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Botox injections, which can cost several hundred dollars per treatment, are the most popular nonsurgical procedure.

PULSE

Face Lift

Primary care doctors are getting into the beauty business.

A man with a large vein running across his nose wears a huge mustache, hoping to make the vein less noticeable. A woman with dark facial pigmentation walks with her head down and wears her hair long, so it swings forward to cover her face. Hardly Hollywood hunks and starlets, these are regular folks who simply want to feel better about themselves and who, according to the Minnesota physicians who treat them, are driving the growth of aesthetic medicine.

Although not recognized as a medical specialty, the field is attracting more and more physicians—especially those trained in family medicine, internal medicine, and OB/GYN—who want to supplement or perhaps eventually replace their traditional practice. They are attracted to the challenge of learning new procedures in a rapidly evolving industry as well as the fact that such business is cash-based, making it easier to collect fees for service. But some of their colleagues worry about the implications of this trend for primary care.

"What it shows is that we're not adequately compensating people for doing primary care," says Terry Cahill, M.D., a family physician at United Hospital District Clinics of Faribault County in Blue Earth. He acknowledges that many organizations, including the Minnesota Academy of Family Practice, offer seminars that teach doctors how to supplement their income through aesthetic services. But he also suspects that those who make this choice may be doing what they need to do to survive.

"My bottom line is that I don't resent or mind doctors who feel a need to do [aesthetic treatments], but that's not what I got into medicine for. I'm sitting in a town desperate for primary care physicians, and if we could pay people for doing that, I wouldn't be working 70 hours a week," he says, noting that a laser treatment can cost $1,500, slightly less than what he charges for pregnancy care but must go through insurers to collect. "It's not the doctors' fault. They're not the bad guys in this scenario."

But not everyone sees it that way. "At first, my family members said, 'How can you do this?' People think it's cosmetic and superficial. But really, it's not," says Kory Tuominen, M.D., a board-certified family physician at Lake City Medical Center and co-owner of Refined Skin, Inc. in Red Wing. "I see everyday people with something bothering them that affects their psyches," he adds, pointing out that his clients are not necessarily the wealthy or well-known. When the patient whose nose vein he removed with the laser returned for a six-week follow-up visit, the mustache was gone, "and he came in bouncing. It was kind of a neat thing."

The rewards of aesthetic medicine are far more than monetary, Tuominen and others contend. They enjoy helping patients feel better by looking good, people like the woman who hasn't worn shorts for years because her unsightly leg veins embarrass her or the mom who wanted Botox between her eyes because her kids thought she was always mad at them.

"It tends to be viewed as expensive and elite, but that's just not true," says Ryan Kelly, M.D., a family physician with Fairview Mesaba Clinic in Iron Mountain. "Ordinary folks spend money to get their hair done, and they'll also spend money on skin care products and cosmetic procedures."

Kelly introduced aesthetic procedures into his practice about three years ago both because he enjoys the variety they offer and because patients wanted them. He leases a laser and sets aside special days at his clinic for these services. Kelly sees about 15 to 20 patients a month on average; so far, "it

hasn't been a huge thing economically," he says. Tuominen isn't making money hand over fist, either, although he has eliminated extra shifts to supplement his income. He still sees his family medicine patients four days a week and covers call. But he then spends his day off, plus some weekend and evening hours, at Refined Skin, a 650-square-foot clinic housed in Red Wing's St. James Hotel since 2006.

"I like a lot of procedural things, and I do a full spectrum of them in family practice care—delivering babies, ER, hospital care. When this came up, it was a combination. It's totally different but also procedure-based, with immediate results. I also like the emerging business aspect of it—it's a better investment of my time," he says. Although he recognizes that some physicians, especially those nearing retirement, eventually hope to practice aesthetic medicine full time, Tuominen says that is not his current plan.

A New Look

Aesthetic medicine's core competencies, which are covered by a medical license, include light-based therapies (for hair removal, laser treatment of veins), cosmetic injectables (Botox, soft-tissue fillers), and skin rejuvenation (medical-grade chemical peels, microdermabrasion), according to the International Association for Physicians in Aesthetic Medicine (IAPAM), a Las Vegas-based association that sets standards and offers education and credentialing.

Jeff Russell, IAPAM executive director, says family physicians, internists, and OB/GYN specialists are represented about equally among the two-year-old organization's 300 members; about 15 percent are dermatologists and plastic surgeons. (The organization doesn't track the total number of physicians doing this work.)

Demand for aesthetic services certainly exists, especially with 78 million aging baby boomers determined to stay forever young. Of 11.7 million cosmetic procedures performed in 2007 (generating fees of just under $13.2 billion), 82 percent were nonsurgical, according to the American Society for Aesthetic Plastic Surgery. Since 1997, surgical procedures increased by 114 percent, while nonsurgical procedures increased by a whopping 754 percent.

Nationally, the most popular nonsurgical procedures are Botox injections, which cost an average of $380 per treatment. Therein lies some of the appeal for physicians tired of copious paperwork and insurance reimbursements that cover less than half their traditional fees. "A patient in North Carolina who was haggling over her $25 copay had no problem reaching into her purse for $2,000 to pay for cosmetic procedures," Russell points out.

A Different World

In addition to creating standards and doing credentialing, IAPAM helps physicians understand the business side of aesthetic medicine. Russell says the organization warns them about franchiser scams and helps them control high startup and operating costs—the chief cause of aesthetic practice failure. A standard laser can cost about $150,000, or about $1,500 per month to lease, he says. The total cost of incorporating aesthetic services in a spruced-up clinic can run $250,000, and establishing a stand-alone clinic might be $450,000.

When they opened Skin Rejuvenation Clinic, P.A. in Edina in 2005, family physicians Elizabeth Brauer Hagberg, M.D., and Mark Hagberg, M.D., were overwhelmed at first by the business aspects, from accounting to advertising—none of which they learned in medical school or residency. "This is different from a typical medical world. It's a cash-based business, and marketing is a necessary evil," says Elizabeth Hagberg. Although she loves the people part of marketing, such as sponsoring a ladies night out to introduce prospective patients to treatments such as microdermabrasion and broadband light applications, she says the expensive-but-crucial advertising part is "a hard pill to swallow."

The Hagbergs' 3,200-square-foot clinic, its waiting room like a cushy living room, boasts five lasers, two broadband light units, and several well-appointed treatment rooms. Elizabeth Hagberg says that she personally sees 10 to 15 patients a day, as opposed to the 35 she might have seen in her family practice; sometimes she spends a whole morning with one, something she probably wouldn't have had time for in her previous life, when a waiting room full of ailing patients required immediate attention.

Elizabeth Hagberg believes that skin often is ignored by primary care providers and deserves more medical attention. And she thinks patients seeking treatment for their skin need physicians trained to take careful histories, spot precancerous lesions, handle any adverse reactions, and prescribe medications. So far, she says, none of her peers has raised an eyebrow or implied that she has turned

her back on “real” medicine.

“We’re helping people more than is the public perception,” she says. “What we’re doing makes a difference to them.” And what she likes best is watching a patient once again face the world with her head high and her hair swept back.**—Cathy Madison**