What are the best strategies to gauge patient interest in cosmetic products and services or initiate a conversation?

I have used questionnaires in the past and believe that their use truly depends on why patients are coming in and the type of practice you have. If you have a mixed practice with both aesthetic and general dermatology patients, you want the ability to catch both populations. Therefore, how you formulate your questionnaire could be completely different. This especially depends on what the reason is for the patient visit. For example, if a patient is coming in for a cosmetic consultation, we will

Talking Points:
Effective Patient Communication at All Levels of Cosmetic Service

A specialist explains how to educate patients, identify interest in procedures, and initiate dialogue in effective, patient-friendly ways.

A Q&A with Girish Munavalli, MD

Take-Home Tips. From print brochures in the waiting room to dynamic digital displays around the office, there are multiple options for patient education and marketing of procedures and services. Success requires that all staff be prepared to answer patient questions and that practices do an adequate job of highlighting the services they offer. Generally, print and display materials should provide an overview and pique patients’ interest, providing an opportunity for the clinician to then provide comprehensive information and help guide the patient through appropriate options. Clinicians can let patients point out what they’d like to improve appearance-wise, but they should become comfortable broaching topics like body contouring, also.
often give them male/female facial diagram with related cosmetic conditions listed like brown/red spots, wrinkles, scars, and ask them to circle or write in anything that is bothering them. Sometimes it’s easier to approach the issue this way. But with cosmetic patients, a mirror can be a dermatologist’s best friend. We hold one up to a patient and ask them if there is anything they would be interested in potentially changing. We ask, “What do you see that you would like to change about your appearance?”

For the non-cosmetic patients, this starts with the front office when scheduling. Sometimes patients aren’t even aware that you offer or perform these types of services. They may see something briefly mentioned on a brochure and start to inquire about what these services would entail, etc.

A lot of this depends on the practice you have and the various types of patient are coming in: What is the reason for the appointment? Dermatologists see as many well patients as sick ones. Therefore, when we see a new patient for a full body examination, we look at as much of the skin as patients will allow us to see. In the process of doing this, we will make written notes and oral comments of visual conditions, such as spider veins or brown spots. Typically at the end of the appointment, I mention that we can treat most of these benign lesions if the patients are interested. This invariability generates some type of interest.

How can a practice make patients feel comfortable to ask about procedures and services?

I think this starts with your relationship with the patient. With new patients, one can suggest treatments, but first one needs to establish trust, which starts with the initial visit. In reality, there is a hierarchy of procedures starting with injectables or pulsed light treatments and moving up to the more invasive procedures like laser resurfacing or liposuction.

Gaining the patient’s confidence with the smaller procedures is critical. Once they are satisfied with these results, they would be more open to trying larger procedures with you in the future because you have gained a large measure of their trust. I don’t try to bombard patients with too many treatment options at the first visit. During the consultation, keep them focused and have them really prioritize their concerns. This is often counter to what the patients want, which is to talk about everything that is bothering them. I encourage this, but then limit the list to what really is concerning them.

In the written patient material distributed throughout the office, we don’t describe items in detail in our brochure of services. We have found that a list or menu will spike an interest in patients, and we can then go into more detail when asked something specific.

For example, not a lot of dermatology practices offer blepharoplasty (eyelid lifts) procedures. If you showcase such a unique treatment option, interested patients will inquire and say, “I didn’t know you did that here.” The same thing holds true with CoolSculpting. It is so novel and unique that patients invariably ask us to talk about it.

With regards to body contouring procedures, I’ve noticed that patients are much more reticent to talk about procedures involving the body than the face. During the evaluation, they are more self-conscious to show areas of the body they don’t normally show, such as back, abdomen, or thighs. It is not natural, nor comfortable to be exposed and be critiqued about one’s appearance. Nonetheless, it is best to have the patient disrobe to fully evaluate the bulges and “rolls” as part of their overall body contour consultation; as opposed to having them just lift up their shirt.

When it comes to minor procedures and products, like peels and cosmeceuticals, what are some tips for working these topics into discussion?

