Potentially thousands of non-surgical revenue dollars are walking out your door every day.

Consider this: Keely Smith is in for a consultation about a blepharoplasty. At the end of the consult, she says to the surgeon, “Tell me about this CoolSculpting. I picked up the brochure when I was in the waiting room. Do you think it will help with this?” she says as she pinches the skin on her upper arms.

The surgeon, eager to stay on schedule, says, “Sure, ask Caroline at the front desk, she can tell you more.”

Keely meets with the patient care coordinator and receives a surgical quote but mentions nothing about the CoolSculpting because at this point she is focused again on her eyes. Says she must discuss scheduling dates with her mother, so someone is on “kid duty” after the procedure.

Caroline at the front desk collects Keely's consult fee and waves good-bye. Which is what the practice might as well do to the CoolSculpting revenue, now that Keely is out the door
without details or pricing. And most likely, none of the staff have scheduled a reminder to follow up with her—they didn’t know she was interested.

Read Full Article

Will The Real Conversion Rate Please Stand Up

Aesthetic Society News – Summer 2018
by Karen Zupko, President, Cheryl Toth, MBA, Amy Boyer, MBA

Everyone agrees that it’s important to understand how many patients seen in consultation actually schedule surgery. Aesthetic surgeons measure their value on it, and patient care coordinators are rewarded for improving it. Nearly every aesthetic surgeon we talk with wants to know what is a “good” conversion rate.

But if your team calculates a “lump” conversion rate for the year, you’re missing the bigger picture. Not to mention lacking the nuanced data needed for making strategic marketing and performance improvement decisions.

This article sets the record straight. It explains why and how to correctly track this essential metric, the importance of understanding how the practice management system algorithm
calculates it, and how to take action if your current data collection procedures need a clean up. Throughout the article, “conversion rate” is referred to as “Patient Acceptance Rate (PAR),” our firms preferred term. “Conversion” has an unfortunate religious connotation. And PAR takes into account three important variables for getting patients to “yes, schedule me:” connection to the surgeon, procedure recommendations, and fee.

Read Full Article

Evidence Based Pricing Strategy for Plastic Surgeons – Winning the Price Wars

Aesthetic Society News – Spring 2018
by Karen Zupko, President

One area of practice administration where most plastic surgery practices make poor decisions is in how and when to disconnect their fees. Surgeons make responsible decisions caring for patients using evidence-based medicine – yet fail to apply evidence-based management principles when it comes pricing their services.
Why is it that some plastic surgery practices choose to compete solely on price? Offering “we’ll match that quote!” language when answering prospective patient email inquiries— from virtual strangers— makes them look less professional and more like car dealers. Racing for the bottom is a no-win situation.

But the reality is, competition can be fierce and intimidating. Pricing is a key element of every product and service on the market. So, what insights can we gain from marketing experts? Perhaps borrowing some smart pricing strategies can enhance both your brand and your bottom line.

Read Full Article

Put Your Best Face (and Breasts and Body) Forward How to Showcase Your Surgical Results with Clinical Photography
Every plastic surgeon knows that photography is an essential part of a cosmetic surgery practice. Early in practice you probably created a photo consent form and instructed your staff to get before-and-after surgery photos of every patient. You may have purchased special photo storage software, and at some point someone assembled the best photos to put on the practice website and in a book to be viewed in the office.

You did these things, because you understand that photos are a powerful tool for showing prospective patients the realistic results one can anticipate in the care of your skilled hands. In a survey by RxPhoto, 42.9% of consumers said that the photo gallery is the first page they visit on a practice’s website. Additionally, they serve as an important component of the medical record, documenting the surgical changes and providing a defense against allegations of improper or inadequate surgery.

Download Article
If you missed the recent headlines, Why Patients Delay Medical Payments: 12 findings 1 and You think your health insurance costs too much. Try being a farmer.2, you may not be too worried about your ever-rising accounts receivables. But you should be.

The facts in these stories and the 2017 Employer Health Benefits Survey,3 released on September 19 by the non-partisan Kaiser Family Foundation and Health Research & Educational Trust (HRET), are alarming. Let’s look at some of the survey results.

Since 2007, the average family premium has increased 55% and the average worker contribution toward the premium has increased 74%.3 How does that translate into dollars and cents? Well, the average annual premiums this year are $6690 for single coverage and $18,764 for family coverage.

Download Article
Going From Free to Fee Consultations. Yes, You Can. Here’s How.

Karen Zupko, President

To charge or not to charge? That is the question many aesthetic surgeons and their staff ask about paid consultation fees.

Some are concerned that if they charge, patients will schedule with a free “cosmetic surgeon” across town. Others use the excuse, “Everyone else is free–so how can I charge?” Younger surgeons worry they won’t build a patient base if they don’t offer free consults. And, then there are the confident, self assured surgeons who see their consultation as a real service for which they’ve earned compensation.
Help your practice stand out by recognizing what makes it unique in the marketplace.

“The doctor is board certified.” This is the answer I hear most often when I ask a new practice manager what makes her practice unique or special. While being board certified is an important credential that potential patients are wise to verify and value, there are thousands of board certified plastic surgeons and dermatologists nationwide, so it’s not that “unique.” In fact, in some urban areas it’s common to have 12 or more board certified aesthetic specialists in a three-block radius—and five or more in the same high-rise building. So, let’s back up a minute and take a look at the meaning of the word unique. Merriam-Webster’s Dictionary defines it as “being the only one” and “being without a like or equal.”

Read Article
Looking to build the skills of a newly hired Patient Care Coordinator (PCC)? Need an objective approach for showing the PCC how to polish her professionalism? Want to help your PCC go from good to great?

This article offers some options.

It covers the most common mistakes we observe PCCs making while interacting with patients. They are so common, in fact, that even PCCs themselves recognize them. When we cover this topic in our aesthetic practice workshops, the discussion is a lively learning experience for everyone.

Read Full Article
Profiles in Plastic Surgeons’ Practice Transitions

“Sorry, I didn’t call you back last week, Karen. I was climbing mountains in Nicaragua.”

That was the message that New Orleans plastic surgeon John Church, MD, left for me after my call requesting an interview.

What a perfect message and precursor to the fascinating, motivating, and instructional conversations I’ve had with nearly a dozen plastic surgeons who have transitioned from active practice – and one who returned to recreate a practice.

Read Full Article
Can This Partnership Be Saved?

Aesthetic Society News – Winter 2017
by Karen Zupko, President

“Can This Marriage Be Saved?” was a McCall’s Magazine column I used to read with great fascination as a teenager. Each month, a psychologist would address questions from real readers whose marriages were on the rocks. The problems were frequently related to miscommunication, money, incompatibility, or the children. In most cases, the marriage was a risk of falling apart because the couple had not taken the time to set expectations, clarify what each of them really wanted, or have an open and honest conversation.

Read Full Article