



# Energy-based Treatments in Medical Aesthetics

A CELEBRATION OF  
MEDICAL AESTHETICS  
FROM **AmSpa**

011

Winter 2021  
Volume 3, Number 4

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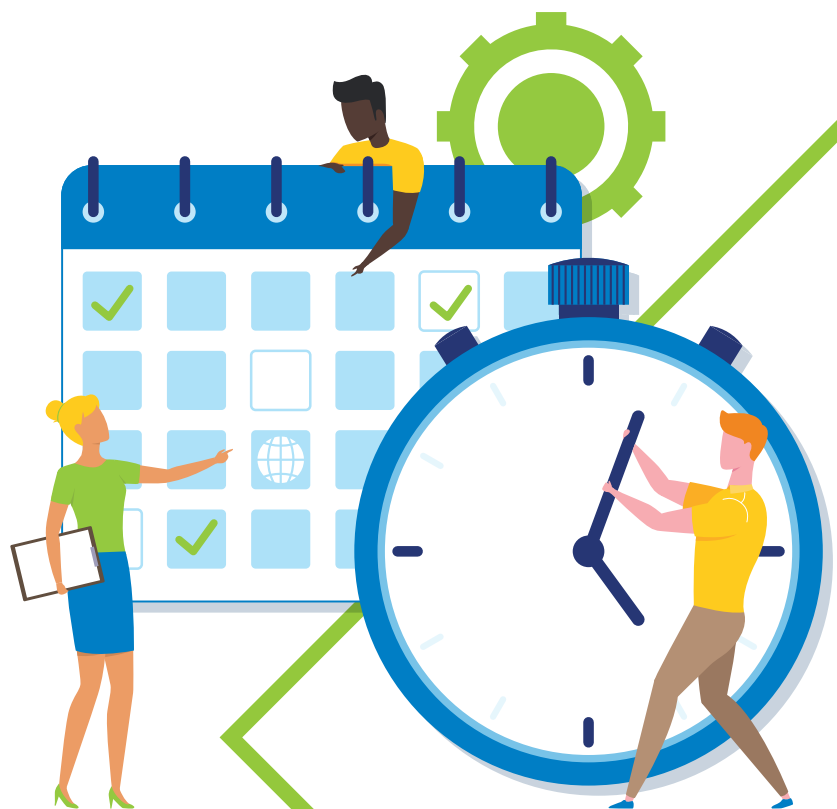
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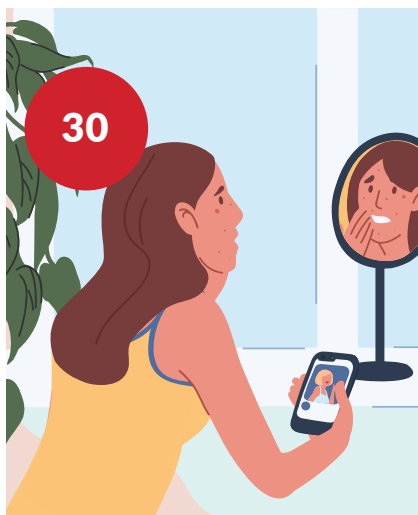
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# With Great Power Comes Great Responsibility



One of the many things that has spurred this industry's incredible growth is the consistent advancement in technology. Nowhere are these advancements more pronounced than in aesthetic energy devices. A strong argument can be made that without the evolution of aesthetic laser and energy devices, the medical spa industry would not exist.

It seems like we see new and exciting technology emerge every year. From skin-tightening and resurfacing to RF microneedling to the current obsession with body sculpting and toning, the energy-device industry has grown incredibly rapidly. The results get better, the discomfort is decreased, the skin types able to be treated increase and the margins are often the highest of any treatment in the medical spa industry.

Lasers and energy devices have transformed this industry and, in this issue, AmSpa celebrates the individuals and companies that have pioneered this growth and who continue to pave the way for the rest.

It is easy to forget that aesthetic energy devices have been around for a *long* time, and many in the industry have no real understanding of the history of these devices and how they came to dominate the medical spa market. Even those, like me, who remember when these devices were universally

called "lasers" do not have a full appreciation for how far these devices have advanced over the years. The devices of today are nothing like those of the late 1990s and early 2000s. The industry and its patients all owe a debt to the pioneers who advanced these technologies to a point where they can be used as safely—and as profitably—as they can today.

Like much of aesthetics, energy devices have been sucked into a turf war between cosmetic dermatologists, plastic surgeons and medical spas. This is not surprising, really—a device that can generate incredible results is one thing, but one that can do so at a high price point and be operated by technicians with relatively little training is a game-changer.

But as with most things, with great power comes great responsibility, and this certainly holds true with lasers and energy devices. As an organization built on safety and compliance, AmSpa has been grappling with laser regulation since its inception. Who can operate these machines? Who needs to supervise these treatments, and how closely do technicians need to be supervised? What should the limits of laser regulation look like?

These are not easy answers, and they are complicated by the fact that technology has advanced so



*"You'll often hear us say that technology moves faster than the law, and nowhere is this more evident than in the laws surrounding aesthetic lasers."*

quickly. You'll often hear attorneys familiar with the medical aesthetics field say that technology moves faster than the law, and nowhere is this more evident than in the laws surrounding aesthetic lasers. The laws that are in place are often antiquated or applied from other areas of medicine. New laws are either overly specific or too vague to do any real good, and they almost never address the real issues that trouble the industry.

There is also real danger for the industry as lasers and energy devices become more popular. Already we've seen numerous medical board investigations rising from the use of devices, some with devastating consequences to medical spas and their providers. We've also seen injuries, lawsuits and bad PR surrounding bad outcomes, often exaggerating the facts and painting the entire industry in a bad light. This danger is just beginning, and there will certainly be more lawsuits and overreaching legislation to come.

Evolution and technological advancement is messy. The way out—or the way through—this growing problem is via community, education and accountability. It is important to embrace the fact that the technology in medical spas is medical technology. It provides medical-grade results, but it comes with the possibility of side effects and

complications. Training and education are needed. Some regulation—and restraint—is required.

The results, and possible complications that come with those results, are what make this industry different from the spa and salon industries. It's what makes us *medical* spas. It's the differentiator, the barrier to entry, that keeps medical spas from being commoditized. It is important to embrace the fact that training and education are needed to be part of this industry. The medical aesthetics industry must regulate itself by acknowledging that providing medical treatment comes at a price that not everyone can pay.

Overall, like many things in this industry, the advancement of lasers and energy devices should be celebrated, but also viewed with caution. Technology has the potential to lift us up, but it also can destroy us. It is our obligation to use these devices responsibly and to take ownership of both their vast potential and their associated risks.

**Alex R. Thiersch, JD**  
Founder and CEO,  
American Med Spa Association (AmSpa)



Susan Hodgman



Patrick Armstrong O'Brien, JD

In each issue of *QP*, Patrick Armstrong O'Brien, JD, AmSpa's legal coordinator, answers member questions about compliance, fielded by Susan Hodgman, AmSpa's member coordinator. Remember: Each state has separate and unique laws and standards regulating medical aesthetics. The American Med Spa Association (AmSpa) provides FAQs for each state for its members and works with a national law firm that focuses on medical aesthetic legalities. As a member, you receive a discount off of your initial consultation, along with a number of other great benefits. To learn more, log on to [www.AmericanMedSpa.org](http://www.AmericanMedSpa.org).

If you have a question you'd like addressed in a future issue, send it to AmSpa's member coordinator, Susan Hodgman, at [susan@americanmedspa.com](mailto:susan@americanmedspa.com).

*Disclaimer: The information and answers contained in this section provide a general guide to certain laws that apply to "medical spas." This information is for general reference only and accuracy cannot be guaranteed, as medical spa legalities and regulations change very frequently. This information is not intended to provide legal advice, and it should not be relied upon as legal advice. This information is not intended to create, and receipt of it does not constitute, an attorney-client relationship. Readers: You should not act upon this information without seeking knowledgeable legal counsel that takes the laws of your jurisdiction into account. All uses of the content of this site, other than personal uses, are prohibited.*

# Compliance is COOL

## The board says I need direct supervision when injecting. What does "direct supervision" mean?

Setting supervision requirements is one of the most common tools state licensing boards use when they want to reduce the risks of certain procedures. These requirements come in numerous forms, from setting maximum distances, in miles or minutes, away from the facility the physician can be, to specifically requiring them to be on site at the office when treatments are performed. Those types of requirements are easy to understand since they provide a definite means of measuring compliance. Unfortunately, this type of regulation is much less common than the less precise "direct/indirect" supervision standard.

What do direct and indirect supervision mean? The most important aspect of these or any other terms is to see if they are directly defined or explained in the rules or statutes. Often, statutes contain a "definitions" section at the beginning, which will explain what the included terms mean. This, of course, means that what these terms define will depend on what state you reside in. Usually, though, they share some common elements. "Direct" supervision typically means the supervisor—normally a physician—is on site and able to quickly respond to any issues or questions that



arise, although in most states, direct supervision doesn't require the physician to remain in the same room or to observe the provider while they work. Much more rarely, it can mean that the supervisor is off site but nearby or immediately available by telephone.

