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May/June 2020 \$5.00
Volume 16, Number 4
medestheticsmagazine.com

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Michael Niccole, MD

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- from “Microneedling: A Review & Practical Guide” by Tina Alster, M.D. and Paul Graham, DO



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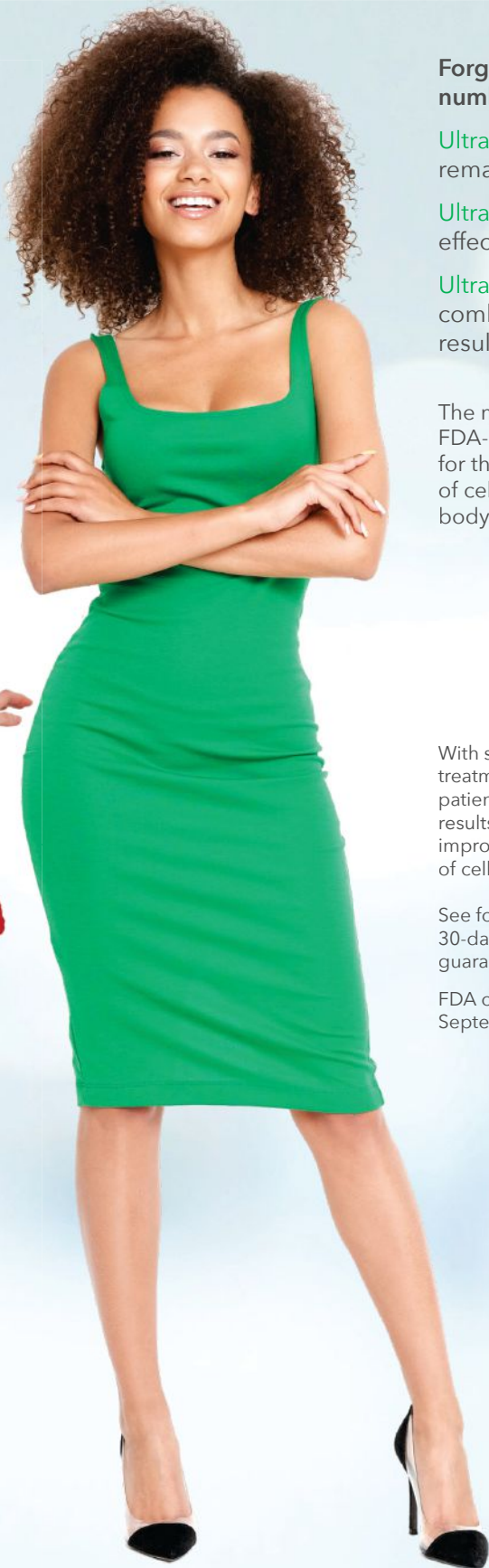
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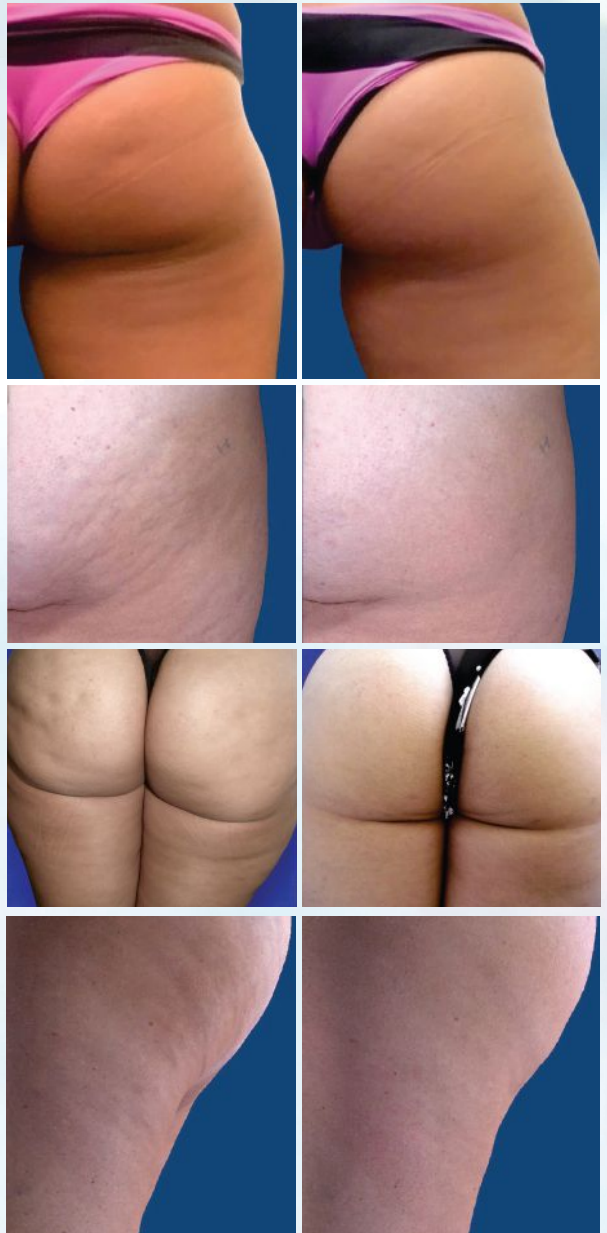
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COVER: Michael Niccole, MD



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Inga Hansen
Executive Editor/
Associate Publisher

NO CONTACT CARE

"It's hard running a hands-on business when you can't be hands-on." It's likely many of you can relate to this sentiment from Gregory Buford, MD, FACS, founder of Beauty by Buford in Denver. The last few months have been a whirlwind for people in the United States, and all over the world. We have all had to make significant shifts in how we live and work. While it has been exciting to see how quickly we have been able to adapt

to work from home strategies and remote communication and learning, it has also been a scary time, particularly for small business owners.

Most of us will be happy to leave behind much of what we're experiencing now, but some of the changes—connecting more genuinely with each other, sharing our resources to support frontline workers and those in need, and spending more time outdoors and with family—are worth holding on to. The adoption of new technologies and the time to examine our priorities and careers may also serve us well in the long term.

"I think many of the ways we're being forced now to do business will actually help reshape our practices once we do re-emerge," says Dr. Buford. "The straightaways are easy; the curves are what challenge you. Having this time to reflect, to identify the strengths and weaknesses of your practice and what it is you want to do with your business, is essential to long-term success. It's a horrible reason, but having this time is a great opportunity."

We encourage all members of the medical aesthetic industry to take advantage of resources offered by their professional associations and medical societies. Many are offering online learning, updated safety protocols, guidance on the use of telehealth, and information on small business and employee relief programs offered at the federal and state level.

Practitioners seeking information on new products, technologies and treatment regimens can visit our library of free webinars at medestheticsmag.com/webinar or on the "MedEsthetics" YouTube channel.

In this issue, you can learn more about how physicians, including Dr. Buford, are utilizing telemedicine to hold virtual consultations and provide care to patients (page 48, "Newsmakers"). Many practices are also leaning on their social media specialists to help them maintain a public presence and connect with existing patients. But remember, state and Federal Trade Commission regulations regarding the marketing of medical procedures do extend to social media messaging. You can learn more about how these rules affect the use of social media influencers and your practice on page 14.

This pandemic is a profound but temporary hurdle. We hope that the industry will continue to band together—colleague-to-colleague, with vendors, consultants, staff and professional associations and societies—to ensure everyone has support through the recovery phase. And we will continue to share the latest practice management and treatment news to help you deliver the best care as you return to the hands-on work of delivering beautiful outcomes for your patients.

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1



1 TOTAL BODY DERMOSCOPY

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Contact: 888.501.0805, fotofinder-systems.com.

2



2 ADVANCED IPL PLATFORM

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Contact: 877.586.3647, lumenis.com.

3



3 PELVIC FLOOR SUPPORT

BTL Aesthetics has expanded its EMSCULPT muscle-sculpting platform with a new EMSELLA applicator to treat all forms of male and female urinary incontinence. The applicator delivers up to 2.5 Tesla and is specially designed to restore neuromuscular control and rehabilitation of weak pelvic muscles.

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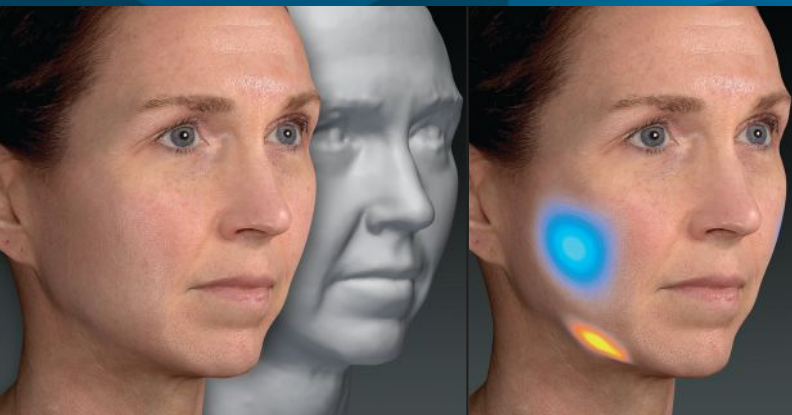
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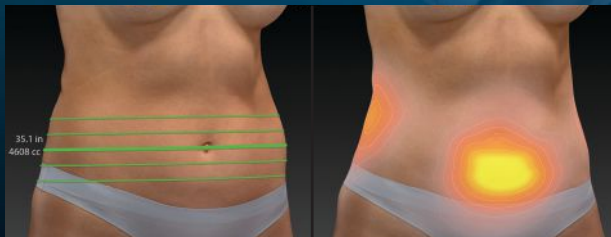
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Influencer Pitfalls

Legal considerations when working with social media influencers.

