The Rightful Skin Care Provider

Many of my colleagues spend a lot of time and money trying to legislate which specialists can perform certain procedures. This is an effort to limit gynecologists, family practice physicians, and other non–residency-trained doctors from performing procedures beyond the scope of their board certification. Other dermatologists are trying to mandate limits as to what procedures physician assistants and nurse practitioners are able to do. Fewer dermatologists, however, are focused on policing those within our own specialty who are diminishing dermatology. When the rules and regulations for medicine and surgery were promulgated, doctors still knew their patients, managed care did not exist, litigation was rare, and physician extenders were nonexistent. The landscape within medicine, in general, and dermatology, in particular, has changed so radically that perhaps it is time to reevaluate who should be performing certain procedures and why.

To determine which physicians should be performing certain procedures or advertising themselves as dermatologists, I would refer to the board certification of each specialty for guidance. If a pathologist wants to use botulinum toxin type A, there is something wrong. Most patients will recognize this if the information is disclosed to them. Perhaps a national effort to mandate disclosure of training or board certification, along with recognition by the American Board of Medical Specialties, would help to enable patients to decide who should be taking care of them in dermatology, as well as in other specialties. Regulating the types of procedures that specialists can perform, as well as what specialists call themselves, will never happen; however, enabling patients to make educated decisions might.

Physician extenders do not have medical degrees but can care for patients. The use of physician extenders in cosmetic dermatology remains controversial. Again, there are no significant national guidelines and dermatologists are left to decide what is and what is not acceptable. The range in responsibility and training of physician extenders is broad. There are some dermatologists who use and incentivize physician extenders to see managed care patients and biopsy everything, whereas others use them to see patients who have routine issues or issues that require triage. In the end, medical decisions are made by the physicians. Still, others use physician extenders for treating routine laser issues in an effort to comply with the regulations regarding the use of lasers and light sources. Finally, there are dermatology practices that are using physician extenders as leverage and will employ as many as they can to operate offices quasi-independently and to see as many managed care patients as possible. There is also pressure from industry to increase the number of hands injecting fillers or using lasers in an effort to increase market share. In a recession, the pressure from companies increases.

There are many physician extenders who I have encountered who do a great job and some that fail to realize their own limitations. What, then, is the proper role for a physician extender in a dermatology practice? What procedures should they be able to perform? I believe that the plaintiff bar will help to sort this out in time. Until then, I would reach out to various physician extender organizations to work with them in an effort to include them in dermatology and to get a better sense of their needs and goals.

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Aside from these potential changes, who should decide which physician or physician extender should perform what procedure? The reality of the situation is that it does not matter because it is unlikely that this will become a statutory or regulatory mandate. Even if it did become mandate, enforcing it would be fraught with difficulty. Ultimately, who decides what is done to patients is decided by one person, which is the patient. Patients who succumb to slick advertising and receive procedures performed by unqualified physicians will continue to do so. Those who seek out the best specialists will find providers who excel at their specialty. Delivering superior technique and service

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is the only way to prevent a patient from going to another provider. The days of complacence are gone. We all need to raise the bar within dermatology and allow patients to become familiar with the training and skills associated with dermatologic surgery so that we can effectively let patients make educated decisions. Enabling patients to choose their provider through better information is, I believe, a role each of us should embrace.

I believe that we should do what we have always done. We should take care of our patients to the best of our ability, educate the public about dermatology and cosmetic dermatology, and advance these specialties through training, research, and education. A well-designed and well-executed public education campaign would be a good first step to help patients look for the specialist that is right for them. Ultimately, patients will decide which provider to see and competition between the various providers will always exist. Perhaps this competition is for the best as it forces each competing entity to raise the bar. On a level playing field, with full disclosure, this has to be a good thing.

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