Generally, indirect supervision does not require the supervisor to be on site during the treatments. It also doesn't usually require the same level of urgency in responding to complications. However, it is important to note that while "indirect" is a more relaxed standard, it does still require that the supervisor effectively exercise oversight. States often require that the supervisor review the delegated procedures on a regular basis to ensure that they comply with the protocols and provide beneficial patient outcomes.

In summary, if you are required to work under direct supervision, it is very important that you review your state's laws and rules to see what is required. If it is not clearly explained by board opinions or articles, "direct supervision" will most likely mean that your supervisor will need to exercise a closer and more active form of supervision than they normally do.

### **Can a salon have a nurse practitioner come and provide injections?**

This may seem like a relatively simple and innocuous practice; however, there are a number of considerations that may make it somewhat difficult to implement. These issues largely break down into two main categories: medical practice concerns and salon facility licenses. Let's review the medical practice issues first, since those are the more obvious ones.

A person's professional license in medicine or nursing will determine their scope of practice and where they can provide their services. For non-physician licensees—such as physician assistants, nurse practitioners or registered nurses—there are usually few mandatory restrictions. Instead, they can usually practice in locations that have been authorized by their supervising physician and meet the standard of care. In those states, a salon could possibly meet these requirements. However, other states may restrict these licensees to only practicing in a health care office or facility or may require that cosmetic injections only be performed in certain locations. This would

likely make it impossible to offer concierge-type cosmetic medical services in a salon. Physicians and nurse practitioners with full practice authority often have the broadest ability to practice in different locations, but it is still important to review the statutes to verify for your state.

The second area of concern has to do with the salon itself usually being a licensed facility. To obtain the salon license, the facility must meet a number of requirements for sanitation, space and supplies. Quite frequently, these rules will prohibit things that are not related to aesthetics and cosmetology from being present in the facility; these commonly include items such as credo blades, and Class II medical devices and needles. In a state with this kind of restriction, merely having the syringes present in the salon could create an issue for the license. It is also possible that performing medical procedures within the salon may jeopardize its license, due to their more invasive nature. So, prior to inviting a medical provider in for filler treatments, you should review the restrictions in the salon registration rules.

There is also a third point that falls into both of our two main categories of concern: advertising. Presumably, you are planning to offer cosmetic injections “in-house” because there is some demand for it. However, in promoting and advertising the event, you run the risk of advertising services that the business is not licensed to

offer. Additionally, professional health care licensees have very specific professional conduct rules regarding advertising themselves. Implementing a marketing plan for an in-salon cosmetic injectable event without taking time to address these issues can lead to trouble for both the salon and the provider.

**Existing patients are my best advertising. Can I give them a gift card or free products for telling other people about my medical spa?**

Your happy patients are great marketing tools. They can recommend you to others in an authentic way that carries a lot of weight. However, you can run into serious issues if you try to reward or incentivize your patients for this. Many states prohibit paying anyone for patient referrals.

These laws are typically written very broadly and include both direct and indirect payments. They cover not only cash payments, but also discounts, rebates and gifts—literally anything of value. Therefore, in states with these sorts of laws, offering a discount, or free products or services can be an issue if it is related to referring patients to your business. Generally, rewarding patients with discounts or products for being loyal customers is allowed. However, care must still be taken with any sort of promotional marketing—make sure it is not for a prohibited service and that it conforms with the state’s anti-referral, anti-kickback and fee-splitting laws. 📌





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# ENERGY-BASED TREATMENTS IN MEDICAL AESTHETICS

By Michael Meyer

**M**edical aesthetics is a field that prides itself on always being at the leading edge of technology, and there is no better example of this than its adoption of treatments that use various forms of energy, with the power to provide patients the kinds of aesthetic improvements they could not otherwise obtain. From shortly after the laser was introduced in the 1960s until the widespread adoption of energy-based body sculpting procedures in the past decade, aesthetics has shown a willingness to try out new things in order to obtain nearly miraculous results, and it is one of the qualities that has driven its unprecedented ascent in the past several years.

In this issue, *QP* will take a look at all things energy-based aesthetics—where they started, how they got to where they are now, and what's next in the field. This feature discusses how and why energy treatments work, where they came from, and how one dermatologist's groundbreaking research helped lead them to where they are today. It also features quick looks at businesses that are leading the way with energy treatments front and center.

Medical aesthetics would not be where it is today without energy-based treatments and those who provide them. This issue celebrates this segment of the aesthetic world. 



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# ENERGY-BASED TREATMENTS IN MEDICAL AESTHETICS: ***CREATING A BRIGHT FUTURE***

By Michael Meyer



The treatments provided by lasers and other energy-based devices have always been among the signature offerings in medical aesthetics. They are versatile, are generally quite safe, and provide satisfying, visible results. Today, laser and energy-based treatments trail only injectables in terms of popularity in medical aesthetics, and numerous practices do exceptional business offering them exclusively.

But how do energy-based devices work, and why are they so well-suited for aesthetics? Here's a quick look at the past, present and future of laser and energy-based devices in medical aesthetics.

## Blast from the Past

"Laser" is an acronym for "light amplification by stimulated emission of radiation," and the theoretical foundation for this technology was pioneered in the early 20th century by the likes of Max Planck, who discovered that energy can be only emitted or absorbed in distinct portions, which he called "quanta;" and Albert Einstein, who proposed the concept of the stimulated emission of excited atoms and molecules, which would lead to nearly a half-century of research and development before the first functional energy-emitting devices were developed.

The initial product of this research was not the laser, but the "maser"—"microwave amplification

by stimulated emission of radiation"—which was introduced in 1954. The maser did project energy (the original model stimulated ammonia molecules), but at relatively low frequencies. As development on maser technology continued, scientists began using different substances to create higher-frequency projections until, in 1960, physicist Theodore H. Maiman created a maser-like device that projected high-frequency energy on visible spectra using ruby. This was the world's first laser.

It didn't take long for dermatologists to begin using lasers for medical purposes. In 1963, dermatologist Leon Goldman, MD, began to use lasers in his practice. Goldman began researching lasers almost as soon as they were introduced, studying their utility for procedures such as hair removal, tattoo removal and the treatment of vascular malformations—procedures with which the use of lasers are still widely associated today. (For more about Dr. Goldman, see the profile on page 16.)

In 1980, a pair of American scientists—R. Rox Anderson, MD, and John Parrish, MD—discovered that using specific wavelengths in laser treatments helps destroy specific molecules, which allowed scientists to develop laser treatments that could better target specific issues without harming surrounding tissue as severely as before.

The U.S. Food and Drug Administration (FDA) began issuing guidelines for the use of lasers in



dermatological contexts in 1984, which helped to legitimize the practice. The administration now updates these guidelines every year.

In 1992, another energy-based technology, intense pulsed light (IPL), was pioneered primarily to treat vascular lesions without causing purpura, a somewhat common issue that laser treatments can produce. IPL uses a broad spectrum of light delivered in pulses; certain wavelengths can be filtered out to prevent unwanted results but effectively treat the patient's issue. IPL devices provide less concentrated power than lasers and are less precise, but they are much more versatile—an experienced IPL technician can treat numerous conditions using a single device and can even address multiple types of discoloration in a single treatment, making it ideal for skin rejuvenation.

In 2009, R. Rox Anderson, MD—one of the same scientists who discovered that different laser wavelengths affect different molecules in 1980—and Dieter Manstein, MD, pioneered an energy-based procedure called cryolipolysis, which, put simply, destroys fat by freezing it. The

following year, it was approved by the FDA for use on “love handles,” and it subsequently has been approved for use on other areas. This procedure is generally known by its most recognized trade name, “CoolSculpting.” Similar procedures use heat from lasers, radio frequency, ultrasound or even electrical stimulation to non-invasively “melt” fat; “Emsculpt” and “SculpSure” are among the products that use this technology.

## Modern Energy

In recent years, much of the research involving aesthetic applications of lasers has been dedicated to refining their use to provide more precise, less painful patient experiences.

“Lasers now seem very easy to use,” says Terri Wojak, LE, owner of Aesthetics Exposed Education and author of *Aesthetics Exposed: Mastering Skin Care in a Medical Setting and Beyond*. “Some will actually choose the settings for you. They have very high-tech interfaces that make them pretty foolproof. It makes it difficult to pick the wrong settings to start out with.”



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*"Lasers will always have a place in the industry, because they work—they are effective." says Wojak. "They're safe when used in the right hands, with the right training and on the right clients."*

However, despite the relative simplicity of laser treatments, proper training and supervision are still vital.

"It's still scary to do lasers with people who are not trained properly," Wojak says. "Regardless of how easy the interfaces look—it seems like you would just be able to press the buttons and then go on and do your treatment—the practitioner needs to know why those settings are being chosen. They need to have that background of what lasers do, how they interact with the skin and why they're choosing the settings they do, so they don't harm any patients. You can burn somebody very easily if the treatment isn't done properly."

But bad outcomes are the exception with energy-based treatments, not the rule, and they remain hugely popular. According to the American Society of Plastic Surgeons' (ASPS) 2020 *Plastic Surgery Statistics Report*, there were 997,245 laser skin resurfacing treatments, 827,409 IPL treatments and 757,808 laser hair removal treatments administered in the U.S. in 2020. (Of course, the 2020 numbers were

greatly affected by COVID-related shutdowns and social directives—the ASPS survey revealed a 16% decline from 2019 across all cosmetic minimally invasive procedures, after years of steady increases.) In fact, laser skin resurfacing trailed only botulinum toxin type A (Botox, Dysport, Xeomin, etc.) and soft-tissue filler injections in terms of frequency, and IPL and laser hair removal trailed only those two types of treatment and chemical peels.

