

Edited by Joel Schlessinger, MD

Q How do you market your services? Is there a certain number or figure you use to calculate how much to advertise?

A This is one of the most common questions I get when speaking. As with much of medicine (and business), there is no pat answer for this. There are no easy answers because most practices vary greatly, and advertising dollar expenditures can vary just as much. For example, if you are starting out, your advertising dollars may be much higher than when you are established. Additionally, if you have a new procedure, your dollars may go up exponentially but may decrease once it is firmly established in the public mind.

—JS

Q Do you still think that Yellow Pages ads are effective?

A If you ask if we use them: yes. If you ask whether they pull as well as five or 10 years ago: definitely not. Over time, methods of patient referrals have changed significantly. While many folks reached for the trusty Yellow Pages even five years ago, they now have multiple ways to find a dermatologist that didn't even exist at that time. Also, there are multiple different books that vie for attention in the crowded Yellow Pages market. We still advertise in it but have decreased the size of our ads significantly in our area. Additionally, we try to avoid the typical push to increase each year and add various colors and additional services. We track our referrals very carefully and haven't seen any significant changes in our rates of referrals via phone book ads.

—JS

Send us your questions about any aspect of dermatology, and we'll get an expert response. E-mail tpigeon@avondalemedical.com

Practical Pearls In This Issue

Managing your brand entails that you deliberately choose a position that you are uniquely qualified to provide, and then consistently promote and publicize this unique attribute. The goal is to actively manage perceptions about your practice. Many physicians and practices neglect to highlight their finest attributes. p.23

Patients should view the use of cosmeceuticals as just one step in a concerted effort to take better care of their skin. Consistency in adherence to the skincare regimen and avoidance of detrimental elements (smoking, UV exposure, etc.) is essential. Patients should understand that use of topical products alone will not provide dramatic improvement or affect deep lines and wrinkles. p. 62

If any other surgery code is used on the same day a Mohs code is used, all codes except the one with the highest RVUs will be reduced. Subsequent stages of Mohs, 17312, 17314, and the extra sections code, 17315, are add-on codes and therefore not reduced. p. 18

The Grade; Number; Location severity scale (Bikowski Acne Severity Index) is an innovative solution to the acne grading problem that efficiently describes and effectively communicates the nature of the acne presentation. It is suitable for both investigational and clinical use. p. 52



Why do the media label some cosmetic procedures as unnatural but not others? If orthodontia for a 14-year-old is not unnatural, why is a face lift for a 40-year-old? Both profoundly alter what you were born with. Neither is medically necessary; the human race existed quite successfully for 300 generations without braces, and much of the world still does. p. 31

Although topical and systemic therapies are effective at reducing the inflammatory component of rosacea and, to some extent, background erythema, no medication effectively targets vasculature. Evidence shows that intense pulsed light and pulsed dye laser systems can effectively target diffuse erythema and visible blood vessels. Improvement is not simply cosmetic; One study found that pulsed dye laser treatment led to statistically significant improvements in overall quality of life as well as specific rosacea symptoms. p. 68

Findings seem to suggest that increased and accelerated rates of tumor development in male mice may be attributed to a gender-mediated responses to UVB exposure. Although inflammation is generally thought to be a prominent component of the etiology of various cancer types, findings suggest that in the case of SCC formation, inflammatory response is less important than is UVB-induced oxidative damage. p. 75

First-generation antihistamines are short-acting with a dosing frequency of every four to six hours. This is often a paradox when patients need sustained relief throughout the night and might wake up itching or during the day when there is a need for balance of control of itch and the need to stay awake. p. 33

Nodular BCCs and melanoma in-situ seem to be particularly responsive to imiquimod in the experience of M. Shane Chapman, MD. We are just beginning to understand the biology of the innate immune system, toll-like receptors, and the cytokines involved in skin cancer eradication, due, in large part to our use and success with imiquimod. p. 45