Social media has become a key component of aesthetic practice and medspa marketing. During this time of limited patient contact, Facebook, Twitter and Instagram allow you to maintain contact with your patients as well as reach prospective patients.

One way practices can maximize their social media presence is via relationships with “influencers.”

Influencers are social media users who, by virtue of their looks, personality or talent, have developed large follower bases. Because these bases are self-selecting (i.e., the followers choose to follow the influencers), they are particularly susceptible to the influencer’s message. Brands can leverage the influencer’s reach and credibility to spread their advertising message, which is often designed to blur the lines between organic user content and paid influencer advertisement.

Though there are many advantages to using social media influencers to boost your brand, it is not a free-for-all. There are numerous federal and state rules dictating how a business can market and advertise medical services, and these regulations must be followed when working with influencers.

STATE MEDICAL ADVERTISING LAWS

No matter how a medical provider chooses to advertise, they must comply with their state’s medical advertising laws. While these laws vary from state to state, similar

standards prevail. First, medical providers are prohibited from advertising medical services in any manner that is false, deceptive or misleading. This means you must take care to advertise in such a way that you do not, among other issues, create unjustified expectations about patient results.

Medical providers must be cautious not to advertise or assure a permanent cure for an incurable condition; guarantee results; advertise professional superiority that cannot be verified; provide false, deceptive or misleading testimonials; or fail to identify models and actors used in advertising. Thus, when engaging an influencer for advertising purposes, you must first consider your state’s restrictions to ensure your advertisement is compliant.

Providing social media influencers with free services in exchange for their posting about the results to their social media accounts and tagging your practice is one way to exponentially increase your social media following. But “enhancing” these photos or allowing the influencer to edit the photos can land your practice or medspa in deep trouble. For example, smoothing out a patient’s skin post-operatively and using bright light exposure to wash out the patient or exaggerate the results of the procedure through lighting and photo editing is deceptive and does not accurately portray the results of the medical procedure. Additionally,

FTC rules can be reduced to three simple concepts: honesty, transparency and disclosure.

using models instead of actual patients to advertise your services on social media is considered false, deceptive and misleading. Although this has become a popular tactic among some businesses, it should be avoided to ensure compliance with state and federal laws.

FTC ADVERTISING REQUIREMENTS

On top of your state's medical advertising laws, the Federal Trade Commission (FTC) has its own rules that prohibit "unfair methods of competition and unfair or deceptive acts or practices" in commerce. While this is a broad prohibition, compliance with FTC rules can be reduced to three simple concepts: honesty, transparency and disclosure.

The FTC is designed to protect consumers as well as business competition. Section 5 of the FTC rules specifically prohibits advertisers from acting deceptively or competing unfairly in advertising goods and services, and this applies equally to influencers and social media marketing.

The FTC takes its rules very seriously. Over the past few years, the FTC warned dozens of advertisers against using Instagram "influencers" to push their products and brands without properly disclosing that money changed hands, as it demonstrated deceptive advertising practices. Then, in fall 2019, the FTC directed its investigation toward the celebrities themselves. The FTC issued warning letters to celebrities—including supermodel Naomi Campbell, actresses Vanessa Hudgens and Lindsay Lohan, and even reality stars such as Snooki from "Jersey Shore"—who promoted clothing, food, alcohol and other products or services in Instagram posts. The letters required the influencers to provide the FTC with details on any "material connection" they had to the marketers of the products and warned them about posting their opinions without clear and conspicuous disclosures.

The FTC is particularly concerned with the fact that the average social media user may have trouble distinguishing between organic user content and paid advertising. To that end, it has determined that whenever an influencer performs marketing services, they are making what the FTC considers an endorsement. Accordingly, the FTC requires that an influencer must disclose any connection that might affect the weight or credibility consumers give to an endorsement. This

includes a business or family relationship related to the advertisement, a monetary payment connected to the advertisement, or the receipt of free products or services related to the advertisement. The disclosure must be made in plain language that is easy to see or hear and is clear across all social media platforms and devices.

To avoid any FTC violations, you should be diligent in reviewing all content before it is posted by an influencer and ensure that any hashtags used in connection with the influencer's post clearly and conspicuously disclose the nature of the free product or service or the paid advertisement.

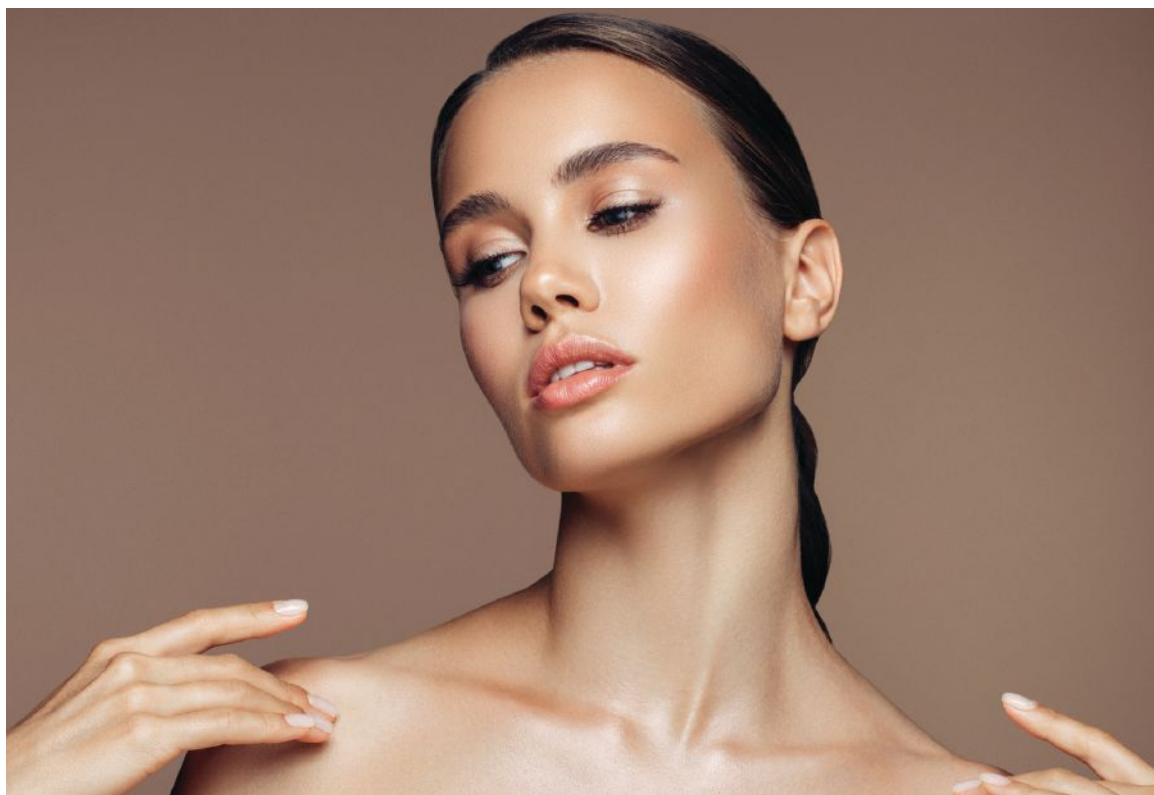
USE A CONTRACT

Working with social media influencers for medical advertising requires careful regulatory consideration. Accordingly, it's important to create contracts to allocate risk and reduce the potential for unmet expectations. The contract should address regulatory requirements for posts as well as business concerns, such as type of content provided, number of posts and payment terms.

For example, you may want to give the influencer creative license in writing the advertisement, so their voice comes through. Regardless of who is writing the advertisement, a licensed physician must have final say over any and all medical claims. You may also want to get creative in compensating the influencer, but you must structure the payment in a manner that is compliant with your state's fee-splitting and anti-kickback laws. By memorializing the important aspects of the influencer-advertiser relationship, you can ensure the content of the advertising meets your standards and expectations and the relationship complies with relevant state and federal laws.

There are countless advantages to engaging a social media influencer to help market your practice or medspa, but you want to be smart about the process to ensure you are being fully compliant from a legal perspective. So, before you engage the next fresh-faced, eager millennial to market your brand on social media, remember to check your state advertising rules; make sure the proposed content is honest, transparent and in compliance with FTC disclosure rules; and get the terms of the agreement in writing. [ME](#)

Renee Coover serves as general counsel for the American MedSpa Association, americanmedspa.org.



Cheek Fillers

Filler selection and injection technique to provide cheekbone definition and revolumization without overfilling.

In recent years, actresses and models have incorporated their sharp cheekbones and defined features into their personal brands. When defined, sculpted cheekbones are desired, “Structural Sculpting” can help accentuate a patient’s facial features, rather than filling them up. Filler is intricately placed to provide definition and shape, provide lift and revolumize areas of facial fat atrophy, while avoiding that puffy look of filler face.

