

# THE AMERICAN BOARD OF FACIAL COSMETIC SURGERY



## MESSAGE FROM THE PRESIDENT

### - A YEAR IN REVIEW -

John P. Fezza, M.D.

Foremost, I would like to express my sincere gratitude in being given the privilege to serve as President of the American Board of Facial Cosmetic Surgery this year. As I reflect upon the past year, I would like to share some of the amazing advances that occurred at the ABFCS over the past 11 months. Thanks to our members, I would like to acknowledge unprecedented growth in our board. **We started 2017 with just over 100 members and grew to 137**, with another 12 potential new candidates who challenged the board exam. Depending on the pass rate, this will bring our ranks close to 150 and there is the likelihood of even more new members who have the option of dual board certification once the ABCS exam results are tallied. This can account for a greater than 50 % increase in our membership numbers in less than a year! We had excellent dues collections and a low attrition rate with only 2 members dropping out of the board. This contributed to our strong financial position.

Our monetary corpus has grown and we instituted a moderately conservative investment strategy with methodical entry into the market with dollar cost averaging. This has allowed our Schwab investment account to swell to over \$100,000. I am pleased to report our balance sheet demonstrated financial health and we stayed within budget this year.

Of importance, we also added value to our members in several ways. When I assumed the position of president, one overlying question I was asked was "what is the benefit to join the board?"

We conveyed a powerful message that the ABFCS is the only board focused solely on credentialing surgeons demonstrating expertise in facial cosmetic surgery. This resonates with many physicians who want to set themselves apart and achieve the highest level of knowledge to best serve their patients. We updated our website and part of this included discussion points on the value of achieving board certification in facial cosmetic surgery. Other web updates included the test exam date, a checklist for applicants and a dues payment section.



President, ABFCS

*A YEAR IN REVIEW, CONT. 1*

There are several other tangible areas where we added value this year. We started quarterly online surveys focused on facial cosmetic procedures, and tabulated and distributed the results to our members. These topics spanned from nonsurgical procedures, surgical preferences, business practice and economics with surgical fees that are only available to our members. The results were circulated in our newsletters and analyzed by one of our expert members on that topic. The newsletter also achieved new heights, thanks to the hard work and diligence of Dr. John Martin, who did an exemplary job. He breathed new life into the newsletter with on time and consistent quarterly delivery. He was also instrumental in finding technical help to construct and format the letter for free, so we did not incur the anticipated costs of producing the newsletter. This helped us stay ahead of budgeted projections in an area that often requires heavy allocation of funds.

I personally enjoyed the content of the letter and the new member spotlight feature, which allowed us to get to know some of our members better. As we are spread all over the country and in different specialties, I feel this made us feel more connected.

Watch for this month's spotlight on our new president for 2018, Dr. Cary Nease. Dr. Martin also included dates of pertinent medical meetings in our newsletter and is adding a video section, which will enhance our platform. The newsletter also served as a good vehicle to keep surgeons connected with our management team, Omega Management. They worked conscientiously on the day to day operations and I would personally like to thank them for their support. A special shout out to Staci Finch, who tirelessly worked behind the scenes and helped me reach our lofty goals on many projects I wanted implemented this year.

Another exciting benefit is access to a new online forum to exchange ideas and present patient cases. This online site, Doc Matters, was pioneered by Dr. Marshall Green, and is available free to all ABFCS members. I have logged onto the site and found it to be fun and informative, and it allows another avenue for our members to exchange ideas. This year we started 4 x 4 on call panels, composed of subspecialists in 4 areas of expertise of dermatology, oculoplastics, facial plastics, and oral maxillofacial surgery. Four surgeons from each subspecialty are available 24/7 for our members to contact regarding practice or patient questions. We also instituted a loose policy that allows members to visit other member's practices for a day at no charge to promote exchange of ideas and observation of surgical techniques. While this lies at the discretion of each member, a majority responded favorably to this concept. The openness to share knowledge is an amazing benefit of the ABFCS, and often surgeons charge a fee or restrict access to their practice. We can all benefit from the exchange of knowledge and willingness to share our ideas. This spirit of collegiality embodies an important principal of the ABFCS.

*A YEAR IN REVIEW, CONT. 2*

We saw growth in other dimensions, such as interest from doctors outside the United States. An international membership category was formed under the guidance of Dr. Cary Nease and Peter Canalia. As our exposure grows, I have personally witnessed a significant uptick in interest from many physicians who are now seeking to join in the future. We have also strived to make the board examination process more palatable and easier to study for. Future examinees can gain access to the AACS review course materials pertinent to facial cosmetic surgery for a price of \$500. Although we encourage candidates to attend the yearly review course, some have conflicts, so the outline and review materials provide a more tangible syllabus and structured guidance for candidate preparing for the exam.

Commitment by many members to  
education continues to be the hallmark of  
the ABFCS.

I am proud many members are leaders actively involved in teaching as witnessed by a significant presence of our members' involvement in courses and on the podium at the AACS meetings. I look forward to an even stronger connection to our educational arm, the AACS, as Dr. Suzanne Obaji assumes the AACS Presidency. We strive in the future to improve coordination and communication with the AACS, particularly regarding connecting physicians interested in AACS sponsored fellowships.