The best technique for me is not to do a sales pitch in the exam room. I prefer to discuss products as complimentary to other procedures patients are considering in the office. If patients are considering treatment of photoaging on their face or other laser treatment, obviously there is a cost for them to bear. My advice to patients on this is to really
think about protecting their investment. I tell them, “You are going to be paying for a service and would rather not repeat it. The best way to prevent recurrence is to protect yourself from the UV light from the sun and other environmental exposures, which were the initial cause of these issues. There is an XYZ approach to doing this.”

I use a four-pronged approach to discussing products available in our office. I will mention products as we have classified them into four distinct, complementary groups and guide them to our aestheticians to give more detailed information in a complementary consult. We ask the patient to bring in all of the products they currently use for an evaluation to gauge what is actually usable and what might be improved upon. Sunscreen would be a good example of this. It’s one of the most misunderstood products in the patient’s medicine cabinet. Patients usually tell us they are using make-up based products or moisturizers with 10-15 SPF, which aren’t adequate and aren’t protecting them to any appreciable degree. Ultimately, they will wind up right back where they started with sun damage, prior to any procedures.

The next topic might be retinoids, which have a wealth of science and evidence-based clinical improvement. The last two topics/products are those that will protect against UV light, such as the antioxidants, which act as free-radical absorbers and finally growth factors, especially topicals containing epidermal and platelet-derived growth factors. This can take about five minutes and usually piques patient interest as well as educates them on our philosophy.

I want patients to know that we can provide much better guidance on product selection than what can be gotten from a department store, and we often provide more economical solutions.

How do you balance the conversation regarding the procedure/service the patient “wants,” and the intervention(s) that is best for him/her?

Patients may come in for treatment with injectibles for facial wrinkles and volume loss. Typically one can recognize patterns in these patients who have had volume loss or photoaging changes take place. Skin types I, II, and III may have constellations of telangiectasias and lentigenes, and prominent pores. This leads to a discussion about skin clarity, luminosity and texture. Consequently, you can point out areas where improvement could be achieved with lasers and light devices.

I firmly believe that how you handle the first five to 10 minutes of an initial consult—and don’t appear rushed—will lead to a successful and happy patient. Even if you have said the same thing 10 times that day and are tired of hearing yourself talk, it is new information to the patient and they deserve a focused explanation of their concerns. Enthusiasm is the key!
Some procedures, such as CoolSculpting, are brand new and unique. How should physicians raise awareness of and introduce these types of procedures?

If you are highlighting a new procedure, it should be prominently featured—Nothing too flashy for main waiting rooms, maybe just table placards to highlight the procedure as being “new.” Big posters aren’t appropriate in a main waiting room but rather on walls in patient rooms and halls. In our office, we have video monitors all around the office, displaying digital signage, which dynamically highlights new treatments and devices in the context of our practice and providers. Patients see this while waiting, and it makes for a good conversation starter.

Digital signage solutions can be effective, but just like any dynamic information source, such as a website, it requires constant attention to keep it running with the latest and freshest content. Patients will recognize this and will read the content with interest. Some patients request procedures that they learned about via the displays, without my intervention.

What’s the best way to introduce a topic like body contouring so that patients understand what the procedure is and are not offended?

That’s a challenge we all face as providers because you could really offend someone if you mention a cosmetic concern where the patient didn’t feel a problem existed; there is a fine line. One trigger is the overall health and appearance of the patient. People in good shape tend to take this advice better than those in poor shape. If someone who is in good shape comes in and shows an interest in body contouring, I would mention CoolSculpting as a way to fine tune what they’ve already done.

The challenge for CoolSculpting will be with those physicians who don’t perform body contouring procedures already. They will need to become comfortable with evaluating for non-invasive fat reduction treatments. Close attention should be paid to patterns of fat deposition, BMI, in proportion to height. Become comfortable with palpating the areas of concern on the body and evaluating for fat deposits, visceral vs. peripheral deposits vs. excess skin, etc.