Calcium hydroxylapatite (Radiesse), poly-L-lactic acid (Sculptra) and various mid-to-high G prime hyaluronic gel fillers can be used to replace lost facial volume and add deep facial definition. Calcium hydroxylapatite (Radiesse) and high G prime hyaluronic gel fillers can be used to create definition. The use of biostimulant fillers, such as Radiesse and Sculptra, rather than traditional hyaluronic acid (HA) fillers, gives patients a longer-lasting solution, as these fillers stimulate the growth of natural collagen in the face, continuing to build collagen weeks and months after the procedure.

BEST CANDIDATES

Patients with good bone structure and youthful skin elasticity are ideal candidates for facial sculpting, as their facial foundation and ligaments provide the best support of filler placement. Typically, one syringe of filler for every decade of a patient’s life is needed to replace facial age-related volume changes. Thus, a 60-year old will need three times the amount of filler that a 20-year old would need.

Patients with extensive skin laxity and fat pad deflation are poor candidates for facial sculpting, as excessive amounts of filler would be required to get significant results. Patients who can stretch back greater than one centimeter of skin per side should consider a surgical facelift over fillers.

PATIENT PREP

It is important to discuss and obtain the patient’s medical history, including information about allergies and current

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health to determine if they are a good candidate for dermal fillers. Additional informed consent is required when using calcium hydroxylapatite fillers (Radiesse), as they are nonreversible.

Take photographs of the patient prior to each treatment, in order to track results. In the aesthetic industry, patient satisfaction is one of the top indicators of performance. It is easy to lose sight of progress while undergoing injectable procedures, so having visual representation is important.

Give the patient the option of having numbing cream applied to the treatment areas before the procedure. Every individual has a unique pain tolerance, and this can be a mildly painful injection. Finally, clean the patient's skin with 70 percent isopropyl alcohol to ensure it is clean and sterile before injecting.

FILLER SELECTION

In order to determine which product will work best, assess the patient's facial features, skin laxity and skin texture. HA fillers with the highest G prime are used to improve signs of deep bony changes by placing supraperiosteal injections in areas of bone resorption bounded by retaining ligaments. Moderate-to-high G prime fillers are used in moderate depth fat pad changes, while mild-to-moderate G prime fillers are used to correct more superficial, subcutaneous deficiencies.

I recommend using HA fillers for patients new to fillers or concerned about long-term facial structural changes, as their effects can be reversed and dissolved with hyaluronidase. HA fillers are typically viable for six to 12 months whereas non-HA fillers, such as calcium hydroxylapatite and poly-L-lactic acid, last for 12 to 24 months and cannot be reversed with hyaluronidase.

THE SCULPTED, CONTOURED AESTHETIC THAT OFTEN APPEALS TO YOUNGER PATIENTS IS BEST ACHIEVED WITH NON-HA FILLERS.

Patients who exhibit soft tissue and subcutaneous changes or have dermal thinning benefit from HA fillers, as their low-to-moderate G prime enables the filler to better integrate with tissues and provide a more natural lift. Thus, HA fillers are most beneficial to patients who require replacement of fat deflation, a reversible filler and a more subtle tissue augmentation.



The sculpted, contoured aesthetic that often appeals to younger patients is best achieved with non-HA fillers such as calcium hydroxylapatite. Its moderate-to-high G prime and viscoelastic properties allow for structural mimicking of the bony zygoma, which ensures maximal projection.

For correction in areas with weakened ligamentous and soft-tissue support, consider moderate-to-high G prime filler in the fat compartments and sub-SMAS space. Rather than sticking to one specific brand, a variety of products can be used in order to achieve a patient's desired results.

IMPORTANT ANATOMICAL LANDMARKS

It's crucial that all important anatomical landmarks in the injection area are marked prior to injection. The infraorbital nerve foramen, which lies superficial to the zygomatic process of the maxilla and 1cm below the orbital rim at the midpupillary line, is within the field of interest and great caution should be taken to avoid nerve damage. The zygomatic maxillary vein traverses the zygomatic region horizontally and can be located by bisecting the lateral canthus and moving inferiorly towards the zygoma. Although there is typically some hollowness within this region, this vein needs to be accounted for. Five main

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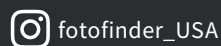
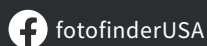


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arteries are to be avoided: the facial, transverse, buccal branch of the maxillary, infraorbital and zygomatic branch of the lacrimal artery.

INJECTION TECHNIQUE

The patient should be positioned in a 45-degree reclined position. There are six injection sites along the zygoma bone. The first three are located at the lower border and the last two at the upper border of the zygoma. The final injection is the only one to be placed in the center portion of the zygoma.

My injection technique is the same at all six sites. I insert the needle at a 90-degree angle directly posteriorly toward the zygoma bone. I inject boluses of 0.2-0.3 mL directly on the periosteum just below muscle, with the needle perpendicular to the periosteum. Injecting in the supraperiosteal plane maximizes lift whereas subcutaneous injections are better for filling superficial lines.

PATIENTS WITH A HIGHER METABOLISM AND/OR MORE ACTIVE LIFESTYLE TEND TO EXPERIENCE RESULTS WITH A SHORTER DURATION.

The first injection is located at the apex of the zygoma, or where the lateral portion and medial portion of the zygoma meet. The second injection site is approximately 1cm from the apex, following the zygoma superolaterally. The third injection is approximately 1cm from the second at the junction of the zygomatic temporal fusion line. The fourth injection site is at the flat shelf of bone at the upper portion of the zygoma. Following the upper portion of the zygoma superolaterally, the fifth site is approximately 1cm from the fourth. Finally, the last injection should be placed at the anterior face of the zygoma. This will create a nice ridge of elevation with a hollow underneath. It is important to avoid placing filler in the malar mound when working in this area, as this can lead to long-term swelling under the eye.

LONGEVITY OF RESULTS

Results can last from six and 18 months depending on the specific product used and the way a patient's body metabolizes or breaks down the filler. Patients with a

higher metabolism and/or more active lifestyle tend to experience results with a shorter duration. Each patient is unique and there is not any proven method to determine the longevity of a patient's outcome.

POSSIBLE ADVERSE EVENTS

Adverse effects include swelling, bruising, redness and pain. However, more severe effects include blindness, infection, injury to blood vessels, skin necrosis and skin nodules. Most of these severe effects can be avoided by having a complete understanding of the anatomical locations of critical facial vessels and danger zones, ensuring proper locations of injections, as well as hands-on training and experience in facial injection of dermal fillers.

POST-INJECTION CARE

Following treatment, patients should avoid lying down for a minimum of four hours, refrain from sleeping on their face or putting pressure on treated areas and avoid exercising for 24 hours. Excess pressure to injection areas can cause the filler to disperse. It is vital that patients follow their aftercare protocols closely in order to ensure optimal results.

Bruising and swelling can occur for up to two weeks, however, every patient will react and heal differently. Patients should plan procedures accordingly around any big events, coming in at least two weeks in advance or waiting until the event has passed.

Exposure of the treated area to the sun and heat should be minimized for at least 24 hours after treatment and, if possible, until the redness and swelling disappears completely. It is important to note that salt, alcohol and heat exacerbate post-injection edema.

The beauty of cheek filling is that the results are instantaneous. Patients opting for bio-stimulatory products, such as calcium hydroxylapatite or poly-L-lactic acid, can expect to see continued improvements over a gradual period of time, in addition to the immediate results.

The goal of this procedure, as with all aesthetic procedures, is to accentuate a patient's features while maintaining a natural look. It is crucial to be honest and transparent with patients—and consider their personal budgets—when making recommendations help them achieve their ultimate aesthetic goals one syringe at a time. [ME](#)

Kay Durairaj, MD, is a facial plastic surgeon and the founder of Beauty by Dr. Kay.