Lastly, I would like to encourage our members to become involved in the many committees and leadership roles the ABFCS offers. As with most medical organizations, ours is volunteer based and relies on our talented members' work. We have adhered to our by-laws and are rotating 4 members off the Board of Trustees and have a ballot for members to fill their vacancies. I am thankful for all your support in making this past year so successful. It has been a fun and exciting year and I am truly honored to be associated with such a fine organization.

I look forward to a dynamic future, and I am confident my successor, [Dr. Nease](#), will propel it to new heights.

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## FROM OUR INCOMING PRESIDENT, DR. CAREY J. NEASE

Greetings from Chattanooga, TN! I hope everyone had a relaxing Thanksgiving and is ready to finish the rest of 2017 well.

I am honored to introduce myself as the incoming president of the ABFCS for 2018.

We had a great year under the guidance of Dr. John Fezza, and I plan to continue the mission and vision he laid out for us going forward. Please allow me to tell you a little bit about myself.

I graduated from Medical school at the University of Florida in 1998 and then completed an otolaryngology, head and neck surgery residency at the University of Oklahoma in 2003. I spent 3 years in private practice in North Georgia until finding my calling, and in 2006 spent a year with Dr. Jim English in Little Rock, AR learning the art of Cosmetic Surgery. I have been in practice at Southern Surgical Arts, 100% dedicated to our specialty, since finishing my training.





I became a diplomate of the ABCS in 2008, and then also the American Board of Facial Plastic and Reconstructive Surgery in 2011. I have been on the board of trustees of both the ABCS and ABFCS for the last several years, and I am also the incoming secretary of the AACS.

In my home life, I am a husband to Pamela (23 years) and father to 4 great kids, ages 21, 19, 17 and 16, with two in college at Auburn and two in high school here in Chattanooga. We love adventures and travel, including SCUBA diving, snow skiing, hiking, fishing and sailing. I also am a musician (piano, guitar) and enjoy playing golf when I can find the time! My family is also passionate about serving in our church and in the mission field, specifically in Maniche, Haiti, where we are working towards a clean water source for that community.

I was the chair of the oral exam committee this year and can report that we examined 11 candidates for the ABFCS in October in Dallas. It is my goal to exceed that number for 2018 and also to increase the number of Facial Cosmetic Surgery Fellowships through the AACS. We are over 100 strong, are very secure financially, have a dedicated leadership and management team, and I expect big things for our future. Please let me know if you have any questions or concerns and I look forward to representing you this year.

## A LETTER FROM THE EXECUTIVE DIRECTOR

David G. Clark, J.D.



ABFCS Executive Director

As our 2017 Board President Dr. John Fezza has expressed in this newsletter, it has been a very productive and successful year for your board. I express my gratitude and appreciation for Dr. Fezza's active and creative leadership in 2017 as well as that of all of our Board of Trustees, committee chairs and Executive Committee officers. It has been a busy year and much progress has been made to grow the ABFCS and expand its influence within the profession.

The October board exam held in conjunction with the ABCS in Dallas went off without a hitch. Dr. Carey Nease, our incoming ABFCS President, did an outstanding job as oral exam committee chair and Dr. Mitchell Kaye served as chair of the written exam committee. We look forward to successful exam candidates becoming Diplomates of the ABFCS.

Pursuant to our bylaws we are re-structuring our Board of Trustees ("BOT") to implement "staggered" terms so that approximately one-third of the BOT members drop off in any given year. We have a term limit of two consecutive three-year terms and do not want the entire BOT "termining out" at the same time! Since 2017 was the third full year of the initial BOT term we solicited four members to decline a second term. We thank Dr. Swetnam, Dr. Obagi, Dr. Hlavacek and Dr. Cuzalina for their service as initial ABFCS BOT members and welcome Dr. Ryan Diepenbrock, Dr. David Holck, Dr. Talon Maningas and Dr. Tanuj Nakra as replacement Board members to serve an initial three year term starting in 2018.

