A PERSONALIZED APPROACH TO PATIENT CARE

Part of being a physician is learning to communicate with patients. That is as true with aesthetic patients as medical patients. In fact, physician-patient interactions can make or break an aesthetic practice. Successful practices know how to engage patients and convert that interest into action. That requires an understanding of patient motivation and priorities and being able to create links for the patient between those and the recommended procedures. A lack of personalization can instead turn patients away.

As early adopters of aesthetics products and procedures, women between 35 and 64 are generally the initial targets of direct-to-consumer advertising. They populate our offices, and most of our experience and training is with them. Indeed, most aesthetic practices are geared almost exclusively to them. But the numbers are shifting, and we must expand our focus.

A rising group seeking treatment are men. Although distribution of patients seeking cosmetic procedures has remained relatively constant at about nine percent men versus 90 percent women between 2010 and 2016, the number of men having cosmetic procedures has increased markedly. In 2010, men had 750,074 procedures. In 2016, the number rose to 1,220,839. This increase of almost 40 percent was primarily due to the jump in male interest in nonsurgical rejuvenation. (American Society for Aesthetic Plastic Surgery 2010 and 2016 Cosmetic Surgery National Data Bank Statistics) The increase has been explained by socioeconomic pressures like divorce and re-entry into the dating world and recession-fueled layoffs and job hunting at an age when previously many men would have retired.

Similarly, the percentage of younger versus older patients has remained the same, but the number of treatments in patients age 19 to 34 increased 24 percent. Word has spread that early intervention can slow the signs of aging. And every year the number of noninvasive interventions grows. It is now routine for patients in their 20s to ask about eye creams and botulinum toxin to avoid the wrinkles they see in their parents. Resurfacing procedures are not just about peeling deeply but about improving texture and color gradually by improving permeability to cosmeceuticals. Tightening procedures are done before significant laxity develops. It is no longer just about a facelift.

How do we prepare for these rising populations of younger patients and men? Some offices have developed separate sections or new offices. "Man caves" are staffed by handsome athletic young men or attractive welcoming young women. The walls are lined with sports memorabilia and waiting areas with *Sports Illustrated*, *Men's Health*, and *Road & Track*. "Millennial skincare bars" promise same-day service and digital interaction at lightning speed. But how does the physician without the space or resources to get that specific keep up?

The key is that differences in gender and age are not just "skin deep." Certainly, a pink office with fashion photography filled with brochures featuring only women will not offer the most conducive setting for the average man to have cosmetic treatment. Simply creating a men's corner or featuring educational information for men gives them a comfort level. Millennials want to know that you can provide near immediate satisfaction of their needs through an appointment or purchase of product. Shifting the way you and your staff approach these patients will support your success in attracting them.

There are inherent differences in communication styles based on age and gender. In general, men tend to be more narrow in their thinking and best understand their options when we are direct in describing outcomes in terms such as, "This will make you look less tired," or ,"This will give you a stronger jaw line." They want to know that you will not make them look feminine. Many male patients are looking for a one-and-done treatment that will provide improvement with discretion. Simple topical regimens are best for this population known for using one product from head to toe for face, hair, and body. On the other hand, women tend to be more conceptual in thinking, so we combine the specifics with more descriptive terms for outcomes like "softer," "more approachable". Younger patients are often seeking immediate satisfaction. We must be clear about the "pop" of improvement they get versus the long term plan.

That said, all of our patients want to look and feel their best. Preconceived notions and stereotypes can be wrong. Listen to your patients and tune in to what they tell you by words, body language, and action. If you tailor your communication—in person and in your outreach—they will respond. Also realize that there are many physicians and many patients. We do not need to see all groups at all times. Our personalities and appearances will attract some patients more than others. That is okay. We should be aspirational to our patients and that doesn't work for every gender and every age for all of us. As the saying goes, "Don't throw the baby out with the bathwater." Go to your strengths. And don't lose your core patient population by trying to please everyone. ■


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