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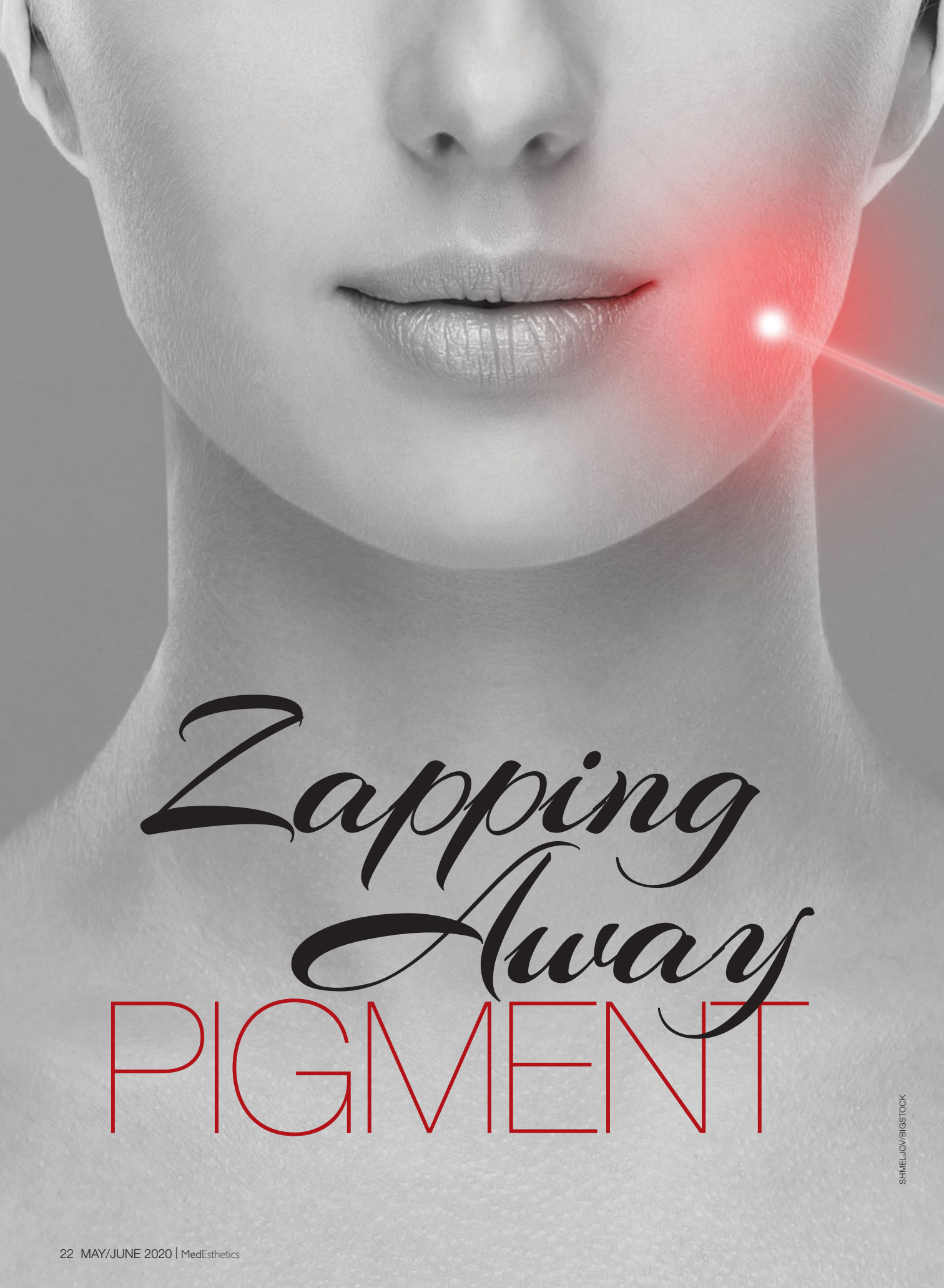
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*Zapping
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PIGMENT

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The top pigment-targeting lasers, and when it's time to upgrade your offerings.

By Brandon Lowrey

THE DISTINCT DARK COLOR OF EXCESS PIGMENTATION in the skin is the ideal target for laser therapy. The top melanin-targeting wavelengths include 532nm, 694nm, 755nm and 1,064nm. Equally important in choosing the best wavelength is choosing the correct device with the appropriate pulse duration and spot sizes for the individual patient and concern. On the following pages, aesthetic laser physicians share how they select the right laser modalities to banish their patients' unwanted brown spots and benign lesions. The first step is to identify the pigmentation concern you want to address.

"If someone comes in with a discrete brown spot or pigmented birthmark, we always use a laser device," says Tina Alster, MD, director of the Washington Institute of Dermatologic Laser Surgery. "People with blotchiness need to be cleaned up first with a topical regimen and very good sun protection before you would ever use a laser device on them. I'm always hesitant, even though I use lasers every day, to start people on lasers for pigment as a first-line defense unless it is a birthmark or discrete brown spot without any surrounding dyspigmentation or evidence of photodamage or recent sun damage."

ZAPPING AWAY PIGMENT

GO-TO DEVICES

For birthmarks and discrete brown spots, Dr. Alster favors pigment-specific lasers, such as a Q-switched Alexandrite or Nd:YAG laser. For diffuse hyperpigmentation—not including melasma—she uses the fractionated nonablative 1,927nm Clear + Brilliant (Solta Medical).

Picosecond lasers are the latest advance in pigment-targeting lasers and the first choice of Douglas Wu, MD, of Cosmetic Laser Dermatology in San Diego, for most types of unwanted pigmentation. “The picosecond laser has significant advantages over other technologies currently available for pigmented lesions,” he says. “They are the most effective, and by effective, I mean they offer the highest clearance rate in the smallest number of treatments. They also have a high degree of safety due to the ultra-short pulse duration that some of them have.”

Lasers with shorter pulse durations are safer, Dr. Wu says, because they create less heat and translate into more photomechanical energy, effectively breaking apart targeted pigment. Higher wavelengths have more of a thermal effect that could cause burning, which might be more optimal for hair removal but is not as useful for pigment, he says.

Eric Bernstein, MD, of Main Line Center for Laser Surgery in Ardmore, Pennsylvania, typically reaches for a Q-switched or picosecond-domain 532nm KTP laser for pigment concerns in fair skin, but notes that the shorter wavelength may cause new post-inflammatory hyperpigmentation (PIH) in patients with darker skin types because shorter



agents and strict sun protection prior to in-office procedures. “I start these patients on a good skincare regimen, not only including sunscreen, but also a skin lightener or brightener to make sure that they’re doing their homework and getting their skin in good condition before any laser treatment or chemical peel,” says Dr. Alster.

She notes that you also need to be careful not to treat patients who have had recent sun exposure with a laser, as it increases the likelihood of PIH, blistering or other complications.

SKIN TYPE CONSIDERATIONS

When determining the best laser or combination of laser treatments to use, the second key factor to consider is the patient’s skin type. For instance, a fair-skinned patient with isolated lentigines anywhere on the body might be best served with a Q-switched ruby laser. “Once you get into the darker skin phototypes, then you have to alter your technology and some of the lasers don’t work as

“I prefer these devices because they treat the individual spots you’re aiming at but leave the normal pigment alone.”

wavelengths are more strongly absorbed by melanin pigment. “For these patients, I prefer the Q-switched 694nm ruby or the Q-switched 755nm Alexandrite. I also have the PicoWay (Candela) picosecond device, which includes a 785nm wavelength as well as the 730nm,” he says. “I prefer these devices because they treat the individual spots that you’re aiming at but they leave your normal pigment alone around those spots. That allows the normal skin pigmentation to stay where it is. You’re not bothering things you don’t want to bother.”

Despite his passion for lasers, Dr. Bernstein notes that the best solutions are often old and inexpensive. For conditions, such as lentigos, the simple application of liquid nitrogen can offer him more control than lasers, he says.

Patients with melasma or other forms of diffuse dyspigmentation are better served with topical lightening

well,” says Roy G. Geronemus, MD, director of the Laser & Skin Surgery Center of New York.

For treating discrete lentigines in Asian or darker-skinned patients, he prefers picosecond 523nm lasers. This is controversial; Drs. Wu and Bernstein said that a 532nm would perform extremely well in terms of effectiveness in skilled hands, but would be riskier than a 730nm laser.

For patients with PIH or melasma, Dr. Geronemus uses a 1,927nm nonablative fractional laser, such as the Clear + Brilliant or LaseMD (Lutronic).

Practitioners have typically been cautious about using short-pulse lasers, such as a Q-switch laser, on darker skin tones, as they cause photomechanical injury in addition to the photothermal effect, which can create inflammation, increasing the risk of PIH. Dr. Bernstein

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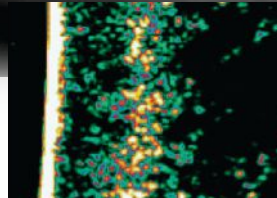
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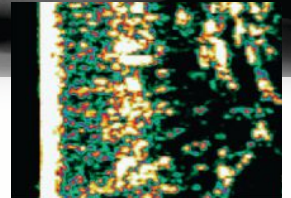
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ZAPPING AWAY PIGMENT

finds that wavelength is the better indicator of PIH risk.

“Shorter wavelengths are more strongly absorbed by melanin pigment and this can cause a little bit of PIH in some patients,” says Dr. Bernstein. Therefore he generally prefers devices in the 700nm and above range for those skin types.

Dr. Wu, however, notes that the PIH risk with sub-500 picosecond lasers is comparable to those of longer pulse devices, with all of the benefits of the shorter pulses. “The advent of ultrashort-picosecond pulse duration lasers, for skin of color especially, has revolutionized the space, because they offer a high degree of efficacy and also a high degree of safety,” says Dr. Wu.

Dr. Alster disagrees that the ultra-short picosecond laser significantly reduces the risks seen with Q-switched lasers. “The pico lasers most definitely will destroy pigment—like really pulverize it—but sometimes it’s just too much of a shock for the pigment, and people who have darker skin tones may react more vigorously and produce more pigment in response to that,” she says.

For light-skinned patients, she prefers Q-switched lasers

to picosecond lasers, saying they are a bit more gentle. For patients with darker skin types, she opts for longer pulses.

