dr. Krishna wins a free registration to the Fall Meeting this September in San Francisco. Thank you, Dr. Krishna for taking the time to participate in the survey.

Chicago's Famous Movable Bridges

From Cover Story, page 1
you may want to take advantage of the city's 29 miles of lakefront paths. Millennium Park offers art, landscape design, and architecture including the mammoth stainless-steel Cloud Gate sculpture ("The Bean"). If you are looking for a birds-eye view of the city, go to the 103rd floor of Skydeck Chicago in the Willis Tower (formerly Sears Tower) and the 94th floor Hancock Observatory.

DOWNTOWN CHICAGO PROVIDES A UNIQUE OPPORTUNITY FOR ANYONE INTERESTED IN BRIDGES. IN A MERE TWO MILES, THERE ARE 18 MOVABLE BRIDGES. WHILE THE MOST CELEBRATED BRIDGE IS AT N. MICHIGAN AVENUE, THERE ARE 17 OTHER EXAMPLES OF BEAUTIFUL CHICAGO BRIDGES. AN EASY STROLL ALONG WACKER DRIVE PROVIDES AN OPPORTUNITY TO SEE THE EVOLUTION IN DESIGN OF THE CHICAGO TYPE, FIXED TRUNNION, DOUBLE LEAF, BASCULE BRIDGE.

Chicago has amazing museums to spark your imagination. Be sure to bring the whole family to the lakefront Museum Campus where you can explore the Field Museum, Adler Planetarium and Astronomy Museum, and the Shedd Aquarium.

The restaurant scene is unbelievable with elegant dining spots, charming cafes, and endless ethnic choices. Beware, you may be asked your opinion on two classics that Chicagoans take very seriously: pizza and hot dogs. In case of rain, consider travelling via the Pedway—Chicago's downtown pedestrian walkway system of underground tunnels and overhead bridges that link over 40 blocks in the heart of the city.

Come to Chicago for this exceptional rhinoplasty course and stay to experience the Windy City. Register today before the early bird fees expire and reserve your room at the convenient and luxurious Sheraton Chicago. See the enclosed brochure for details. ■

NEW DVD RELEASE
MACS-Lift and Facial Fat Grafting

Belgian plastic surgeon Patrick L. Tonnard, MD, performs a MACS-lift on a female patient. The MACS-lift is a full facelift that can be performed on an outpatient basis with local anesthesia and light sedation. The surgery can be completed within two to three hours and most patients return to normal activity within two weeks. The minimal surgery time makes it safe and practical to combine with other procedures.

In this video, Dr. Tonnard demonstrates a contemporary facial rejuvenation. It is not a cookie-cutter technique; instead, it is customized to the needs of every individual patient. The short scar MACS-lift technique is performed. This produces a natural antigravitational rejuvenation of the lower one-third of the face. Other techniques shown include: short scar temporal lift, volume preserving eyelid surgery, fat grafting of the upper eyelids, malar and chin areas, and intradermal fat grafting of the perioral region. The DVD also shows postoperative photos from one week and six weeks out.

NEW DVD ORDER FORM -- MACS LIFT

( ) I would like to order the new DVD, *MACS-Lift and Facial Fat Grafting* by Patrick L. Tonnard, MD (R/T 1:30:00, Cat. No. 349).

( ) Enclosed is my payment of $_____
DVD $150
Add shipping: $8 (U.S.) $10 (Canada)
$12 (International)

☐ Check (made out to AAFPRS Foundation)
☐ Visa ☐ MasterCard ☐ AMEX

Card No. _____

Exp. ____ Name on Card _____

Ship DVD to (no P.O. Box please):

Name _____

Address _____

_____

Phone _____

E-mail _____

Mail or fax this form to: AAFPRS Foundation
310 S. Henry Street, Alexandria, VA 22314
fax (703) 299-8898.

Strategies to Overcome the Winter Blues

By Tracy Drumm, OFPSA President

Some call it the "winter blues" and others the post-holiday crash.

Whatever you call it, practices coast-to-coast often need a little morale boost come January through April. Three motivation strategies that have helped us keep a bounce in our steps during the dreariest months of the Midwest, focus on defining goals and working as a team.

Write and display them!