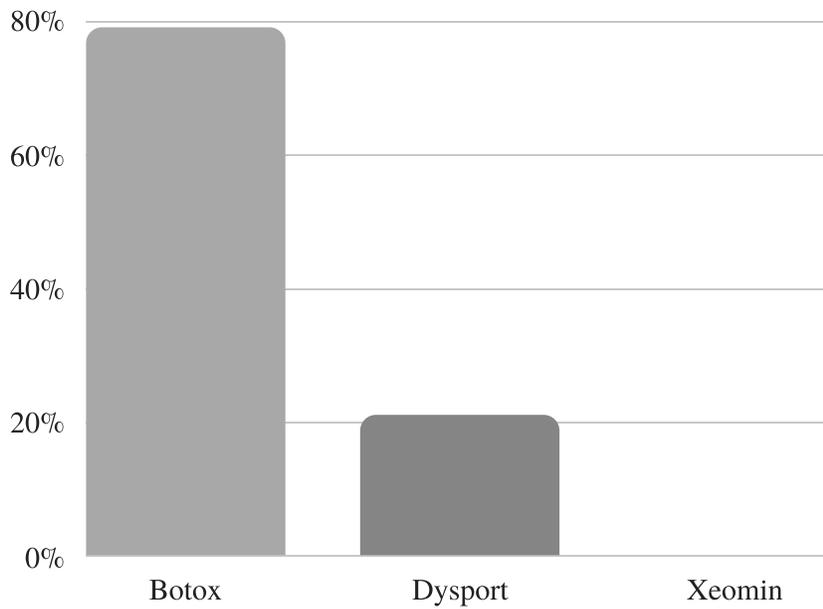
In November 2018 we will solicit three or four Board members completing the first year of their second term to drop off the BOT to be replaced by new members. The process will be repeated in 2019 after which we will have a fully "staggered" BOT going forward. Board of Trustee membership is open to any ABFCS Diplomate in good standing and we encourage any and all Diplomates who wish to influence the future direction and success of the ABFCS to consider standing for election to the Board of Trustees.

# SURVEY RESULTS PART I

We delivered a survey about practice logistics to our members.  
The results are below:

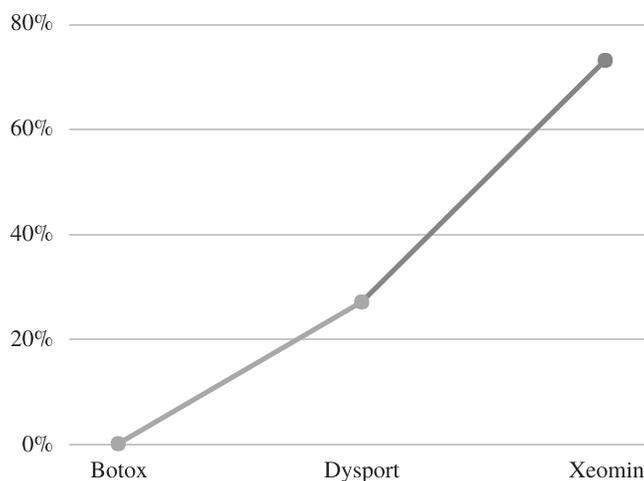
Q1:

There are 3 botulinum toxin A's currently commercially available in the U.S. Which of these neurotoxins do you use the most in your practice?



Q2:

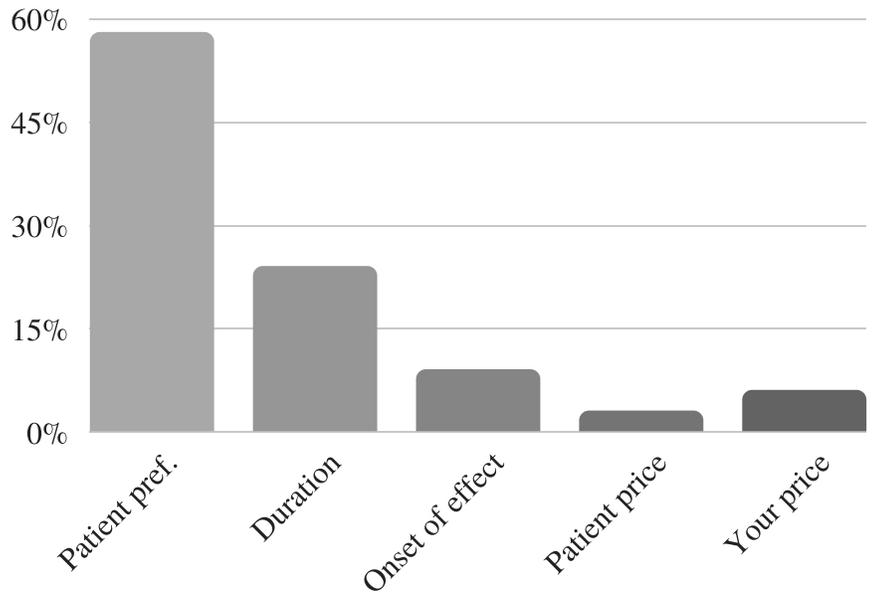
What Neuromodulator do you use least?



# SURVEY RESULTS PART II

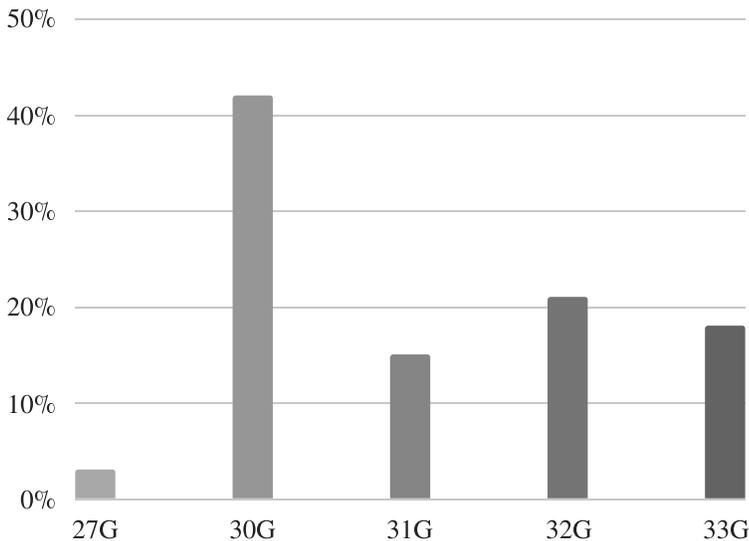
We delivered a survey about practice logistics to our members.  
The results are below:

## Q3: On what do you base your choice?



## What size needle do you use?

## :Q4

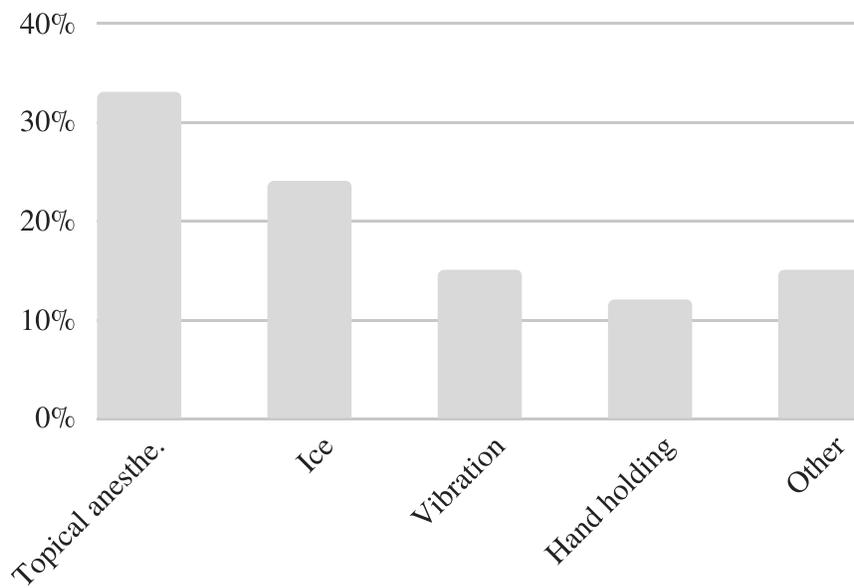


## SURVEY RESULTS PART III

We delivered a survey about practice logistics to our members.  
The results are below:

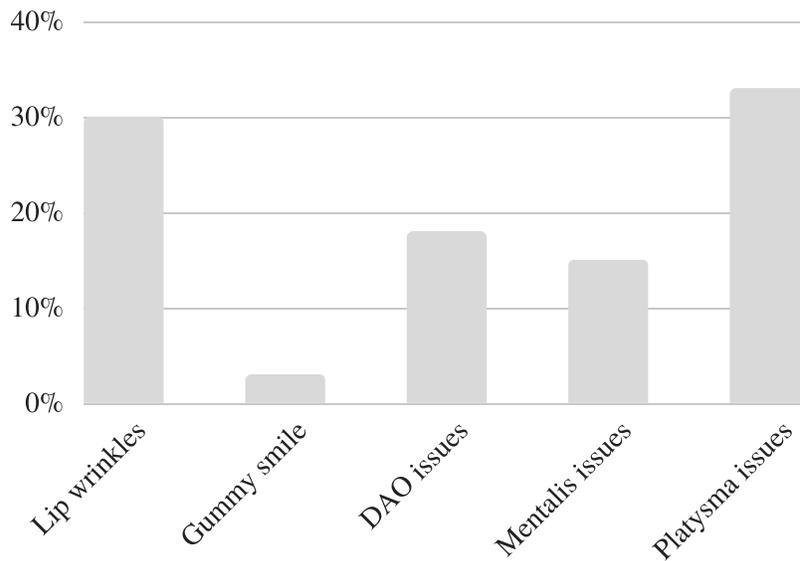
### Q5:

How do you dampen the pain of the injection?



### Q6:

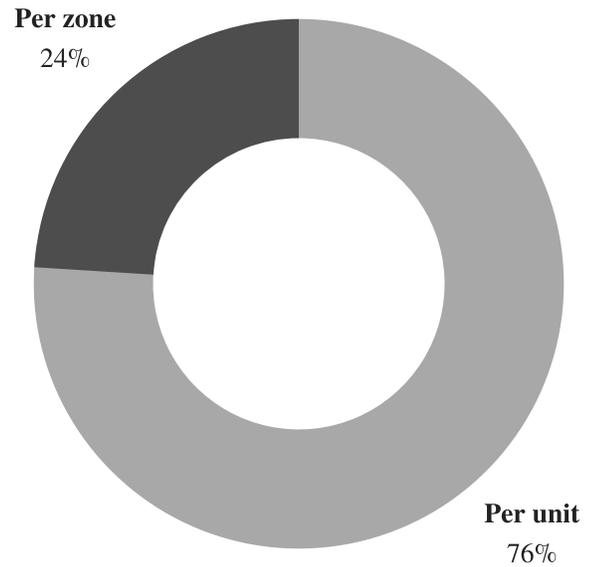
What area do you most commonly treat with neurotoxin below the eyes?