“That kind of protects their pigment. The longer pulses don’t cause as intense of a reaction in the skin,” she says. “What I’m worried about is either causing an area to hyperpigment or hypopigment afterwards, so it’s a balance. I do choose a longer pulse width for people with darker skin tones.”

Although picosecond lasers can offer faster and more thorough removal of pigment and tattoo inks, researchers believe that the optimal pulse width for hyperpigmentation and tattoo removal is likely shorter than today’s 250-picosecond pulse options. How short isn’t exactly clear yet. “There is going to be a point, theoretically, where shorter is not better,” says Dr. Wu. “The theoretical calculation involved in that process seems to indicate that the sweet spot will be in the sub-100 picosecond range, maybe somewhere in the area of 30 to 100. Lower than that, it isn’t clear what effect the pulse would have on tissue.”

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Dr. Alster is interested in learning about applications of even shorter pulse durations, such as femtosecond lasers, which are not easily available for dermatologic uses. "I'm intrigued, because this may be an even more precise way to target virtually anything in the skin," she says.

But just about any of the above lasers can do the job in the hands of a knowledgeable practitioner; providers don't need to fall into the trap of keeping up with the latest and greatest technology, "so long as the lasers were manufactured within the last decade," says Dr. Wu.

WHEN TO UPGRADE

With pigment-targeting laser technologies rapidly advancing, when is it time to upgrade your devices? Dr. Alster cautions that going for the latest laser technology isn't necessary for most practices seeking to treat hyperpigmentation. "I would not have upgraded my Q-switch laser to a pico laser if I hadn't been involved with one of the studies, which allowed me to get my pico laser for less money than the sticker price," she

says. "While, yes, on paper, you could say the pico laser gets rid of pigment a little bit more efficiently, I don't think it's necessarily worth the cost of upgrading to that unless you treat a lot of pigmented lesions."

The versatility of newer picosecond laser platforms may make an upgrade worthwhile for practices that cannot afford to bring in multiple new devices. "The new advances are fantastic, because picosecond laser platforms often come with all three wavelengths you're going to want to use for skin rejuvenation, tattoo removal and pigment, so you have to really consider all those things when you're looking at buying a laser," says Dr. Bernstein.

He urges fellow practitioners to investigate new devices in person at meetings and conferences, and ask for demos. "The proof is in the pudding," says Dr. Bernstein. "My favorite person to try it out on is the sales reps bringing it in. So, I have three words for sales reps with a new device: Have a seat." **ME**

Brandon Lowrey is a freelance writer based in Texas.

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WALKING THE LINE

Private label services have come a long way with broad offerings and enhanced marketing and sales support.

By Dana Robinson



THERE ARE DOZENS OF INDUSTRIES that provide private label products to end users, from cosmetics to pet food to groceries. This is why the Premium Roast coffee you buy at Mary's Coffee Shop in Chicago may taste very similar to the coffee you purchase from your favorite grocery store chain in Miami. Skincare products make up a hefty portion of the private label industry as well, and business is booming. Thinking of getting in on the act? We reached out to a few industry insiders who revealed the inside details of the private label skincare game.

THE PROCESS

Physicians and skincare professionals enter the private labeling business at every stage. Some don't have any idea what they want, and some walk in on day one with a budget, formulation ideas and a list of products that they'd like to offer on their shelves. But they all seem to have one thing in common: they want to increase profits and stand out from the competition while keeping their patients happy at the same time. "Usually the doctor comes to us and says, 'I want to increase my product revenues, and I'm losing sales,'" says John Kulesza, president of Young Pharmaceuticals. He notes that physicians who carry only name brand skincare lines that are widely distributed in-store and online are in constant danger of losing money. "Patients can purchase those products on their own. They don't need the physician," he says. "So the physician may wind up selling to them once and never again." But with

private label products the patient must always come back to that physician for that product.

If you're thinking about providing a private label skincare line for your patients, the first considerations are, how much does the process of creating your own line cost and how long will it be before you get your first inventory into the practice? When you develop a line from existing formulations offered by a private label skincare supplier, the answers are "likely less than you'd think," and "not long."

With a bare bones line of one or two cleansers, moisturizers and sunscreens, Young Pharmaceuticals can get physicians set up with a private label line in about two weeks at a cost of about \$1,000 to \$2,000. "It is by no means a difficult process," says Kulesza. "We make it very easy."

Physicians can even sample the products and give them to their staff in order to gain feedback before they make their final product selections.

Skincare developer Induction Therapies has a 12-unit minimum and can get their customers up and running in a week to 10 days—that is if the customer can quickly approve the colors/design of the label as well as the product names.

A bare bones line will run about \$1,500 to \$2,500. Although most people start off



WALKING THE LINE

with about a dozen products. “A full line of products that includes cleansers and toners, moisturizing lotions and creams, antioxidant products, various concern-specific serums, retinol products and sun protection products, will be more appealing to consumers and help to drive sales,” says Angelia Inscoe, CEO and founder of Induction Therapies. “This variety allows consumers to choose several products that will work together for an optimal regimen.”

Selecting which products to include in your line is the next hurdle to jump. You want to spend your money wisely and make sure that you get the most bang for your buck. Both Kulesza and Inscoe report that antiaging products are their most popular skincare categories. This includes “high-dollar items,” such as eye creams and products that contain retinol, says Inscoe. Other top categories include moisturizers as well as products that treat pigmentation, acne and rosacea.

But once you get the products how are you going to promote them? Private labelers have got you covered there, as well. Induction Therapies provides digital photos, product descriptions and website setup. And for higher volume customers they also offer sample packets and travel sizes you can hand out to patients to help launch the line.

Young Pharmaceuticals offers a range of marketing support to help you introduce and grow your line, including: branded, lighted in-office displays for your retail area; social media support, which includes photos and promotional posts to drive sales; and online store development with subscription ordering (every three months the patient gets the product shipped to them at a small discount). “It is amazing how many patients are interested in and elect subscriptions,” says Kulesza.

CREATING A CUSTOM LINE

If you are interested in creating your own, truly custom skincare line, the costs and the timeline will increase. You’ll need to work with a formulating chemist and invest money in product development. The ordering minimums are also significantly higher when a product is formulated for only one client. The total cost to get started is \$100,000 to \$200,000, and this covers the creation of two to three products, says Kulesza. Original line creations also might require a commitment of 100 to 200 bottles for each formulation, says Inscoe.

When creating a custom line, consider the types of claims that you want to make about your product as you investigate suppliers and work with your chemist. Is it cruelty-free? Vegan? Does it contain organic pineapple extract? There may be limitations on the claims that the private labeler will allow you to make about the product,



Young Pharmaceuticals offers its private label customers branded, lighted displays to retail their products.

and some of those limitations are based on whether the company has completed the necessary clinical trials. Robert Manzo, founder and president of Skinprint, recommends asking for clinical data that supports any claims and for certification for ingredient suppliers regarding organic ingredients or product claims. And be sure to let your insurance company know that you’ve gotten into private labeling. Selling custom-formulated products out of your business may require additional insurance, says Manzo.

To investigate private label companies, Manzo recommends contacting the Personal Care Product Council or the Independent Cosmetic Manufacturers and Distributors (ICMAD) trade association for referrals.

In addition to helping you differentiate yourself from the competition and increasing patient loyalty, private label products also tend to have better profit margins for the practice. This is due, in part, to the fact that you can set your own retail prices without worrying about a patient finding a better deal online or down the street. Inscoe notes that she has a local customer who charges \$70 for one of her skincare products. Another customer in a more affluent market charges \$250 for the exact same formulation. “You can charge whatever the market will bear,” says Inscoe. “This allows you to offer the price points your patients want and allows you to determine your target profit margins.” **ME**

Dana Robinson is a freelance writer based in Los Angeles.