## Coming Soon

The use of energy-based devices in medical aesthetics shows no sign of slowing down. In fact, the key advancement coming to laser technology will open it up to numerous new potential patients and hopefully help to remove one of the technology's greatest roadblocks.

Since lasers were developed, there has been something of a stigma about laser use on people with darker skin tones. Because lasers typically operated at fixed wavelengths that were optimized for skin and hair with less melanin,



they often produced unsightly scarring and white spots at treatment sites on people with darker skin, and the removal of darker hair was less effective. As lasers have grown more sophisticated, however, this has become less of a concern—particularly if the laser technician performing the treatment is aware of the issue—and soon it may be eliminated altogether.

“Some companies offer a very fast pulse width, which is basically where the energy is extremely fast,” says Wojak. “It’s like when you’re touching a hot stove to see if it’s hot—it’s using the energy so fast that the color doesn’t hold on to the heat. There are also ways to extend the pulse width, so that you’re delivering the energy slower, so it’s safer for darker skin types. The devices now have newer ways of delivering energy, but practitioners still need to use precautions when treating darker skin types. Hopefully we’ll move toward more devices that actually read the skin and can determine the settings for the client, which would help with some of the safety issues.”

The advancement of energy technology will help these devices treat not only a wider variety of skin types, but also numerous conditions for which they have not traditionally been suitable.

“Pico lasers are very exciting,” says Wojak. “Pico lasers are fast pulse lasers. They are showing improvement for melasma, which is very hard to treat with traditional laser and IPL. They’re also showing promise for acne scars.”

## A Bright Future

According to Wojak, energy-based devices will play a hugely important role in the future of medical aesthetics.

“Lasers will always have a place in the industry, because they work—they are effective,” she says. “They’re safe when used in the right hands, with the right training and on the right clients. Energy-based devices are not going anywhere—they just continue to grow, and there are new technologies coming out all the time.”



# A TIMELINE OF LASER TECHNOLOGIES

1900

MAX PLANCK DETERMINES **ENERGY IS ONLY EMITTED OR ABSORBED IN DISCRETE PORTIONS** ("QUANTA").

1916

ALBERT EINSTEIN PROPOSES **STIMULATED EMISSION OF PHOTONS**.

1954

**MICROWAVE AMPLIFICATION BY STIMULATED EMISSION OF RADIATION** (MASER) IS INTRODUCED.

1960

**LIGHT AMPLIFICATION BY STIMULATION EMISSION OF RADIATION** (LASER) IS INTRODUCED.

1963

LEON GOLDMAN, MD, **USES LASERS IN THE PRACTICE OF DERMATOLOGY**.

1966

GOLDMAN OVERSEES **FIRST LASER SURGERY**.

1980

R. ROX ANDERSON, MD, AND JOHN PARRISH, MD, **PROPOSE SELECTIVE PHOTOTHERMOLYSIS THEORY**.

1984

U.S. **FDA OUTLINES GUIDELINES FOR LASER USE** IN DERMATOLOGICAL SETTING; THESE GUIDELINES ARE UPDATED ANNUALLY.

1992

**INTENSE PULSED LIGHT (IPL)** INTRODUCED.

2004

FIRST **FRACTIONATED THERMOLYSIS DEVICES** COME TO MARKET.

2009

CRYOLIPOLYSIS (**COOLSCULPTING**) INTRODUCED.

2015

**SCULPSURE LASER BODY CONTOURING DEVICES** INTRODUCED.

2018

**EMSCULPT BODY CONTOURING TREATMENTS** OFFERED FOR SALE.

# LEON GOLDMAN, MD: ***LASER TRAILBLAZER***

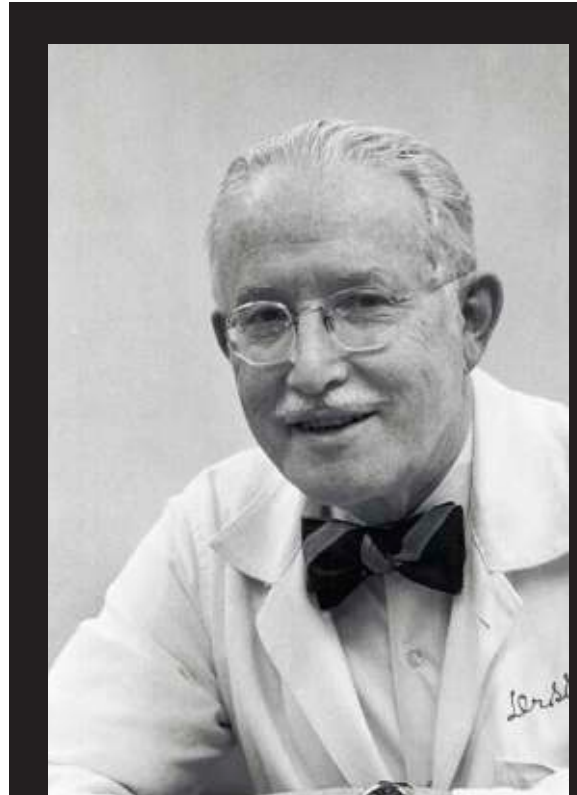
By Michael Meyer

Since the laser was first developed in 1960, it has become a vital part of medical science. That part is widely known. What is less widely known, however, is that one of the pioneers of medical laser use was a dermatologist, and he would certainly be pleased to see how the advancements he helped pioneer have helped improve skin care.

Leon Goldman, MD, graduated from the University of Cincinnati College of Medicine in 1929 and joined the faculty at the university a few years later, after taking some time to study abroad. While on staff at the school's dermatology department, his primary areas of study were contact dermatitis and fever therapy for neurosyphilis. He was appointed director of the dermatology department in 1945, but it wasn't until the laser was introduced that he found his true calling.

Already 55 at the time of the laser's development, Dr. Goldman became fascinated by the possibilities presented by laser technology.

"We tried to find out what hazards there were among the personnel working with the lasers," said Goldman in a 1982 interview that appears on the University of Cincinnati's website. "Then, as we were doing it, we saw the possibilities of that as a medical instrument, but the government wasn't in the least



*Leon Goldman, MD, in 1976.* (Photo courtesy of the University of Cincinnati Winkler Center for the History of the Health Professions.)

bit interested in that, so we went to the John Hartford Foundation and told them that we had a great potential and possibility for using this in medicine, in surgery. So, they gave us several million dollars over a period of seven years, and we worked out the medical applications."

He used that money to help establish the first laboratory dedicated to laser medicine research

in the world in 1961 at the University of Cincinnati General Hospital (now the University of Cincinnati Medical Center). It was in this laboratory that Goldman pioneered the field of laser medicine.

In 1963, only a few years after the introduction of the laser, Goldman published research that proved to be foundational for the fields of laser hair removal, tattoo removal and treatment of leg veins, treatments that in 2020 earned providers more than \$431 million, according to the American Society of Plastic Surgeons' 2020 *Plastic Surgery Statistics Report*. In 1966, Goldman supervised an operation in which a tumor was removed from a patient without causing any bleeding—the laser both removed the tissue and cauterized blood vessels. This was the first procedure of its kind, and it helped to establish that lasers were potentially revolutionary surgical tools.

Goldman spent much of the rest of his career researching and using new laser technology as it was introduced to treat a variety of medical conditions. In 1979, he co-founded the American Society for Laser Medicine and Surgery, which today remains one of the foremost laser medicine organizations in the world. That same year, at the Opto-Elektronik Conference in Munich, he was officially named the "Father of Laser Medicine."

Goldman didn't just use lasers for his work, however—an art aficionado, he used lasers to create sculptures, although he was more amused by the results than proud of them.

"When we were working with laser, some famous photographer came over to take pictures of it, and he thought [the art] was fabulous, and that we ought to do some work in art," Goldman said in the 1982 interview. "So, we've had some art exhibits at the Cincinnati Art Museum and over the country. People think that this art is not only out in left field but is



*Dr. Goldman conducts laser experiments in his laboratory at the University of Cincinnati General Hospital in 1967. The laboratory was the first of its kind, and the research conducted there helped shape laser medicine—including aesthetic medicine. (Photo courtesy of the University of Cincinnati Winkler Center for the History of the Health Professions.)*

over the left field fence. But apparently it is developing a lot of fascinating things."

In 1981, Goldman moved his laboratory to Cincinnati's venerable Jewish Hospital, though he continued to lecture at the university. In the early 1990s, he entered semi-retirement and relocated to Southern California, but continued to conduct research at Naval Medical Center San Diego. He passed away at 91 in 1997, having made an indelible mark on the world of medicine and medical aesthetics. ⑨

# BODIFY: SCULPTING A PATH TO SUCCESS

By Michael Meyer

The immediate impact of body sculpting treatments on medical aesthetics cannot be overstated. Just over a decade ago, the energy devices that perform these procedures were being pioneered, and now there is such demand for body sculpting that entire practices can be dedicated to these treatments. The Arizona medical spa Bodify, for example, offers CoolSculpting treatments exclusively, and filling this niche has allowed it to become a major success story.

