

UNDER MY SKIN

Leaving Ohio

“Why, oh why, oh why, oh,” my mother used to sing when I was a kid, “Why did I ever leave Ohio?” That’s one of those sentimental home-state songs, like “The Missouri Waltz,” “Stars Fell on Alabama,” “I Love New York,” and “See the USA in Your Chevrolet.”

I never had the chance to leave Ohio until last month, when I found myself in Columbus, addressing the Ohio Dermatological Association on its 25th anniversary. Since I started practice almost 30 years ago, that makes me, in a sense, dermatologically older than Ohio. In my talk, “37 Steps to a Successful Practice,” I tried to impart the deep wisdom of experience about how to get ahead in our changing practice environment.

Because 37 is a lot of steps, I limited my remarks to the most crucial: branding, marketing, self-promotion, intensive use of the Internet through creative placement of Web site keywords and Facebook networking, and of course, office decoration according to the principles of Feng Shui.

For some reason, my Ohio colleagues found these thoughtful suggestions laughable. They gave the same response to my innovative plan to make sure patients come back for regular skin checks: an inspection sticker, color-coded by month and affixed to the neck below the angle of the jaw with superglue. This would allow people to peer over the collar of friends and family and say, “Oh, look—you’ve expired!” Well, I thought it was a good idea. It might even help with pay for performance.

I’m just glad I’m not running for office. Who can predict the responses of these denizens of America’s heartland?

Afterward, I had a chance to speak with some of my Ohio colleagues, who seemed to be a refreshingly down-to-earth group. One Mohs surgeon told me that he likes to quiz his fellows by asking them what they consider the most important part of an interview with a prospective patient. After they disgorge what they think he wants to hear (details of the procedure and so on), he shakes his head and says, “Nope. It’s show-

ing them you’re a good guy who knows what he’s doing.”

“I guess we all learn that when we get out in the world,” I said.

“A lot of us don’t,” he replied.

The others I met were in practice in Columbus and around the state, mostly in large groups. Several told me that they practice general dermatology. Some seemed almost apologetic when they added that they don’t do much cosmetic work, as though that meant they were somehow behind the curve. If so, apologies were unnecessary.

One can certainly get the impression from all the advertising and hype that dermatology is morphing into a species of cosmetic surgery or advanced aesthetics. I provide laser and cosmetic services, carried along like others by the tides of fashion and patient expectations, but I’m still not comfortable with this trend.

Among other things, laser and cosmetic work has brought the modes of marketing into our medical world: coupons, promotions, branding—that sort of thing.

Of course, marketing has made large inroads in traditional medical areas too. Within 10 minutes, the rock station I heard at the gym last week blared two

promotions for prominent teaching hospitals providing orthopedic and psychiatric services.

Our sample closets fill with discount coupons to mitigate tiered copays, along with “bundled” products (buy this prescription topical, get this over-the-counter cleanser free!). Nothing wrong with any of this, perhaps, but it just highlights how blurry distinctions have become between medicine and retail.

I’m sure plenty of doctors in Ohio and throughout Middle America perform cosmetic procedures with skill and gusto. Just yesterday a Google ad popped up on my e-mail for a laser center in Indianapolis. (I booked a flight at once.)

It was nice, however, to meet a few colleagues whose practices are still mostly or entirely “just general derm.”

Getting patients to look younger and feel good about themselves is a worthy goal. Someone ought to be doing this. But helping sick people get better is, I think, the reason we went to medical school. ■

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BY ALAN
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GUEST EDITORIAL

Beware of ‘Trojan Horse Marketing’

For cosmetic physicians, our most important resource is our patient base. We spend years honing our skills so that we can provide the highest quality services, and then we invest significant capital in attracting and retaining our patients.

So I want to warn physicians that cosmetic pharmaceutical companies may be trying to steal this valuable asset—our patients.

Over the last few years, a growing number of cosmetic companies have begun marketing campaigns that I believe are aimed at appealing directly to patients and cutting physicians out of the discussion.

Here’s an example of how this works. Company X comes to you and offers to establish a patient-retention program for your practice. You would provide patients with postcards from Company X that offer a free gift to anyone who signs up on their Web site. The patient provides an e-mail address and other contact information and receives a free tote bag or umbrella with the prescribing physician’s name on it. Then, the company sends the patient e-mail reminders to come back for their next cosmetic treatment.

But here’s the catch. Once patients sign up, they get all kinds of e-mails from the company including ones marketing other products. For example, the patient might

get an e-mail saying that you recommend a new product and then a listing of all the physicians in the area who provide it. Now, if you offer this product and the patient comes back to you to get it, that’s even more business for you. However, if you don’t provide this new product and the patient goes elsewhere, you could potentially lose all of their business.

I call this “Trojan horse marketing” because it looks like a gift but it turns out it can cost you your patients.

In another example of this type of marketing, Company Y has been running advertisements in popular magazines offering consumers a rebate for every syringe they use of a certain product. The patient fills out a form and sends in the coupon and in exchange they get the rebate. But again, the company obtains all of their personal information when they apply for the rebate and uses it to market to them directly.

Another program that is just being offered by major pharmaceutical companies is the chance to sponsor a major rejuvenation event held at a large-scale setting, often attended by celebrity speakers discussing their approaches to rejuvenation and discussing products that they have used. These events can generate hundreds of interested participants. The pharmaceutical companies will usually offer the at-

tendees at these meetings, held at convention centers or large hotel ballrooms, free treatments. The pharmaceutical company tells the physicians that at the end of the event that patients will sign up to go to their clinic for a free cosmetic treatment and the physician will be given free product to administer to these patients.

Although the participating physician is not paid initially for the treatment, hopefully, it will build a bond between the patient and the physician so the patient will return for future cosmetic treatments. The only catch is that all patients who receive the free treatment must provide full contact information, including mailing address and e-mail address, to be marketed to by the pharmaceutical company in the future. So while a physician may be gaining a new patient, this patient will be shared with the pharmaceutical company from that point forward. This is an interesting new twist on Trojan horse marketing—a true gift is given, but the patient will actually belong to the pharmaceutical company.

Another way that companies are reaching patients directly is through the packaging of spa and salon products that you may be selling in your office or medical spa. The product packaging may include some type of coupon or promotional card asking for patient contact information.

Maybe this doesn’t seem so bad or maybe these programs work in your practice. That’s fine. But understand the risks to your practice if pharmaceutical companies

begin aggressively marketing to your patients and possibly steering them toward physicians who use more of their products.

If you see companies employing these tactics and you disagree with them, please speak up. Many pharmaceutical companies hire marketing and public relations firms to come in and develop these programs. But officials at the pharmaceutical company may not know that the program is angering physicians unless they hear from us directly. We are still the ones writing the prescriptions and placing orders for these products, so the companies might at least think twice about continuing these practices. ■

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LETTERS

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