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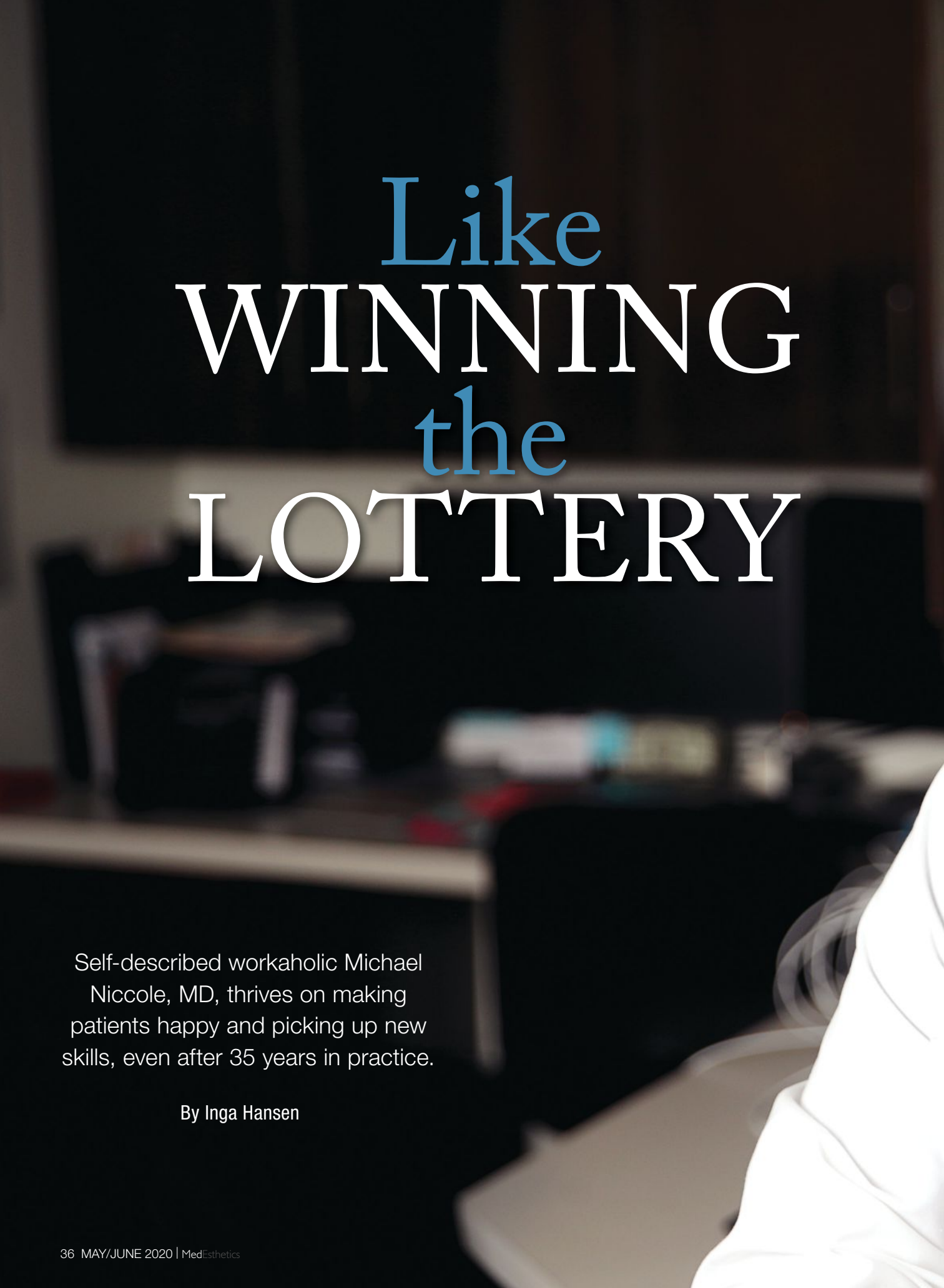
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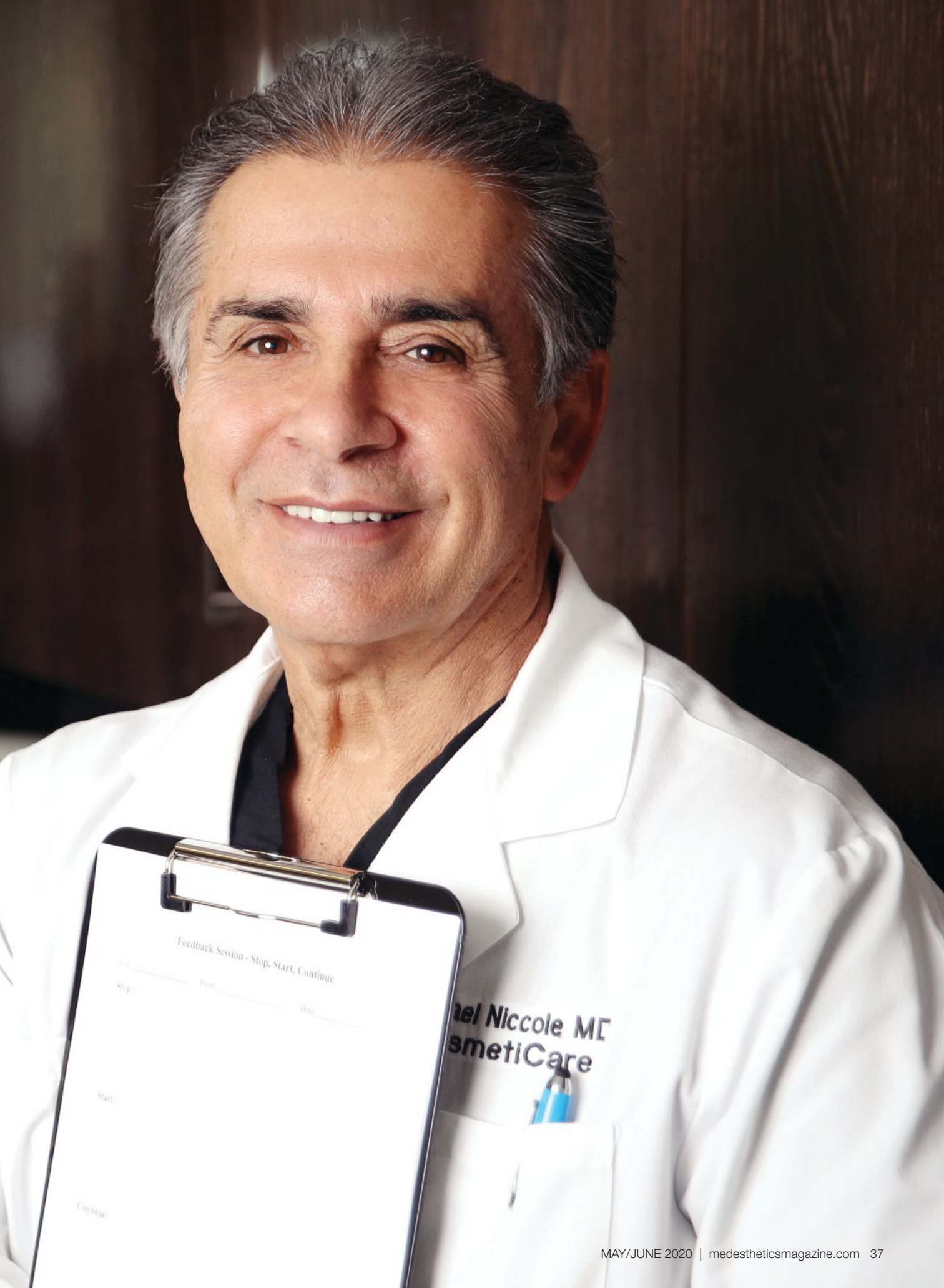
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Like WINNING the LOTTERY

Self-described workaholic Michael Niccole, MD, thrives on making patients happy and picking up new skills, even after 35 years in practice.

By Inga Hansen



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Daniel Niccole MD
CosmetiCare

LIKE WINNING THE LOTTERY

IN HIS THREE-PLUS DECADES IN PRIVATE

PRACTICE, Michael Niccole, MD, has seen his share of economic upturns and downturns. “There are things that we know go up during economic crises and isolation: drug use, alcohol use and smoking,” he says. “But you know what goes up after a downturn? Plastic surgery. People want to look good, because they need to feel better.”

Dr. Niccole is the medical director of CosmetiCare Plastic Surgery and Medspa, a 21,000-square-foot practice with more than 50 employees located in Corona Del Mar, California. His success would make his father proud. “My father was one of eight children, and my mother was one of eight children,” says Dr. Niccole. “Their parents were immigrants, and they were laborers. My father’s dream was for my brother and I to get an education.”

Born in Brockton, Massachusetts, Dr. Niccole spent his first four years surrounded by extended family. His father’s first step in carving out a different future for his children was to head out West. “Coming from a large family, he wanted to break away and start a new life with his own family, so we moved to Huntington Beach, California, when I was about 4 years old.” Not surprisingly, surfing became a favorite pastime for Dr. Niccole. In his preteen years he developed another interest common to young boys: soldiers and war.

“Friends would buy me books about combat and the military, because I was really into that,” he says. In one of these books, he came across pictures of soldiers who had been injured and had gone through reconstructive surgeries. “I saw pictures of soldiers who had lost their ears or noses, and someone rebuilt them. I was fascinated by that,” he says.

His fascination with this aspect of war fit with his personality. “I was always helping people. Standing up for kids who were being bullied, helping grandmas with their groceries, finding injured animals and nursing them back to health,” he says.

Though his interest in medicine was piqued in these preteen and teen years, not everyone was convinced this was the right path for the young Dr. Niccole. “In high school, I had to take an aptitude test, and they decided I should go into the trades,” he says. His father, committed to seeing his sons live a different life, was not on board.

“My dad always wanted me to be a lawyer and they said, ‘Your son will never be a lawyer. He’s better off in the trade world. There are good jobs. He can be a mechanic or a plumber or a carpenter,’” recalls Dr. Niccole.

A few days later, his dad made an appointment with the school principal. “They called me into the office. My

dad said, ‘I’d like his transcripts and all of his information. He’s leaving today.’ Then he drove me to Brown Military Academy in Glendora, California. When he dropped me off, he said, ‘You’re going to become a lawyer.’”

FIGHTING FOR MEDICINE

Dr. Niccole eventually achieved the advanced education his father had long dreamed of, but not the law degree. “I hated law. I hated political science,” he says. “I studied it for about a year at Pepperdine University, then dropped out for about a year and a half, because I just hated it.”

After that year and a half, he convinced his father to give him a second chance at college, if he could study science. His father agreed, and Dr. Niccole received a bachelor of science from Pepperdine, before attending medical school at the University of California, Irvine (UCI).