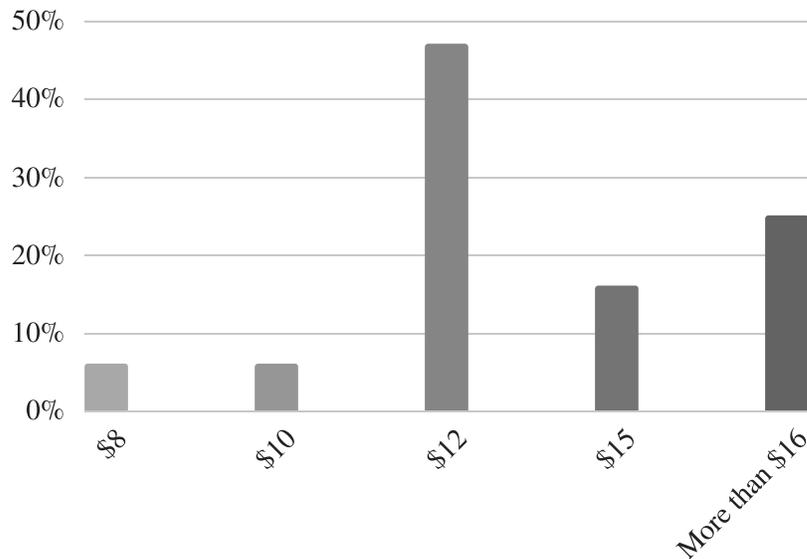
# SURVEY RESULTS PART IV

We delivered a survey about practice logistics to our members.  
The results are below:

**Q7:** How do you price your neurotoxins?



**Q8:** How much is Botox priced per unit in your practice?

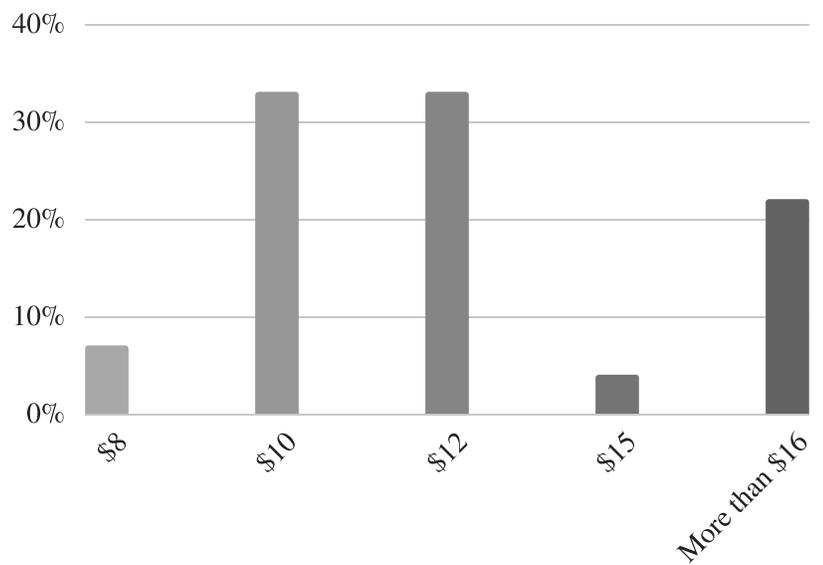


## SURVEY RESULTS PART V

We delivered a survey about practice logistics to our members.  
The results are below:

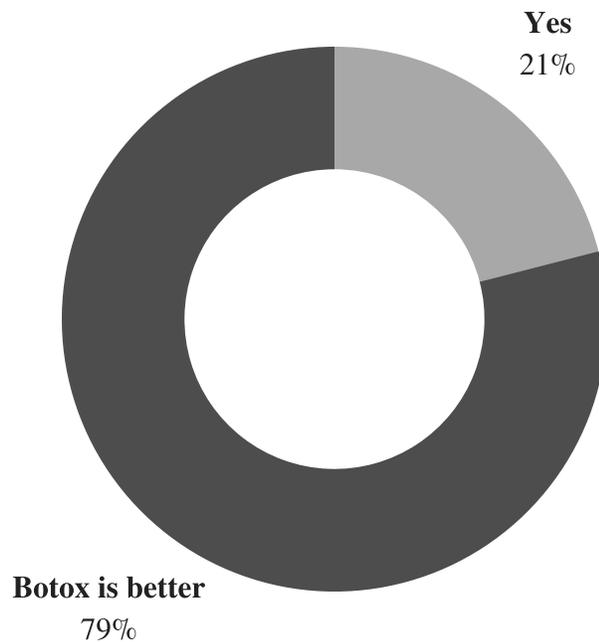
How much is Xeomin priced per unit?