Bodify was co-founded by sisters Jessica Stellwagen and Melissa Mickelson. Although the two had wanted to work together for some time, they took two very different paths to where they are today—Mickelson got involved in medical aesthetics, but Stellwagen worked primarily in business consulting.

“I went to school for marketing and business,” Stellwagen says. “I had a ton of different roles with different companies, and the one right before we opened Bodify was traveling the country and teaching attorneys how to build their practices. So, although it might seem unrelated, it was very serendipitous, because I think a lot of what I learned doing that job allowed us to open the doors seven years ago and hit the ground running and know how to build a really strong foundation for our business.”

Part of that business savvy included the knowledge that, as one of her mentors told her, “niches make riches.”

“The more we explored doing one thing, the more we felt like it was going to be a powerful position for us in the marketplace,” Stellwagen says. “We knew that when we opened, we wanted to have a very compelling differentiator for why people would choose us versus any other practice in the state of Arizona for their body contouring needs.”

They chose body contouring because Mickelson had performed CoolSculpting treatments and seen the results they could provide. Stellwagen, meanwhile, had the procedure herself and was enthusiastic about the results.

“At the very core—good, bad, right or wrong—how we feel in our skin impacts every interaction we have on a daily basis,” she says. “If I wake up and my jeans are looser than the day before, watch out world—I’m in a good mood. And if they’re tighter, watch out world, because you will get my wrath. So, I love the idea of being able to change my body—sometimes in a dramatic way and sometimes in a subtle way, but it didn’t matter because it was about what I wanted and what allowed me to feel most comfortable and confident. Just sitting with people and hearing their stories and listening to what they’re trying to achieve and how they haven’t had success and how it brings them down emotionally in their own sphere of influence, and knowing that we have the ability to





*Sisters Jessica Stellwagen (left) and Melissa Mickelson created the Arizona CoolSculpting boutique Bodify in 2015. “I remember my sister calling me and saying, ‘We have this new technology and it’s going to freeze your fat cells,’” Stellwagen says. “And even though the technology is very simple and now it makes sense, it just blew my mind. I’m incredibly excited for it, because one thing is for sure: People are going to continue to invest in those body contouring treatments that actually close the gap between the body they have and the one that they want.”*

change that for people is really exciting.”


Being able to concentrate on performing one treatment not only streamlines Bodify’s business model, but also helps make the process safe and easy for patients.

“The simplicity of our model is something that I personally love,” says Stellwagen. “I’m very motivated and very driven and very passionate, but if I’m honest, I’m also lazy and I want my life to be simple. I wake up every day, I know what my goals are, I know what my team’s goals are, and I know what we’re trying to achieve. It just allows us, in a very organized and intentional way, to build our practice how we

want. It’s just not surface level, because we eat live, sleep and breathe one thing.”

And even though she didn’t start in medical aesthetics, Stellwagen can’t see herself doing anything else now.

“I love the idea of uplifting and sparking joy and helping people get what they want,” she says.

“I was just blown away by the number of people who are dissatisfied with their body, and love the idea of being able to close that gap between the body people have and the one they want with this non-invasive tech. The moment I did it on myself and saw the results, I was like, ‘This is a winner, and this is what we want to do.’” 

# WILL KIRBY, DO: ***BIG BROTHER LEADS THE WAY***

By Michael Meyer

**T**Most people know Will Kirby, DO, as “Dr. Will,” the winner of season two of the reality show *Big Brother* and a frequent guest on a variety of TV shows, from *The Doctors* to *The Price Is Right*. And while he’s conquered the mainstream with his charm and charisma, he’s taken on a less visible but hugely important role as the chief medical officer of LaserAway, a national chain of medical spas with a focus on laser treatments.

“Aesthetic energy-based treatments offer immediate or nearly immediate gratification,” Kirby says. “It’s extremely rewarding to see the positive benefits of your work in the short term. Better still, with no morbidity or mortality, we differ from every other medical speciality because our voluntary, elective treatments make patients happy.”

Kirby has been involved in medical aesthetics since early in his dermatology career, and he is enthusiastic about using his position with LaserAway to bring his clinical knowledge to the providers at the chain’s numerous locations. He feels that the chain’s focus on laser treatments helps create a safer environment for patients.

“It’s a common misconception that practice imparts expertise,” Kirby says. “It’s actually much more nuanced in that it’s *purposeful* practice with active feedback and the incorporation of those suggested



*Will Kirby, DO*

improvements that ultimately curates wisdom. Yes, our 15 years of experience makes us leaders in the field, but only in the sense that we constantly seek feedback and we strive to improve based on those findings. From data analytics and electronic patient reviews to information gathered from our dermatologist advisors and clinician perception studies, we are in a perpetual improvement cycle. Because we offer a limited number of treatments we can determine the gold-standard means by which to implement world-class aesthetic care in the specific laser categories we offer.”



*As chief medical officer of LaserAway, Dr. Kirby heads up educational efforts at LaserAway's more than 60 clinics. "Because we offer a limited number of treatments we can determine the gold-standard means by which to implement world-class aesthetic care in the specific laser categories we offer," he says.*

Kirby has been in his position at LaserAway since 2015, and in that time, he has seen some important innovations that will make energy-based treatments even more popular by making them accessible to more patients.


"The single most important evolutionary jump that has occurred in the last few years is that many lasers are now safe and effective for all six skin types," Kirby says. "Our clinicians represent every national origin, and our patient demographic closely mirrors our medical staff, plus our clinics are located in ethnically diverse cities, so the fact that we can now safely and effectively treat a diverse patient population is a wonderful trend that is here to stay."

Despite this, he still sees room for improvement, particularly when it comes to the integration of energy equipment with modern communication technology.

"Practices should be able to monitor devices remotely via Bluetooth, upgrade software over the cloud and easily switch out hardware, when

necessary," says Kirby. "The future of aesthetics via energy-based devices is very bright, but manufacturers need to put as much energy into modernizing the interfaces and integrating communication capabilities as they do into the creation of the inner workings of the boxes."

And while it may not seem that clinical work can compare to the glitz and glamour of being a reality television star, Kirby feels deeply fulfilled by his work with LaserAway.

"I wake up every day thrilled to go to work, because I get to educate clinicians with my experience, treat patients with my hands and evaluate new technologies with my mind," Kirby says. "I joined LaserAway because the team there puts a premium emphasis on ethics, diversity and inclusivity—all things that are important to me. Moreover, life is too short to work with people you don't love. It might sound like a cliché, but we really are a family, and while we work hard, we laugh a lot, too!" 



# *What You Need to Know* **WHEN BUYING A LASER**

By Patrick O'Brien, JD





Purchasing a medical laser, or any major aesthetic medical device, is one of the most important decisions you will make for your medical spa. Not only does it allow you to offer new procedures, but it can also serve as an important branding and marketing tool. Suffice it to say, buying a new device is a decision you will want to carefully consider—it must have the right combination of features, branding and price. This article is not about that. Instead, it is about all the concerns you'll have and choices you can make when deciding on which device to purchase and signing the contract for it.

Buying a laser is a lot like buying a car. Both a car and a laser are complex, high-dollar machines. They are both big, infrequent purchases and are giant headaches if they break down. And you buy both by signing a long, wordy contract. Beyond checking the price and making sure the window tint was included, you probably didn't read your last car sales contract, but you definitely need to read and understand what's going on in your laser contract. It's also important to know that you really only have leverage in the transaction before you sign, so you have to be sure you're comfortable with the terms before pen hits paper.



*“Not only do the manufacturers have some experience in marketing their product (they sold it to you, after all), they also have a vested interest in seeing you succeed with your purchase. Having a manufacturer-supported marketing program can add a great deal of value to your purchase.”*

## Boilerplate Still Holds the Boiler Together

There are a lot of clauses, words and conditions in a laser purchase contract, and every one of them is there for a reason. Some clauses have bigger impacts than others. Reading the contract is the only way to know which is which. Therefore, it's vital to read and understand the whole contract before signing it. If that doesn't sound like something you want to do or can do yourself, you can, of course, hire an attorney to do this for you. Either way, the "before signing" part is critical—everything is negotiable until you sign. You can even choose to walk away if you can't come to an agreement that works for you. But after you sign, you are committed to what's in the agreement—changing things at this point can be extremely difficult, bordering on impossible. You may be thinking, "But I didn't read the contract or have an attorney for my last car purchase—why should I here?" To be honest, you probably should read those, too.

## It's Business

Not surprisingly, there are some major differences between buying a car and buying a medical device. Perhaps the most important one is that, when buying a car, you are considered a consumer and are protected by a number of consumer protection laws that help determine what can be promised, what can be excluded by contract, the interest rates, and the warranty and loan terms, among other things. When buying a medical device, however, you are doing so as a professional businessperson and don't necessarily enjoy the same legal protections. Instead, the agreement will almost entirely be governed by what is written in the contract.

## More Than Just the Price

This will come as no surprise to many readers, but price is only one of the important terms in a laser

purchase. Are you buying it outright or financing? Cross-shop lenders and sources of credit ensure that you are getting a rate or payment schedule that works best. If you choose to finance, verify that loan terms give you the ability to prepay or pay off the loan early; if not, there may be prepayment penalties, or the contract may simply not allow it. These types of clauses may seem harmless now, but that may be different in the future, when you are ready to upgrade to a different device or have the means to stop paying interest.