“We rotated through all the different specialties, and I realized wanted to be a surgeon—I wanted to use my hands,” says Dr. Niccole. He went into a general surgery residency at UCI, but soon realized it wasn’t a good fit. “It was the most boring thing I’d ever seen. I didn’t want to do bowel surgery all my life and wake up in the middle of the night and do appendectomies,” he says.

After two years of residency, he shared his dissatisfaction with one of his professors, who was the head of the otolaryngology department. A resident in the ENT program had passed away, and there was an opening. “He told me, ‘When you rotated through through this department everybody liked you. I think you’d be a really good ear, nose and throat doctor, and there’s an opening,’” says Dr. Niccole. “I said, ‘Let me think about it.’ He said, ‘Let you think about it! You have two hours or the position is gone.’ I talked to my wife and went into the ENT residency for three years.”

That was when he became enamored with plastic and reconstructive surgeries, leading to a third residency. “I loved it so much, I wanted to be able to work on the whole body,” says Dr. Niccole. “I applied all over for plastic and reconstructive surgery residencies, and was accepted at the University of Utah.”

Married with two small children, Dr. Niccole split his time between his residency in Utah and a job managing two emergency rooms in California. “I would fly home on weekends. Take the residents from UCI and help them work in the emergency room. I was a bit of an entrepreneurial-type guy,” he says. “I had a wife and two kids to take care of and, like my father who never had fewer than two jobs, I am a workaholic. So I worked, worked, worked. And I loved it.”

Dr. Niccole's practice, CosmetiCare Plastic Surgery and Medspa, has five surgeons and more than 50 employees.



FINDING A MISSION

Following his plastic surgery residency, Dr. Niccole returned to California to open his own practice. His thirst for knowledge and workaholic ways have continued throughout his career. After 11 years in medical school and residencies, he sought out other surgeons who could help him improve his skills. "I always wanted to be the best. I wanted to do a better nose, a better face, so I went all over the world, from Argentina to Brazil to Canada to Beverly Hills," he says. "To this day, I still do that. Just about a month ago I went to Alabama. There's a plastic surgeon there that I was told does a great facelift. So I thought, if I could go over there and just learn one or two little things, it will make my facelifts look a little better. I'll go anywhere I think I can learn something."

During his early years in private practice, he also got involved in medical missions. "There were a bunch of physicians out of Loma Linda Hospital, which is primarily a Seventh Day Adventist medical school, and they did a lot of volunteer work throughout Mexico. They were called The World Health volunteers," he says.

They asked Dr. Niccole if he would create a division of plastic and reconstructive surgery for their organization to perform cleft lip and cleft palate surgeries and treat burn scars for children in Mexico. "I did that for about 20 years. We would fly into Mexico every other month and stay for three days," he says. "We would start at 6 in the morning and finish

at 6 at night. Unfortunately, the saddest thing is when you leave—there was always a line of kids still waiting."

In the 1980s, he was interviewed by the *Los Angeles Times* about his work in Mexico. "The reporter said, 'Well, that's great, but why aren't you doing this kind of work in the United States?' I said, 'In America everybody has money, anyone can have surgery,'" says Dr. Niccole.

But he learned that wasn't exactly the case. He was contacted by comedian Phyllis Diller, and together they launched the Magic Mirror Foundation to offer free elective cosmetic procedures to survivors of domestic abuse and children with congenital deformities here in the United States.

"I have a fabulous practice. I operate five days a week, and I make a lot of money," says Dr. Niccole. "But I get more personal gratification in helping one of these kids who's been bullied or a domestic violence survivor than I do in my private practice. It's so rewarding. It's like winning the lottery."

Now the father of four grown children—two sons and two daughters—helping patients move forward and seeing their self-confidence soar remains his inspiration. "There isn't a day that goes by that somebody isn't happy and thankful. That's what I get out of this," he says. "It's selfish, but I love it."

That's not to say he has never experienced an unhappy patient. "Of course you make mistakes or sometimes get a less-than-perfect result, but you have to take care of the patient," he says. "You have to stay with them. My philosophy

LIKE WINNING THE LOTTERY



Patient satisfaction is what drives Dr. Niccole, and his practice team follows his lead in ensuring all patients leave the practice with smiles on their faces.

has always been to make the patient happy. The patient should always be smiling when they leave our office.”

SOLICITING FEEDBACK

In his 35-year career, plastic surgery has changed substantially, and his practice has changed along with it. “I’ve got one of the largest medspas in California. It’s really, really busy. But I don’t do Botox. I don’t do Juvederm. I don’t do CoolSculpting. How could I be a good surgeon and also do all of those things well?” he says. Instead, he seeks out the best practitioners and invests in their ongoing training.

“My nurses and nurse practitioners are trainers. They instruct physicians on how to perform these treatments. I always try to get the best of the best, and I believe that’s why we’re so successful,” says Dr. Niccole, whose son Devon is now the CEO of CosmetiCare. “When people come into this office, they are treated like kings and queens, because they’re the ones who are going to refer. You get one happy patient, you get 10 more. You get one unhappy patient, and they’re online. Then you lose 20 patients. We know that.”

To ensure the highest standards and patient satisfaction, his practice follows a philosophy of open communication, based on the book *Radical Candor*. “It’s a great book. If I think an employee isn’t doing something correctly, I’m going to tell them and I’m going to hold them accountable, but I expect that for me, too,” he says. “I tell my team, if you don’t think I’m doing something right—if you feel I’m

not being warm enough with the patients or I’m not holding their hands when they’re nervous, tell me. My staff teaches me, and I teach them. We all want to know what would make us a little bit better.”

With his practice currently closed due to the COVID-19 pandemic, Dr. Niccole is sticking to his daily routine as much as possible. “All my life I’ve gotten up at 4 a.m. I go to the gym, work out for one hour and then start surgery at 6 a.m.”

When the stay-at-home orders came, he and his daughters overhauled the family’s home gym. “We cleaned out the garage, painted and polished up the chrome,” says Dr. Niccole. “Now, every day, my wife and my two daughters and I work out in our own gym and then get on our bikes and take a ride up and down the boardwalk.”

Having experienced a few economic downturns in his career, Dr. Niccole remains confident that he and others in the industry will come out ahead in time, noting that he already has a backlog of appointments and will likely be offering Saturday hours to catch up.

“I like to do my own thing. I know if I fail or deliver poor service, it’s my fault,” he says. “That’s what drives me to keep training and keep improving our customer service. I give patients my cell phone number. I make house calls. And unfortunately, so many surgeons don’t do that. The key is to never stop learning.” **ME**

Inga Hansen is the executive editor of *MedEsthetics*.

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ALLERGAN DONATES \$2 MILLION TO FRONT LINE RESPONDERS

The Allergan Foundation has awarded approximately \$13 million in charitable grants in 2020 as part of its commitment to providing a lasting and positive impact in the communities in which Allergan employees live and work. The 2020 donations include a total of \$2 million dedicated to more than 70 organizations responding to the local impact of the COVID-19 pandemic.

“The goal of these fast-track grants is to put much needed financial help in the hands of organizations who support vulnerable people in need of food, housing and mental health services as quickly as possible,” said Brent Saunders, chairman of The Allergan Foundation. “We are humbled by the care these front-line organizations provide to people in need in California, New Jersey, New York, Texas, Ohio, Florida and several international locations (supported by a grant to the Allergan International Foundation), and proud to add them to the many organizations we support who are making a difference in the health and wellbeing of our communities.”

The organizations receiving grants include:

- New York Community Trust NYC COVID-19 Response & Impact Fund
- Community Food Bank of New Jersey
- Orange County, California United Way
- Central Texas Food Bank
- Freestore Foodbank, Cincinnati, Ohio

The Allergan Foundation also awarded grants dedicated to mental health, eye care and breast health. These include more than \$3 million for the training of psychiatrists and psychologists to help address the growing number of people in need of behavioral health and mental health services; \$2.4 million in grants to eye care health initiatives, including Research to Prevent Blindness, Glaucoma Research Foundation and Helen Keller International, among others; and \$1.2 million to the Susan G. Komen Breast Cancer Foundation, Living Beyond Breast Cancer, BreastCancer.org and others.

For more information, visit allerganfoundation.org.

BURTON NAMED CEO OF SCITON

Aaron Burton has been promoted to the position of chief executive officer (CEO) of Sciton. Burton has been with the company for eight years, helping to grow its aesthetic sales team, women’s health group and international sales team. Most recently, he worked in operations at Sciton’s world headquarters in Palo Alto, California.

“Aaron has devoted his career at Sciton to pushing boundaries and motivating teams to reach new records. He has made it widely known that his vision for the future is about maintaining the Sciton culture while forging forward with a growth mindset,” said Jim Hobart, founder and chairman of

Sciton. “Paramount to that success is taking care of our people who, in turn, wow our customers with amazing service. That’s an admirable quality from any leader and our global team is extremely excited to see what the future holds.”

