EDITORIAL BOARD FORUM: HOW WOULD YOU INVEST $100,000 IN YOUR PRACTICE?

IF YOU RECEIVED $100,000, NO STRINGS ATTACHED, TO INVEST IN YOUR PRACTICE, HOW WOULD YOU SPEND IT?

Steven Pearlman, MD, FACS: I would spend it on education, for me and my staff. I can always find excuses not to travel to observe other accomplished surgeons. Also, to send my staff to accomplished practices to see firsthand how other people do it better.

Heidi Waldorf, MD, FAAD: Sadly $100,000 doesn’t buy much these days! I’d use it toward paying for a great individual or company for branding/website/social media development.

Paul J. Carniol, MD, FACS: I would invest in additional internal and external marketing. Internal marketing is at least as important as external. For internal marketing, I particularly like the latest technology in which each patient can be given an iPad when they enter the office and select photos, videos and other educational materials in which they are interested. These latest applications even allow you to take a photo on the iPad that you can then draw on to demonstrate different procedures or concepts to your patient.

Vivian W. Bucay, MD, FAAD: I would hire a photographer to create an exceptional before and after photo gallery for internal marketing purposes. After 20 years in aesthetics, I find that a good photo is the best way to close a deal. The consultation is very important, but patients don’t always want our detailed explanations. Examples of our own patient treatment results work best in my practice.

Joel Schlessinger, MD, FAAD, FAACS: I would hire a patient coordinator who would only manage our existing cosmetic patients. While we have two patient coordinators, it seems that the last thing they do is to reach out to and make relationships with older clients.

Joe Niamtu, III, DMD: I have always taken at least 10 percent of my collections and reinvested it back into the practice since my inception. At one point it may have been $3K and I capped it at $250K, which I currently do. The majority goes to marketing, but not just running ads, but also reinvestment in my community through support of charities and the like.

We also do staff development where we send or take our staff to meetings or conferences and do staff appreciation days, etc. In some respects, it is all marketing, but very diverse between patients, community, and staff.

Jeanine B. Downie, MD, FAAD: I would use the money to purchase the Touch MD system (which I am about to do right now), that would include all the bells and whistles on the hardware and software. I do feel this system will help me with internal marketing with my patients who are already in my practice and would close more cosmetic procedures.

I would also consider hiring a cosmetic concierge to help structure my cosmetic consultations and make the flow easier for me.

Finally, I would look at all the new laser resurfacing technologies and consider buying a new laser for resurfacing.

Jason N. Pozner, MD, FACS: For me: marketing, as we have lots of devices. If I had no devices, then I would invest in a BBL (IPL).

WHAT WAS THE MOST REGRETTABLE INVESTMENT YOU MADE IN YOUR PRACTICE?

Dr. Pearlman: Purchasing a laser to “drive” new business. I don’t do body surgery, yet was one of the early purchasers of a first generation laser-lipo device. I didn’t take the number one tip at every technology seminar at every meeting: Don’t purchase technology to create a niche or part of your practice that you don’t already have.

S. Randolph Waldman, MD: My previous office was rented. I own my current office. When I left my previous office I left $500,000 in fit up expenditures for another plastic surgery group to inherit.
Dr. Waldorf: No question, my most regrettable investment was my EMR system. Although it is the ‘Cadillac’ of systems, it has sapped time, money, energy, and productivity from our doctors and staff over the last year. And unlike other investments in the practice, this one doesn’t bring in money.

Gregory A. Buford, MD, FACS: The investment that I have regretted has been in a few former staff members. I’ve realized over the years that your staff is everything and that all the marketing in the world and great surgical results can be undone in a second simply through patient interactions with a “bad egg” staff member. We recently let a staff member go after multiple complaints from both patients as well as other staff members. She had a horrible attitude but would rise to the occasion just enough to make me question replacing her. But when patients began complaining, I realized that I simply couldn’t keep her any longer. Since then, my revenues have risen dramatically, the staff rapport has improved, and our patients seem to be much happier.

WHAT WAS THE BEST INVESTMENT YOU MADE IN YOUR PRACTICE?

Susan H. Weinkle, MD, FAAD: My pension plan and my cash balance plan have been excellent and I think my employees who have all been with me forever truly appreciate this. Taking good care of your employees is extremely vital for a successful practice.

Dr. Waldman: I created a AAAASF accredited office surgical facility 12 years ago. This made my life much more convenient and helped differentiate my practice from many of my competitors and, of course, placed us in control of pricing and staffing rather than the hospital. There are many other advantages as well as a few small disadvantages.

Dr. Bucay: I sent an employee, who worked for me as receptionist for four years, to aesthetician school. Patients love her, and she brings in substantial revenue to the practice both from services she performs as well as through referrals to us for the services she does not perform, such as injectables, Ultherapy, and laser treatments (other than hair removal).

Dr. Schlessinger: Hiring a second patient coordinator: We went with one coordinator for years, and hiring a second one has increased my revenues by approximately 10 percent. It has easily paid off due to the ease of our days and the patient satisfaction rates.