:Q9



Q10:

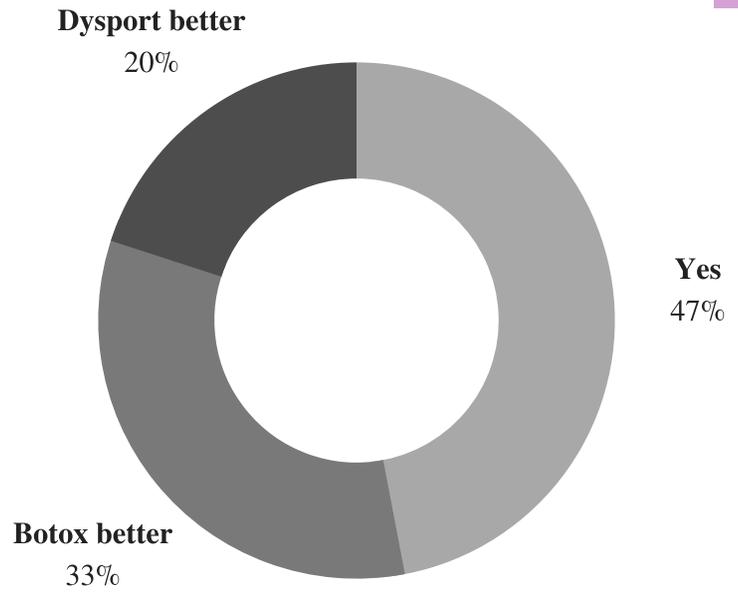
Do you feel Botox and Xeomin have equal efficacy?



# SURVEY RESULTS PART VI

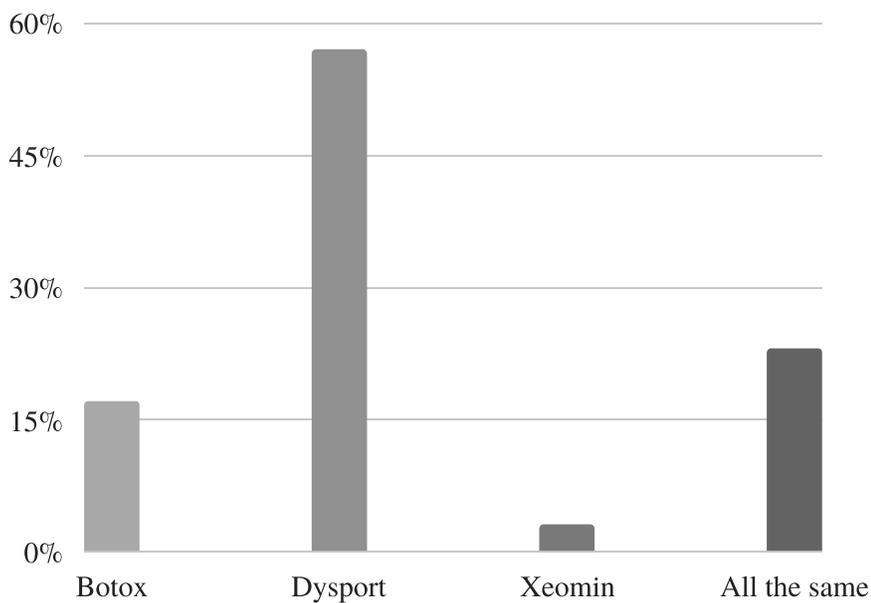
We delivered a survey about practice logistics to our members.  
The results are below:

Do you feel Botox and Dysport have equal efficacy? **:Q11**



**Q12:**

Which neuromodulator has the quickest onset of action ?

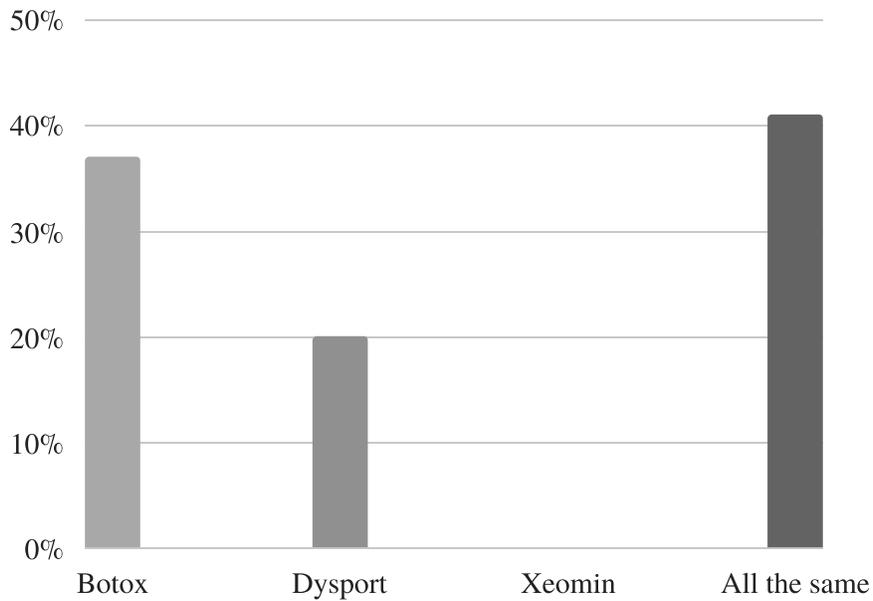


# SURVEY RESULTS PART VII

We delivered a survey about practice logistics to our members.  
The results are below:

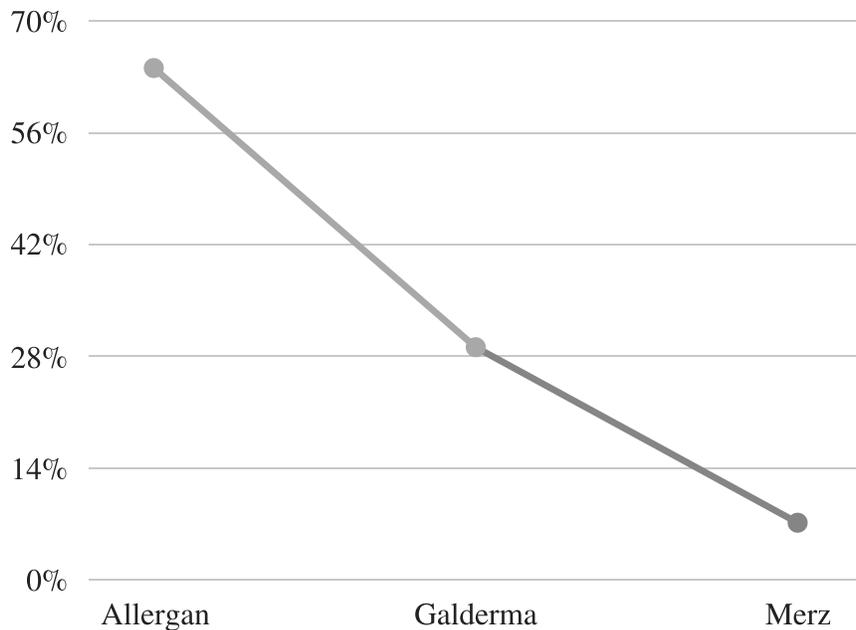
**Q13:**

Which neuromodulator works the longest?



Which company has the best rebate program ?

**:Q14**



# SURVEY RESULTS ANALYSIS

Alan Brackup, M.D.



While the percentage breakdown for specific neurotoxin use in this survey mirrors the market share in the United States, the rationale used to determine this choice is most interesting.

Fifty-eight percent of surgeons based their selection on patient preference; this suggests that either the patient has been trialed with multiple different neurotoxins, or they present with specific prejudices guiding their choice. I have not personally experienced such a phenomenon in my own practice. In fact, it is rare when a patient even suggests an alternative to Botox. Perhaps the respondents interpreted this question to mean how an individual product would benefit a specific patient, e.g. product diffusion.

Additionally, 24% of respondents identified a difference in duration of effect to support their selection bias, and again in my own practice and those I queried to formulate these comments, there was no significant duration difference, at least between Botox and Dysport. In the breakdown between the 2 products, 38% felt Botox lasted longer, while 21% felt Dysport was the winner here. Forty-one percent felt they were equal. Given the 80-20 Botox-Dysport bias in the survey, this suggests that when duration was believed to be equal, Botox was selected virtually every time.

In another question, 33% of respondents felt Botox was more efficacious, while 20% believed Dysport was the better product, with 47% grading them equal. Again using the 80-20 Botox-Dysport bias in this survey, this response suggests that for those who find the 2 products equal, they are consistently selecting Botox over Dysport.

Regarding price, I find it interesting that 59% of respondents price Botox at less than or equal to \$12 per unit, while 41% price the drug at greater than or equal to \$15 per unit. It might be illuminating to see how this breaks down using variables of physician or nurse injector, geographic region, or years in practice.

## SURVEY RESULTS ANALYSIS **CONT.**

Alan Brackup, M.D.

Lastly, I was surprised to see 33% of respondents using topical anesthesia for neurotoxin injections. As a physician injector, I would not have the time to provide this service given the volume of patients I see. While only 15% of respondents used vibration at the time of injection, our practice has found this to be quite effective as an alternative.

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### About Dr. Alan Brackup

Dr. Alan Brackup is a graduate of Stanford Medical School. He completed his residency in ophthalmology at Stanford University Medical Center, followed by a fellowship in oculofacial plastic surgery at the University of Iowa. He was the first surgeon in the US to be board-certified in both facial cosmetic surgery and ophthalmology. He has published and lectures extensively on cosmetic surgery procedures. Dr. Brackup is an Assistant Clinical Professor at the University of Pennsylvania, and co-director of ASOPRS fellowship programs at the University of Pennsylvania and Albany Medical Center.

# DocMatter

## What is it and why do we need it?

Ryan Diepenbrock, M.D.

DocMatter is a platform that provides a forum for health care professionals to correspond, discuss cases, and share ideas. The Facial Cosmetic Surgery Forum was started in October as a way to strengthen correspondence for Oral and Maxillofacial Surgeons sub-specializing in facial cosmetic surgery. This is a free site which is dedicated to education.