ASA AWARDS RESEARCH GRANTS

The American Skin Association (ASA) has awarded 13 financial grants to support research on skin cancer and skin disease. For more than 30 years, the ASA and its affiliates—including individuals, foundations and corporations—have funded in excess of \$50 million in grants to enhance treatments and continue working towards cures for melanoma, vitiligo, psoriasis, atopic dermatitis and other skin diseases. The recipients of the 2020 Investigative Scientist Award, Research Scholar Awards, Research Grants and Medical Student Grants are:

• Daneen and Charles Stiefel Investigative Scientist Award for Melanoma Research

Yuri Bunimovich, MD, PhD, University of Pittsburgh

“Improving Immune Checkpoint Therapy by Targeting Neurons”

• Milstein Research Scholar Award for Melanoma/Non-Melanoma Skin Cancer

Douglas Osborne, PhD, University of Colorado Anschutz Medical Campus

“Role of IL-37 in Regulatory T cells and Melanoma”

• Milstein Research Scholar Award in Atopic Dermatitis

Benjamin Ungar, MD, Icahn School of Medicine

“The Relationship Between the Skin Microbiome and Immune and Barrier Dysregulation in Moderate-to-Severe Atopic Dermatitis Patients”

• Calder Research Scholar Award in Vitiligo/Pigment Cell Disorders

Indermeet Kohli, PhD, Henry Ford Health System

“Visible Light and Ultraviolet A1 for Vitiligo Phototherapy”

• Melly Family Research Grant in Psoriasis/Inflammatory Skin Disease

Prashiela Manga, PhD, New York School of Medicine

“Investigation of Post Inflammatory Hyper Pigmentation”

• Mulvaney Family Foundation Research Grant in Vitiligo/Pigment Cell Disorders

Bassel Mahmoud, MD, PhD, FAAD, University of Massachusetts Medical School

“Melanocyte Transplantation Plus Topical JAK Inhibitor for Treatment of Vitiligo: A Randomized Study”

• Mulvaney Family Foundation Research Grant in Vitiligo/Pigment Cell Disorders

Tamara Terzian, PhD, University of Colorado Anschutz Medical Campus

“Targeted Therapy for Vitiligo”

• Pfizer Research Grant for Vitiligo/Pigment Cell Disorders

Manuel Garber, PhD, University of Massachusetts Medical School
“Defining Cell Type Specific Epidermis Regulatory Elements to

Enable Vitiligo Functional Genomics”

• **Ping Y. Tai Foundation Research Grant in Skin Cancer/Melanoma**

Dan Filipescu, PhD, Icahn School of Medicine

“MacroH2A as a Novel Chromatin Regulator of the Melanoma Microenvironment”

• **J.T. Tai & Co. Foundation Medical Student Grants Targeting Melanoma and Skin Cancer Research**

Samantha Guhan, Massachusetts General Hospital

“Cyclin - Dependent Kinase 9 as a Therapeutic Target in Uveal and Triple-Wild Type Melanoma”

• **J.T. Tai & Co. Foundation Medical Student Grants Targeting Melanoma and Skin Cancer Research**

Natella Maglakelidze, Pennsylvania State College of Medicine

“Defining Aire Function in UV-Induced DNA Damage Response and Early Stage Non-Melanoma Skin Cancer”

• **J.T. Tai & Co. Foundation Medical Student Grants Targeting Melanoma and Skin Cancer Research**

Catherine Wang, National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institutes of Health

“Role of CD200 in Modulating Immunoregulatory Macrophages in Merkel Cell Carcinoma”

• **Cohen Family Medical Student Research Grant**

Eliot Zhu, University of Iowa

“Targetable Drivers of Drug Resistance to BRAF Inhibitors in Melanoma”

For more information on ASA grants, visit americanskin.org.

EVENTS

June 24-27 Maui Derm NP+PA Summer 2020, Virtual event. Contact: 831.595.0710, mauiderm.com

July 22-25 Music City Scale: Symposium for Cosmetic Advances & Laser Education, Music City Center, Nashville. Contact: 781.793.0088, scalemusiccity.com

July 26-27 Face and Body Midwest Spa Expo & Conference, Donald E. Stephens Convention Center, Rosemont, IL. Contact: 630.653.2155, faceandbody.com

August 1-3 International Esthetics, Cosmetics & Spa Expo, Javits Center, New York. Contact: 212.895.8234, iecsc.com

August 6-9 Aesthetic Extender Symposium, JW Miami Marriott Turnberry Resort, Miami. Contact: info@aestheticextendersymposium.com

August 13-16 AAD Innovation Summit, Washington State Convention Center, Seattle, Washington. Contact: 866.503.7546, aad.org

August 28-30 Masters of Aesthetics, InterContinental San Diego, San Diego, CA. Contact: 858.926.0697, moasandiego.org

August 30-31 Face and Body Northern California Spa Expo & Conference, McEnery Convention Center, San Jose, CA. Contact: 630.653.2155, faceandbody.com

September 8-11 Vegas Cosmetic Surgery, Bellagio, Las Vegas. Contact: 949.830.5409, vegascosmeticsurgery.info

September 10-12 Annual Meeting of the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), John B. Hynes Veterans Memorial Convention Center, Boston. Contact: 703.299.9291, aafprs.org

October 8-11 Annual Meeting of the American Academy of Dermatologic Surgeons (ASDS), Gaylord National Harbor Resort & Convention Center, National Harbor, MD. Contact: 847.956.0900, asds.net

October 14-18 International Society of Plastic and Aesthetic Nurses Annual Meeting, Marriott San Mateo Hotel, San Mateo, CA. Contact: 877.337.9315, ispan.org

October 16-19 Plastic Surgery The Meeting, Moscone Center, San Francisco, CA. Contact: 847.228.9900, plasticsurgery.org **ME**



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WEDNESDAY

JUNE 3, 2020

11:00AM PST/2:00PM EST

Presented by:

Thomas Trey Sands, MD, is a board certified plastic surgeon in private practice at Colon & Sands Plastic & Reconstructive Surgery in Metairie, LA.

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Telemedicine

Digital platforms are helping aesthetic practices weather coronavirus-related shutdowns—and are likely to see increased use long after the emergency ends.

The coronavirus pandemic and resulting office closures across the country have ushered in broader use of telemedicine in the medical aesthetic arena. Physicians are using a variety of video-based platforms to perform follow-up care and virtual consultations and maintain contact with existing patients.

When his Seattle-based office was forced to close, Alexander Sobel, MD, of Anderson Sobel Cosmetic Surgery, quickly shifted gears. “We have one team member in the office at all times during business hours to take phone calls and triage inquiries,” he says. “The remainder of the staff is working remotely. I’ve always been available on a phone call’s notice, and nothing has changed there. What has changed is, we have made telehealth more available to our patients.”

He is using Zoom, Doximity and MedXcom to follow-up with existing patients and perform virtual consultations. “Though it can be buggy, most people are familiar with Zoom, and it’s easy to use,” says Dr. Sobel. “Doximity is excellent for remote web calling with phone number ghosting. I’m primarily using MedXcom for existing patients; calls can be arranged and recorded in security and compliance with HIPAA.”

In March, The Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) relaxed the rules on telemedicine in relation to the HIPAA privacy rule. The OCR is temporarily allowing physicians to use nonpublic facing remote communication, such as Apple FaceTime, Zoom, Facebook Messenger video chat, Google Hangouts, and texting applications that allow “only an individual and the person with whom the individual is communicating to see what is transmitted.”

Gregory Buford, MD, FACS, founder of Beauty by Buford in Denver is doing multiple virtual consults each day through Zoom and utilizing email blasts, social media and teleseminars to maintain contact with existing patients. “My social media person has been invaluable,” he says. “She’s been helping us maintain outreach. In this time more than ever, people need to hear from us.”



Alexander Sobel, MD



Gregory Buford, MD

Prospective patients who request a virtual consult with Dr. Buford fill out a form outlining their concerns, medical history and procedures of interest, and send photos. After reviewing the information, he meets the patient on Zoom. “After the consultation, I forward the information to my practice manager, who comes up with a financial quote for the patient, and we go from there,” he says.

Dr. Sobel has been heartened by the connections he’s made with patients through his telehealth visits. “The telehealth consults that I’ve had, for me and hopefully for my patients as well, have been very meaningful,” he says. “These patients are basically inviting me into their living rooms. There is a level of engagement that is engendered by this awkward way of doing a consultation, and what I’ve found is an opportunity to relate to patients in a different, much more personal way.”

He believes this experience will improve his consultations with patients moving forward. “There is something inorganically organic about having the physician-patient relationship tested in this way that has brought me closer to some of these new consults,” says Dr. Sobel.

Both Dr. Buford and Dr. Sobel feel that telehealth will remain a permanent part of their practices. “This virus is going to be the catalyst for a pivot toward wider adoption of telehealth,” says Dr. Buford. “In terms of being able to connect with patients and save them the time of having to come all the way down to our office, those days are here.”

The newfound comfort with—and broader adoption of—telehealth will likely spur new innovations as well. “At some point, these platforms will need to interface with electronic health software. I foresee some of the major software players creating their own telehealth portals,” says Dr. Sobel. “I am anxious for guidance on best practices and medical ethics, because telemedicine is not going anywhere. We’re just going to learn how to do it better and use it more effectively.” [ME](#)

Inga Hansen is the executive editor of *MedEsthetics*.

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