Dr. Pearlman: My staff. New York City is an expensive place to practice. Salaries are quite high, but if you try to skimp, you will find it hurts your practice. If you find someone who is talented and they are more than you were planning on spending, do the math. Will one more surgical case a month make up for the higher salary? Is your peace of mind and the ability to let your staff take over much of the administrative things you are currently doing, worth it? Yes for both.

Dr. Buford: I agree. The best investment I have made is in choosing the right people for the job. As Jim Collins points out in “Good to Great,” you simply have to put the right people in the right seat. In other words, you need to identify individual strengths of each employee and figure out the correct position for them. If they’re not the best fit for their current position and you can’t find another position that works, then you simply need to let them go. I also strongly support the position of Zappo’s Tony Hseih that everyone has to be vested and believe in the company for it to be successful. He literally pays his employees to quit if he feels that they are not a good fit.

Dr. Carniol: The best technology investments were vascular lasers and fractional CO₂ lasers. They have worked for years, required minimal to no maintenance and there has been high patient satisfaction with the results.

Babak Azizzadeh, MD, FACS: I implemented a year-end bonus system that goes to all of my staff if we hit a financial net income benchmark; this has been the best money I have spent as it really makes everyone have pride of ownership, completely focus on goal at hand, and think about both income and expenses.

Dr. Downie: The best investment I have ever made is my staff, in particular my office manager. She is also my study coordinator and is extremely detailed orientated. My goals are her goals...which is great because it is 14.5 years later! Additionally, I love my Vanquish, Exilis, and Fraxel machines and have done very well with these technologies.

WHAT IS YOUR SECRET FOR “FINDING MONEY” IN THE PRACTICE?

Dr. Bucay: I welcome any ideas! We compare prices every few months to make sure we are getting the best pricing for office and medical supplies. One of my office managers is incredibly thrifty and uses every coupon and negotiates all kinds of discounts with vendors, especially our skincare vendors. She manages to keep shipping costs as low as possible. I also insist on signing off on purchase orders. I may choose to spend a ridiculous amount on shoes, but I do make sure that no one is wasting money on overpriced supplies, such as pens, ink cartridges, toner, paper, etc.
Dr. Weinkle: I look at all invoices. I also do not like being overcharged, especially with shipping charges. Just today I found where my assistant ordered a $19.00 item and the shipping was $14.99. We simply called the vendor and they said it was a mistake. I also joined the ASDS GPO, Aesyntix, in order to save money on my suture prices. We are sure to turn down air conditioner on weekends. We make sure lights are off in the evening because cleaning crew do not come in until later.

Dr. Pearlman: Compare vendors. For the OR, I started using Pipeline, they saved me 20-30 percent over the other more popular vendor in the Northeast. From time to time my front office staff does the same for office supplies.

Dr. Weinkle: Monitor overtime but realize that some employees truly do work hard and deserve it. I buy excellent quality products and also take really good care of my equipment. I have had the same cryostat, Midmark tables, microscope, and surgical instruments for 30 years. My husband and I built an office together 22 years ago. We built extra space which we have leased all this time and this has totally maintained and paid for the building.

Dr. Waldman: I do not do external marketing so that allows me to devote my resources to internal marketing or the marketing of my previous and current patient base.

Dr. Schlessinger: We recently ran a “we want you back” campaign. In it, we offered Dysport at 1/2 price to individuals who hadn’t been in for two years or more. Our numbers were sensational and it proved that marketing works to old, inactive patients.

Neil Sadick, MD, FAAD: I have increased my own consulting opportunities.

Dr. Niamtu: I have to be honest with you that I will never put topical anesthesia in cups. Life is too short to do that or drink cheap wine. I recently published an article in the Journal of Clinical and Aesthetic Dermatology (2014 Jun;7(6):33-7), where I did a study on “empty Botox” vials and found the average vial has 5.08 units of residual toxin in the bottom. In a single year that would be a $17K net loss in my Botox injections. We remedied this by removing the stopper, tilting the vial (you can’t see residual fluid when the vial is level) and drawing out the residual with a 32-gauge needle. I probably could save some money by penny pinching but can say the same about using regular gas and eating dinner at Burger King. I want to be reasonable, but not miserly.

Dr. DowNie: We keep credit cards on file. This is not “finding money,” but when patients owe us money, we simply charge their credit cards to avoid sending them to collections. Thereby, we “find” money that they may have never sent. Unfortunately, paying doctors is a low priority for even some wealthy patients.

Dr. Buford: I would agree with Joe in that I really don’t have time to penny pinch in a ton of areas. I always remove the stopper from the Botox bottle to glean the last few precious drops. Other than that, my biggest way to create dollars is through consistency in Customer Service. I find it interesting that many practices spend a great deal of money marketing their office and then completely forget about Customer Service. This disconnect alone is costing many of us a ton of money every year and we don’t even know it!

Dr. Pozner: Stop waste! The best talk I ever heard on this was by Dr. Jeff Dover on stupid things we spend money on. Right now I am on a clean up telecom binge—too many stupid monthly charges for iPads, etc.