## Look Down the Road

Selling the laser you're considering purchasing is probably the last thing on your mind, but at some point you will want a newer laser or one that offers more treatment options to fit your growing practice. So, before it becomes a future headache, review your contract for any restrictions on resale. Occasionally, contracts require manufacturer approval before you can sell, pre-approval for the new buyer, or "recertification." Often, the process of recertification carries with it a fee, which can be quite substantial and cut into how much money you net from the sale. These provisions can all be negotiated—you may be able to agree to lower fees or to remove them entirely. You may also consider leasing as a solution when you want a different laser, but leases have their own restrictions. Obviously, you can't sell the device you lease, and you are often prohibited from sub-leasing the device and may incur substantial penalties or encounter prohibitions if you try to end the lease early.

## Everything Breaks

All machines and devices eventually break down, need maintenance or malfunction—even precisely built medical lasers. Always remember that you are buying this laser to offer more services and hopefully increase your revenue. Any day the laser is not working, for whatever reason, it is costing you money. With a laser device, your only source for parts and service is typically the manufacturer. It is in your interest to make sure that you have some ready plan or way to get your laser investment repaired as



quickly and inexpensively as possible. Whether that is through a long warranty period or a regular service plan, resolving this before the machine breaks down will help you to get running again quickly with a minimum of stress.

## Getting the Word Out

Having the newest and most advanced laser in the area will not bring in more patients unless they know about it. You will want to purposefully market and promote your new device, and having some assistance here can be invaluable. Not only do the manufacturers have some experience in marketing their product (they sold it to you, after all), they also have a vested interest in seeing you succeed with your purchase. Having a manufacturer-supported marketing program can add a great deal of value to your purchase. While your sales representative may informally offer or promise certain support or items, it is important that this be represented in writing in the contract. Your sales representative's verbal promise may be good, but there is no guarantee they will still be in a position to keep it when you need it. Terms brought up or discussed during the negotiation do not necessarily become part of the contract unless they are written in the agreement; this is the case for many contractual provisions, but since this one is so valuable to you and your laser's success, do not leave it to chance.

### DON'T FORGET!

- ✓ Read the whole contract before signing it.
- ✓ Think about the future—not just the “now”—for your purchase.
- ✓ Get everything in writing.

## Conclusion

There are many other provisions, both big and small, that can be found in sales agreements. It is important for your business' success that you give such big purchases the attention they deserve. If you take nothing else from this piece, please remember these three points:

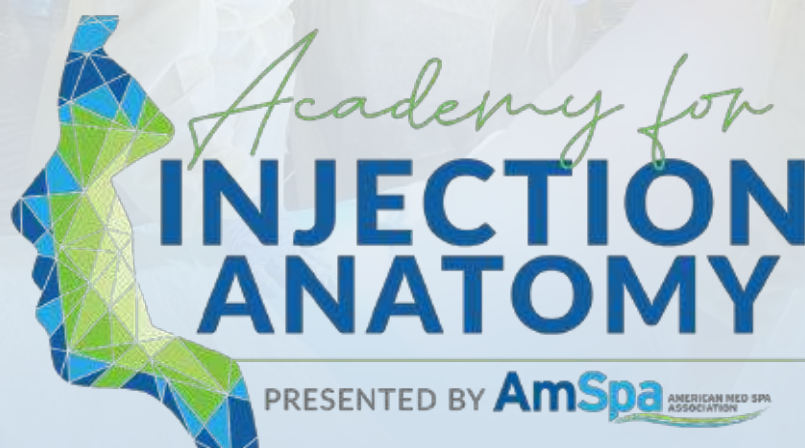
1. Read the whole contract before signing it;
2. Think about the future—not just the “now”—for your purchase; and
3. Get everything in writing.

Taking the extra time to verify you have everything you need from a laser can help you to maximize the profitability of your purchase and avoid being stuck with an expensive mistake. As Benjamin Franklin once wrote, “An ounce of prevention is worth a pound of cure.” 📌



Patrick O'Brien, JD, grew up in West Texas loving the outdoors and scouting, earning the rank of Eagle Scout. After attending Southwestern University, he worked in margin trading with a major investment brokerage. He returned to school and earned a law degree from Southern Methodist University. He brings his legal training and business acumen to AmSpa to help members keep up with legislative changes.





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## Remember where patients start their journey.

Patients do their homework before they schedule a consultation. They take their time to **research procedures and cost before committing** to care; and 50% of consumers surveyed do online research about cost/fees or financing options.<sup>1</sup> When they visit your practice, they may already have some idea of how much the procedure they want will cost.

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## Know what to say during the cost conversation.

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conversations, as well as how to address patients not ready to move forward.

Patients may call or visit your practice multiple times during their journey to purchasing a procedure. Nearly a third (32%) of CareCredit cardholders said they would have gone to another provider or would not have had a procedure/made a purchase if a provider did not accept the card.<sup>1</sup> By ensuring your team is prepared to talk about financing with every patient, you can help more patients move from contemplating the procedure to scheduling.

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<sup>1</sup> CareCredit Path to Purchase Research, 2018.

<sup>2</sup> CareCredit Engagement Study Q3 2020.

<sup>3</sup> Average 2020 1st ticket sale in independent med aesthetic practices that accept CareCredit. CareCredit Analytics, 2020.

<sup>3</sup> Cardholder Engagement Study Q3 2020.

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# More Than Just Skin Deep:

## Why and How to Screen for *Body Dysmorphia* in Your Aesthetic Patients

By Madilyn Moeller

In medical aesthetics, interacting with patients who are concerned with their appearance is an everyday part of a provider's job. However, medical professionals might also see patients who are worryingly fixated on a particular flaw—to an extent that it negatively impacts their life. And if your providers aren't seeing them, they may not be looking hard enough.

Among cosmetic dermatology patients, body dysmorphic disorder (BDD) has an incidence that may be as much as 600% higher than in the general population, according to Brito et al, 2016. In many ways, medical spa providers are uniquely poised to address this condition, but they must know how to recognize it.

To that end, implementing a cryptic screening protocol will help to open the narrative and allow body dysmorphic patients to get the care and attention they need.







## BDD Prevalence

Among the general population, the prevalence of BDD is between 0.7% and 2.4%, with an approximately equal incidence in females and males. In cosmetic dermatology patients, the prevalence of BDD has been measured at higher than 14%, with an incidence of three females to one male (Mollmann et al, 2017). This increased incidence in females is thought to be due to the higher proportion of female aesthetic patients—in 2020, approximately 92% of minimally invasive aesthetic procedures were performed on women, according to the American Society of Plastic Surgeons' 2020 *Plastic Surgery Statistics Report*.

The average BDD patient is 34 years old, although onset of the condition may occur earlier than 18 years of age. AmSpa's 2019 *Medical Spa State of the Industry Report* found that 18–34 year-olds make up 24% of female medical spa patients and 18% of male medical spa patients. Also, 35–54 year-olds make up 53% of female patients and 60% of male medical spa patients.

## Presentation of BDD

BDD is a condition within the class of obsessive-compulsive and related disorders. According to the American Psychiatric Association's *Diagnostic and*

*Statistical Manual of Mental Disorders*, fifth edition, the condition is characterized by:

- A preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others;
- Performing repetitive behaviors or mental acts in response to appearance concerns;
- Significant distress or impairment in social, occupational or other areas of functioning, caused by the preoccupation; and/or
- Lack of an apparent eating disorder.

Practitioners may encounter muscle dysmorphia, a preoccupation with the idea that your body build is too small or not muscular enough, which is a form of BDD seen more frequently in male patients.

The level of insight or delusion about body dysmorphic beliefs varies from recognizing that the beliefs are definitely or probably not true to being convinced that the beliefs are true.

BDD has comorbidities with depression, mania, social phobias, substance abuse, generalized anxiety disorder, suicidal tendencies, post-traumatic stress disorder, delusional thoughts and narcissism, according to Vindigni et al, 2002. Alarming, BDD patients experience a high rate of suicidal ideation and attempts, with a lifetime suicide attempt rate of just over 35%, according to Pellegrini et al, 2021.

## Red Flags in Aesthetic Patients

You and your staff may be able to recognize some problematic behavior in the waiting room. If a patient can't sit still or is checking their mirror or phone the whole time, they may have been overly concerned about that aesthetic treatment.

Other red flags include bringing in albums of people they want to look like or things they want done, coming in with photos of themselves that are filtered or altered, showing the practitioner celebrity photographs to emulate, or coming prepared with a checklist or diagram.

Patients with body dysmorphia may have unattainable expectations when shown anticipated results in the mirror, may see no difference in the before and after photos of other patients, or may have a hard time looking at their own images.