Although setting goals may seem like a rudimentary task, the value of the written goal should not be underestimated. Every winter, our practice has staff members write down their goals for the coming months. They define what they would like to achieve personally and their goals for the practice. We take their written objectives (index cards work well) and place them in our break room. Now, every morning when the staff gets their coffee or when they have lunch, they see their goals. It is a gentle reminder that despite ailments or stress, they are working toward something bigger. During performance reviews, we open everyone's goals and talk through their progress. The staff members have reported that seeing their goals routinely helps give the extra push they need on challenging days. This annual exercise has been a great reminder that writing down your goals is often the first step to achieving them.

Staff shadowing day

During a staff meeting last March, a newer receptionist voiced her concerns about tending to unhappy patients who had to wait an extra five to 15 minutes when our nurse ran behind in clinic. The nurse tried explaining that she followed the schedule as best as she could, but some appointments took longer than others. It was evident that there was a disconnect between different roles in the office and staff members couldn't empathize with other positions. The solution our physician created was a job swap. Each staff member was assigned to shadow a staff member in a role that was different from their own. One day the nurse ran clinic and the next day the receptionist scrubbed in and shadowed the nurse. At the end of the exercise, each staff member wrote a paragraph sharing insights from the exercise. The feedback was overwhelmingly positive and ultimately strengthened the staff's relationships. We found a positive side-effect of the exercise was that clinic efficiency drastically increased.

Team-building activity

Once a week our office meets before clinic to discuss relevant issues or updates within the practice. The staff meetings run from 8:00 a.m. to 9:00 a.m. and help keep the lines of communication open for the office. As meetings are routine for us, we forgot that "meeting" and "team building" are different activities that warrant different results. After a particularly sluggish morning meeting where morale seemed low, Steven Dayan, MD, planned a team-building exercise for our next meeting. The night before our normal meeting, he e-mailed the staff and instructed us to bring gym clothes to the office the next morning. The next day, in lieu of our typical meeting, we were instructed to walk to a nearby gym where Dr. Dayan was waiting with basketballs, hula hoops, and volleyballs. Using sports as an opportunity to work together at different drills and exercises, the staff transformed from individual employees to one cohesive team working together. This simple activity that didn't require additional cost or time to the practice was one of the most impactful meetings we have ever had as a staff.

Often a departure from the daily routine or simply time to reflect on the "bigger picture" mission of the practice is all it takes to keep your staff happy and your practice thriving. ■

If members of your office staff are not members of OFPSA, they should be. Contact Ann H. Jenne for details at (703) 299-9291, ext. 229 or by e-mail at aholton@aafprs.org.

OUT-OF-THE-ROUTINE, TEAM-BUILDING ACTIVITY WAS MEETING UP AT THE GYM FOR DRILLS, EXERCISE, AND TEAMWORK.

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- **Help patients come back more often** – they have a dedicated resource for injectables, fillers and skincare
- **Attract new patients** – our free marketing to our 7+ million cardholders and you get a free listing on our Doctor Locator. Each month up to 400,000 people use it to search for a provider that offers CareCredit

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FACIAL PLASTIC SURGERY

Facial Plastic Times March 2011

2011

MAY 4-7
ADVANCES IN RHINOPLASTY
Co-chairs: Stephen W. Perkins, MD; Stephen S. Park, MD; and Minas Constantinides, MD
Chicago, IL

JUNE 18-19
ABFPRS EXAMINATION
Washington, DC

SEPTEMBER 8-11
FALL MEETING
Co-chairs: Steven J. Pearlman, MD and Richard E. Davis, MD
San Francisco, CA

2012

JANUARY 18-22
REJUVENATION OF THE AGING FACE
Co-chairs: Mary Lynn Moran, MD and Sam P. Most, MD
San Diego, CA

MAY 9-12
THE 7th INTERNATIONAL MEETING IN FACIAL PLASTIC SURGERY
Rome, Italy
Co-Sponsors: IFFPSS, EAFPS, and AAFPRS

Enclosed in this issue of *Facial Plastic Times* are: *Advances in Rhinoplasty* brochure; Web Link Form; *FPST* Order Form; Products Catalog; and Annual Fund Envelope. All ads in this issue are paid ads.

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