Unlike Realself.com, Docmatter.com is a secured site, by invitation only, that is closed to the public. It is not used to promote your business or answer public inquiries, it is for us to discuss tough cases, ask about complication management, treatment scenarios and sequences, and any other general questions.

I am excited to expand this group to include experts  
from multiple specialties.

This will provide an exceptional tool for ABFCS diplomates to learn, grow, and share their expertise.

## MARKETING TIPS

Jennifer Deal, MPPM, provides marketing tips to help practices understand the buying process

*Previous marketing tips can be found at [www.ambrdfcs.org/blog](http://www.ambrdfcs.org/blog).*

 Make your patient surveys smarter (and more quantitative) with Likert scale questions.

Would you recommend this advice to a peer? Yes or No

Are you likely to eat sherbet this week? Yes or No

Are you satisfied with the smooth jazz playing in the waiting room? Yes or No

I'm so tired of patient surveys that are built around binary responses. A simple "Yes" or "No" can be reassuring, but those types of answers are much too neutral to tell you how strongly someone might hold a belief or feel about an experience. Binary responses also make it nearly impossible to search for relationships between responses to different questions. It might be easy to tally up a bunch of "Yesses" and "Noes," but you won't be able to see any deeper than that. Those types of patient surveys are a missed opportunity.

I prefer to use a healthy dose of Likert scale questions when trying to learn about patient experience, motivations, attitudes and the likelihood of future actions.

Here's one example of a Likert Scale question - "Rate this statement on a scale of 1 to 7, 1 being strongly disagree and 7 being strongly agree: "I'm more likely to have cosmetic surgery once my friends have it." Or, "I followed each and every one of my doctor's post-op instructions."



Treasurer & Past President, Cosmetic Surgery Foundation  
Marketing Director, Southern Surgical Arts  
Practice Consultant

## *MARKETING TIPS, CONT. 1*

The benefit of those types of survey questions is that the responses are quantitative, which lends itself to deeper analysis. Instead of counting “Yesses” and “Noes,” you can calculate simple averages and frequencies or perform more advanced statistical analyses like correlations and regression modeling.

Remember how you once had to perform factor and cluster analysis to classify patients based on clinical or laboratory-type observations for medical research? Marketers commonly use factor and cluster analysis for market and customer segmentation.\*

Here are some quick pointers on how to properly incorporate Likert scale questions into your patient surveys:

- **Odd is better than even** - Scales with an odd number of values (e.g. 1-to-5, 1-to-7) will have a midpoint, which makes it easier for respondents to quantify answers in their mind (and on your survey).
- **Use words instead of numbers as labels for each end of your scale** (e.g. 1 = false, 7 = extremely true; 1 = strongly disagree, 7 = strongly agree)
- **Use Likert scale questions to make qualitative questions more quantitative.** Supplement open ended questions like “How can our post-op instructions be more detailed, understandable and easier to follow?” with Likert scale questions such as “1 = strongly disagree, 7 = strongly agree; Our post-op instructions are detailed, understandable and easy to follow.”

Don't just study the relationships between respondents within survey periods (and responses to questions within the same survey period). Using the same Likert scale questions in surveys over time will give you a longitudinal view of how your customers' experiences, attitudes and satisfaction are changing over time. That's a great lens into your practice's performance.

\*Academic researchers agree that it's okay to treat Likert scale responses as metric (a.k.a. interval) data instead of ordinal data. Correlate away!

*MARKETING TIPS, CONT. 2*

There is an inverse relationship between impatience and success.

**Patience is essential.** After all, it takes time to build the marketing processes and tools that give your patients what they need at each stage of the sales cycle. It takes even more time to create blog posts, before and after photos, ebooks on procedures, testimonial videos and other items that will inform prospects throughout each stage of their journey.

Once you've expended the effort to share your outcomes and expertise with the world, it takes time for prospective patients to find it. Google has to index your content and rank it in search results. Prospects have to digest this information and apply it towards informed decisions at each stage of the sales cycle. It also takes time for you to measure what works and enhance accordingly.

Just like you move autologous fat to create a better look, your marketing staff should always look for opportunities to shift resources based on what's working (and what could be improved).

Sustainable, significant growth doesn't come in a matter of months. You can't have a payoff without persistence.

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## UPCOMING EVENTS

### **AACS 2018 Annual Scientific Meeting**

February 1-3, 2018

Mandalay Bay, Las Vegas, NV

[www.cosmeticsurgery.org](http://www.cosmeticsurgery.org)

### **5th Biennial Caribbean Facial Plastic Surgery Update Symposium**

February 7-11, 2018

Grand Cayman, Cayman Islands

[www.fps-int.com](http://www.fps-int.com)

### **Facial Rejuvenation 2018**

April 12 - 15, 2018

Chicago, IL

[www.aafprs.org](http://www.aafprs.org)

Please contact us for any events or meetings  
you would like us to post in future newsletters!