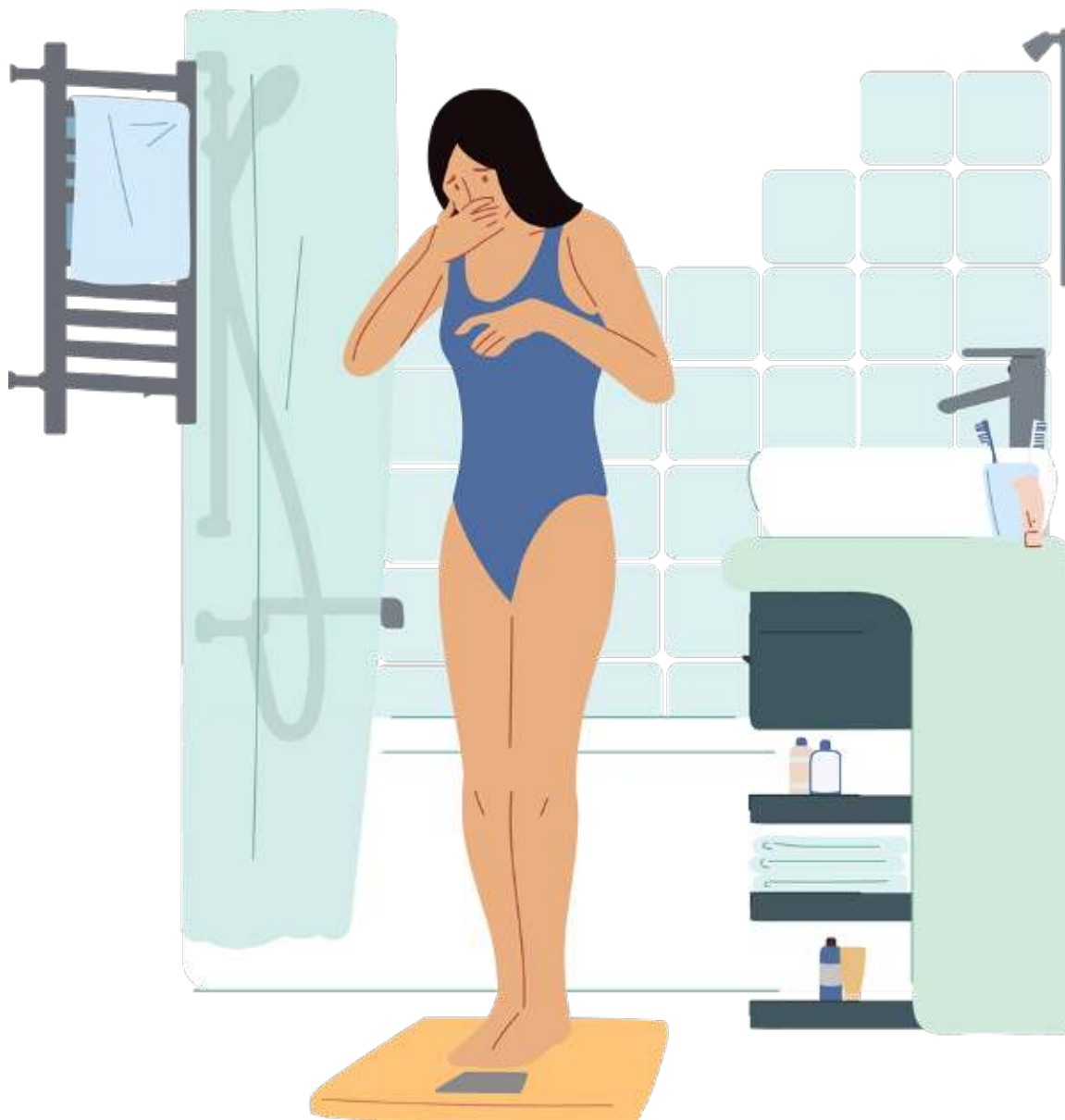
You should also look out for patients who keep going back to one particular flaw; camouflage themselves with lots of makeup, hats and/or scarves; or obsessively look in the mirror. Watch out for patients who tell you they have been to multiple offices asking for treatment with no luck.

"If they say to you, 'I've been to this place and that place and no one can help me, but you can,'" take note, says Leslie Fletcher, MSN, RN, AGNP-BC, of Injectability Clinic in Torrance, California. "They use a lot of passive-aggressive, borderline personality disorder traits where they're kind of buttering up and flattering the injector. That would be a red flag."

Take all of these warning signs in context; if a patient shows one behavior, it does not mean they have a medical disorder. But if they avoid their photos or bring in heavily filtered images of themselves, are obsessively mirror-checking and have been to multiple places, it's a huge red flag, Fletcher says.

## The Cryptic Screening Protocol

After learning about the prevalence of BDD in aesthetics, Fletcher developed a cryptic screening protocol for BDD, designed not to alert patients that they are being evaluated. She coordinated



with eight medical spas to screen 734 new aesthetic patients for BDD from June 1, 2019, to September 1, 2019.

The front desk staff administered the cryptic pre-screening form to all new, incoming patients between ages 18 and 65. To avoid intentionally fake answers from body dysmorphic patients (who would have been motivated to pass an official screening), the cryptic screening was disguised as a checklist of personal goals, helping providers to

determine the prospective patients' psychological motivators for treatment.

Four unhealthy motivators were hidden among the 19 items, including the goals to "look perfect," "look 20 again," "look perfectly symmetrical" and "fix one particular flaw." If one of these was checked, it signified a red flag, and the injector or practitioner was prompted.

At this point, the practitioner had a conversation with the patient where the practitioner said

*“The flaws may not be noticeable at all or slightly noticeable, but the perception is that they’re greater than what everyone else is seeing”*



something along the lines of, “It looks like you circled that you want to look perfect. What do you mean by that?” At that point, the fixation would often come out in verbal dialogue, or the practitioner would spot a benign motivation.

The patient was then given the secondary screening, which was a modified Cosmetic Procedure Screening Questionnaire (COPS) for BDD. This asked the patient to describe their features of biggest concern, rank them by priority, and assess the impact of those concerns on their daily life.

Fletcher’s study found a BDD prevalence of 4.2% among these new patients, 29% of whom screened positive for BDD after the modified COPS screening. Practitioners refused to treat 77.8% of those positive screenings; the remainder were screened a third time and treated with positive results.

Body dysmorphic patients were referred to three mental health professionals in the region with whom Fletcher had developed a relationship. Fletcher believes practitioners have a responsibility to encourage their patients to seek help.



# The Initial Pre-screening Assessment

*Adapted from Figure 1 (Fletcher, 2020).*

## Personalized Goals

Name \_\_\_\_\_ Date \_\_\_\_\_

- |   |  |
|---|--|
| <input type="radio"/> Look less saggy                   | <input type="radio"/> Look more masculine                      |
| <input type="radio"/> Look more attractive              | <input type="radio"/> Look younger                             |
| <input type="radio"/> Look healthier                    | <input type="radio"/> Look like I can compete in the workplace |
| <input type="radio"/> Look slimmer                      | <input type="radio"/> Look perfectly symmetrical               |
| <input type="radio"/> Look perfect                      | <input type="radio"/> Look more vibrant                        |
| <input type="radio"/> Look less angry/more approachable | <input type="radio"/> Look like I didn't spend days in the sun |
| <input type="radio"/> Look sexier                       | <input type="radio"/> Look less tired                          |
| <input type="radio"/> Look less like my older relatives | <input type="radio"/> Fix one particular flaw                  |
| <input type="radio"/> Look 20 again                     | <input type="radio"/> Look happier                             |
| <input type="radio"/> Look more feminine                |  |

“At the very bare minimum, just say ‘I suggest you see a therapist who specializes in this,’” Fletcher says. “To give them three therapists in the area that do that is a really wise decision, I think, because it’s going to make that choice easier.”

## Speaking to Your Patients

How do you talk to someone after they’ve failed the screenings? “That’s a tough one,” says Fletcher. “I think it’s the most challenging part of it. You’ve got all this in place, but when you actually have to tell them that they’ve failed, it’s

really tough.”

Fletcher offered her script: “At Injectability, we really think it’s important to check for your psychological health before we do treatments, and I’m concerned that this treatment might not be the best for you. You might be a little too concerned about this particular area, and I’m concerned that you might not be happy with treatment. Our success rate is really important to us, and I just want to make sure we can treat you successfully, and it’s not looking to me like this is going to be a success.”

Refusing to treat body dysmorphic patients is protocol. Fletcher suggests gently communicating this to patients.

“It’s not a ‘no’ forever; it’s a ‘no’ for now,” she says. “The patient needs to investigate this and see if they can get healthier before they come back and maybe attempt to do this again. I don’t want them to feel like I’m pushing them off and never want to see them again, but that we want to do it in a healthy way.”

## Why You Shouldn’t Treat BDD Patients

Why did those providers refuse to treat 77% of the patients who screened positive for BDD? There are a few reasons.

First of all, it’s unlikely that these patients will be satisfied. “Nearly 98% of patients who get treatment who have body dysmorphia are not seeing any results,” Fletcher says. “They claim that they didn’t get any better, and even got worse, in some cases,” per the review by Bowyer et al, 2016.

Medical aesthetics providers who treat body dysmorphic patients are also at increased risk for retaliation, whether it be on social media, through a bad review or with a negative response to the injector. “There are actually four documented cases of surgeons who were murdered by their patients afterwards. That’s a sobering statistic,” says Fletcher, citing a 2017 review by Sweiss et al.

Dysmorphic beliefs may even be worsened by aesthetic treatment. “Medical aesthetics can actually even push someone who may not have body dysmorphia to get elements of it, because now they’re hyperaware of their face and look at everything in minute detail. So, aesthetics can actually encourage that a little bit more,” hypothesizes Fletcher. That’s why it’s critical to stay vigilant and continue screening your patients, even those who pass the initial screening.

“You can open that conversation with, ‘I know we took this when you first came to me three or four years ago, but I’m seeing that this is starting to become an obsession with you. I want to make sure you’re healthy. I need to know that before I continue treatment with you.’ Then offer them that screening again,” says Fletcher.

Two-thirds of female medical spa patients are repeat patients, according to AmSpa’s 2019 survey.

## A Psychological Approach

Often, medical aesthetics practices launch into extensive treatment plans without screening for the psychological health of their patients beforehand. Fletcher believes that this needs to be corrected. “I think it absolutely needs to happen, just having that conversation. I feel like that’s the bare minimum,” she says.

While practices routinely screen for physical health, auto-immune diseases and neuromuscular disorders, they generally skip the discussion on mental health. And that’s a problem.

“If you look at any cosmetic treatment, it’s not medically necessary,” says Fletcher. “So, if it’s not medically necessary, it falls under the psychological domain, as far as treatment goes. To treat it like a medical treatment and not screen psychologically is actually doing the patient a disservice.”

Medical aesthetics is rooted in the patient’s perception and psychology: their desires and insecurities. “What we do is a very psychological thing, even when it’s going well. They’re getting more confidence in their appearance. They’re feeling more comfortable with their bodies, in their faces; they’re feeling more attractive. Those are all psychological outcomes.”

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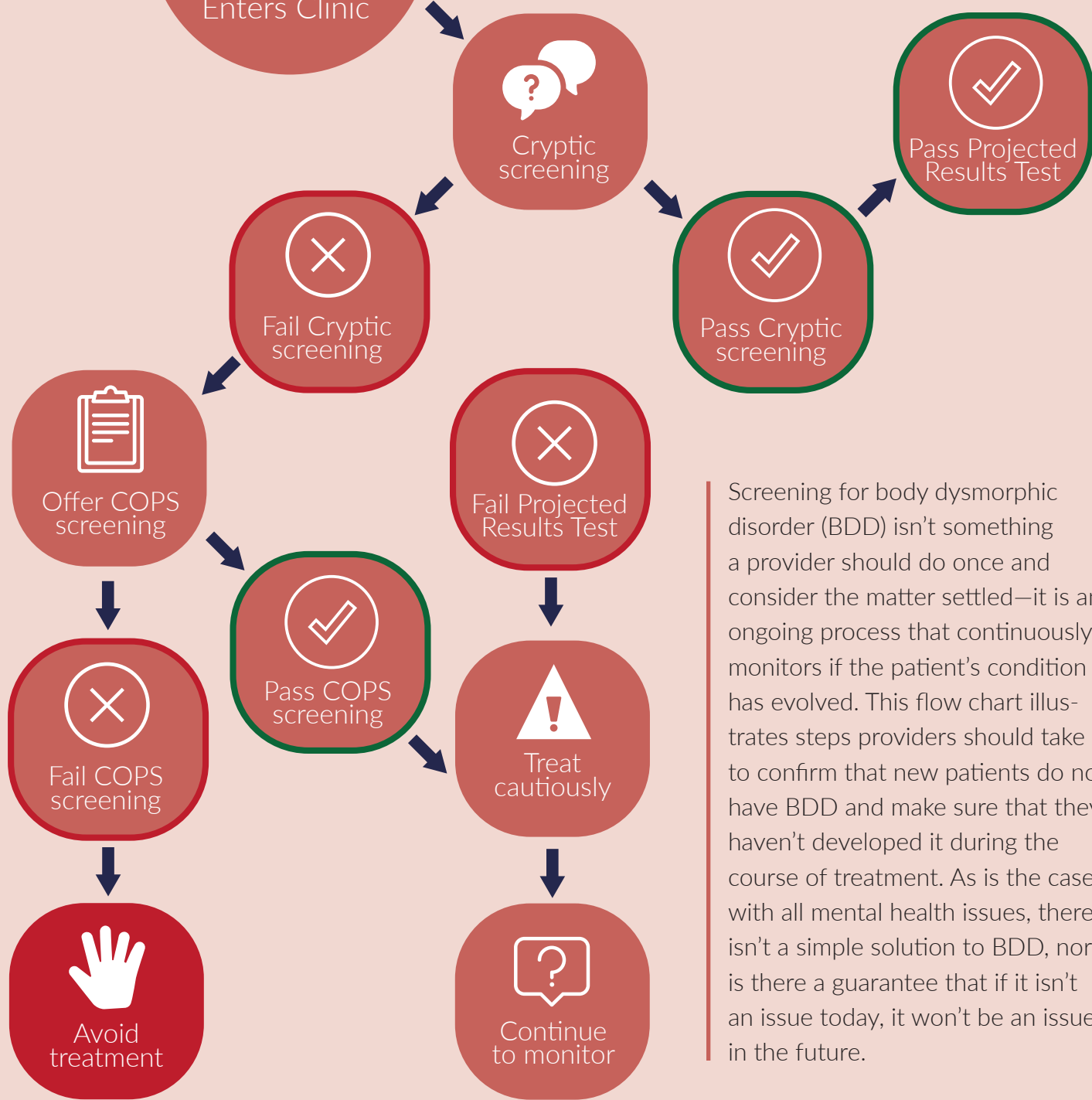
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# A Continuous

*Adapted from Figure 2 of Leslie Fletcher's 2020 study in J Cosmet Dermatol, entitled "Continuous multiphasic approach to BDD screening in a cosmetic setting"*

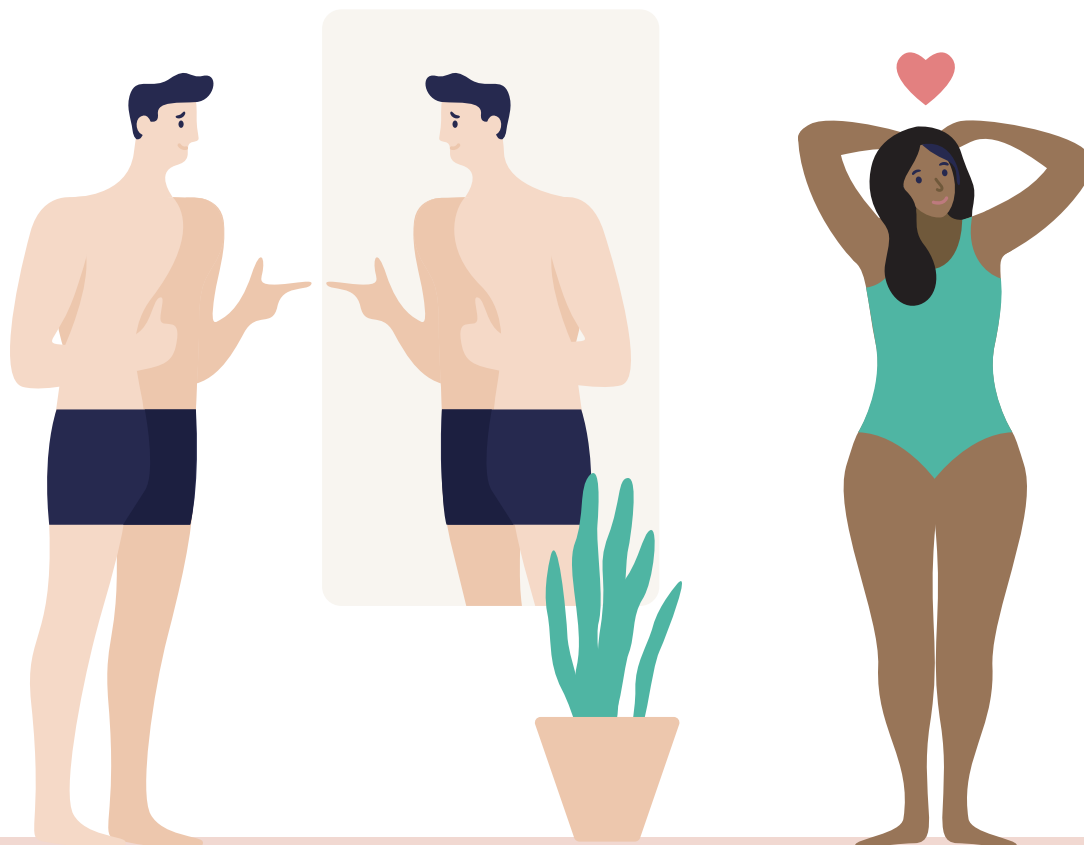


Screening for body dysmorphic disorder (BDD) isn't something a provider should do once and consider the matter settled—it is an ongoing process that continuously monitors if the patient's condition has evolved. This flow chart illustrates steps providers should take to confirm that new patients do not have BDD and make sure that they haven't developed it during the course of treatment. As is the case with all mental health issues, there isn't a simple solution to BDD, nor is there a guarantee that if it isn't an issue today, it won't be an issue in the future.



# Approach to BDD Screening





*“Having that frank discussion about mental health is key,” Fletcher says. “Your healthy, non-affected patients are going to see this as a very positive differentiator—it shows that you care for the holistic patient.”*

## Why Address BDD

Screening for body dysmorphia is one simple step that a medical spa can take to improve patient outcomes and prevent dissatisfaction or worsened symptoms in dysmorphic patients. How can a medical spa prosper if it doesn't care for the overall health of its patients?


“It's really all about what happens in the end—what is the final outcome? And if they're not psychologically healthy to start with, whether it's body dysmorphia or severe anxiety or

appearance-related anxiety, how successful can we be in the end?” asks Fletcher.

## Learn More

Catch Fletcher's presentation “How to Identify and Handle Body Dysmorphic Disorder (BDD) and Other Psychological Disorders in Patients,” at *Medical Spa Show 2022*, which will be held January 27 – 30 at Wynn Las Vegas, and will be available via the Virtual Education After Party online from February 9 – March 26, 2022. Register now at [www.medicalspashow.com/virtualeducation](http://www.medicalspashow.com/virtualeducation).

For more about how to use the cryptic screening protocol in your practice, refer to Fletcher's published study:

Fletcher L. Development of a multiphasic, cryptic screening protocol for body dysmorphic disorder in cosmetic dermatology. *J Cosmet Dermatol.* 2020;00:1–9. <https://doi.org/10.1111/jocd.13885> 

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By Madilyn Moeller

# Authentic Aesthetics

What for some is simply clinical is, to Megan Davies, MSN, FNP-BC, an avenue to teach, advocate, guide and learn. With a passion for down-to-earth, patient-focused care, she shares her dedication to improving patient safety through compliance, mentorship and training at her medical spa in Scottsdale, Arizona.

Davies began her career in medical aesthetics in 2013, when she realized there was more to

dermatology than what was offered at nurse practitioner school. She began with a focus on aesthetics, weight loss and hormone replacement, growing her skills and knowledge until she became medical director for a local medical spa.

Fortunately, she reads her emails. Davies received notice about an attempt to order counterfeit products in her name and was able to call the company and cancel the transaction. The owner, who was responsible, faced jail time.

"It just made me realize I needed to have my own practice if I wanted to do things the right way," Davies says. "I was like, 'I'm too young to lose my license.'"

## Listen and Learn

In 2015, Davies opened her own business, Desert Holistic Health (DHH), which she is currently expanding.

"We've needed to expand for a long time," says Davies. "I think you just get to the point where you're like, 'I've got to grow.' And I've wanted to. We'll have more space and then can hire more people."

DHH is patient-focused, with a down-to-earth atmosphere and a commitment to doing what's right for the patient.

They take a personalized approach with each client, starting with a questionnaire that asks about the patient's concerns that day. Then, the providers educate the patient and discuss plans



*Desert Holistic Health is patient-focused. "People feel like we're not just trying to sell, and we're never going to tell somebody to do something just for profit," Davies says. "It's definitely a small feel, and you get the feeling that you're talking to people who are very real with you."*



for treatment. According to Davies, getting the patient to think about other treatments can help them decide what works for them. Patients often return for treatments they talked about six to 12 months prior.

“When we get into aesthetics, we start analyzing things in a way that’s very different than what somebody else might see,” says Davies. “Them telling me what’s concerning them and then still having a discussion about what’s causing that—whether it’s what they thought it was or not—and holistically looking at the whole face and explaining that and still meeting them where they’re at” exhibits the personalized service they offer.

Davies has learned many things from her patients over the years. By listening to them and learning from what they want, she has built upon her expertise.

“Listening to them and finding out what their concern is, that’s one thing that’s really important,” says Davies. “I’ve definitely learned that it’s not about what I want or even my background and knowledge. Sometimes we can make a plan, but it’s all about listening to them.”

## Aesthetic Mentor

In addition to her work at DHH, Davies serves as medical director for eight other medical spas all over Arizona. She wasn’t looking to become a medical director again, but was approached by a nurse whose medical director didn’t work in aesthetics. That arrangement encouraged her to lend her expertise.

She met with other people seeking medical directors, and, in time, she’d agreed to work with eight practices. DHH continues to receive requests for medical directorships almost every day.

Davies feels strongly about the importance of being a trustworthy medical provider. Any practice she works with must also have those ethics.

“That is just above and beyond important to me. I always want to do everything the right way,” says



*What does Davies love about medical aesthetics? “Our clients are, in general, really happy,” Davies says. “We’re providing them a service that they really want and educating them, and you can really change lives with this.”*

Davies. “I don’t take on most people that I meet with as a medical director, because we have to have an understanding that they’re going to do things the right way. I’m going to need to have a trust in them.”

Davies recommends that someone who is looking for a medical director meet with and make sure they’re comfortable with the candidates. A medical director needs to provide a medical spa with policies and procedures and should be practicing in aesthetics.

“I would have people come up to me and say, ‘I found a medical director and she works in psych, but she’s \$200 a month, and that’s all I can afford right now,’” Davies says. “And I’d say, ‘Once you have one occlusion, you’re going to know it’s not worth it, because it’s panic time and they don’t know what to do.’ That’s somebody’s face. You’re going to realize really quickly that you wish you had a medical director in aesthetics.”

*Davies poses with her three dogs. Davies is passionate about aiding dog rescue efforts.*

## Authenticity

Davies hopes to see more education for the public about inauthentic products and medical imposters. Every day, she sees people on Instagram who are injecting lips without a degree.

Davies has been on the news to speak about medical imposters—providers who misrepresent themselves as medical professionals without evidence of a valid license to practice. Her efforts led to the passing of an “imposters law” in Arizona, which is intended to make the state boards more accountable when they receive reports of these people.

“Since then, I’ve still reported people, and I’ve gotten the same message from the board, saying ‘We can’t do anything,’” says Davies. “So, sadly after all that and getting a law passed, things haven’t changed. I think the most important thing we can do is educate, but I still want to move forward with trying to hold these people accountable.”

How does she maintain the compliance of the medical spas she oversees? Davies keeps a protocol binder up to date based on the guidelines of her state nursing board for any procedure the medical spa is performing. She has made some changes to her protocols based on the input of key opinion leaders, seminars she attends and advanced trainings, including those offered by the American Med Spa Association, of which she is a notable member.

Davies finds it important to meet her providers and keep the lines of communication open. She also performs site visits and follows the medical spas on social media to stay in the know.

“If I ever hear something that I wasn’t familiar with or there’s something new, I’m Googling it. I might be writing the state board about things just to keep in compliance,” says Davies. “I want to still practice for a while, so I never want anything to come into question.”



*The DHH team celebrates its expansion to a new location. Pictured are (from left) Priscilla Marano; Kylie Apodaca, LE; Megan Davies, MSN, FNP-BC; Jessica Spiczak, CCMA; and Chelsea Linker, MS-RN, BBA.*

## Practice Compassion

In addition to her work in aesthetics, Davies likes to focus on helping dog rescues. She has three dogs and has gotten involved in a few different rescue organizations. DHH has “doggies and Dysport” raffles, donates to local organizations and holds blanket drives for shelters.

She has many clients who are dog lovers, and she occasionally brings her dogs in to work. The pups have even had a small role in her practice, helping to calm patients with anxiety.

Davies is also motivated by the training she provides. DHH offers advanced trainings, and Davies also trains for National Laser Institute. She loves to see injectors feel confident when

they leave at the end of the day and enjoys seeing them develop as injectors.

“I see them online and they’re doing such a great job,” says Davies. “And then I see them starting to do trainings or really becoming knowledgeable. Then, they’re helping change people’s lives, so that’s an awesome thing to do.”

What Davies loves about medical aesthetics is that she can provide a service that patients really want while educating them. You can really change lives with this, she says.

“We’ve had clients in our chair crying when they see the mirror, they’re so happy,” says Davies. “We can really change lives and have such a positive impact on something that affected somebody’s confidence for so long, and we give them that confidence. It’s a great thing to do.” ☎



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## Hermine Warren, DNP, APRN, CANS

### The AmSpa Aesthetic Safety Council (AASC)

consists of medical aesthetic industry professionals from different practice levels, including physicians, APRNs/NPs, PAs, RNs and owners who will guide AmSpa to ensure that it is helping to make the medical aesthetic industry more legally compliant, and, ultimately, safer for patients. The AASC will also provide insight, feedback, and “in the field” leadership for AmSpa. To learn more about the AASC, visit [bit.ly/AmSpaASC](http://bit.ly/AmSpaASC).

In this issue of *QP*, we’re profiling Hermine Warren, DNP, APRN, CANS. Warren has been in nursing since 1974, with an advanced practice degree since 1980. She is also an educational/clinical trainer both internationally and nationally, is a GenNOW and P.A.L.E.T.T.E faculty member and has maintained a clinical practice in the non-surgical cosmetic subspecialty field since 2004. Also, she is co-faculty for Academy for Injection Anatomy with Christopher C. Surek, DO, FACS. She has been a member of Sigma Theta Tau since 1979 and has been a member of the Golden Key International Honour Society since 2013. She is also a published author within the aesthetic arena.

### QP: What made you want to join the AmSpa Aesthetic Safety Council?

**Hermine Warren, DNP, APRN, CANS:** I am very much a person who wants safety within the industry. To me, there are a lot of people out there who are making their own rules as they go along because we don’t have any standardization. So, when I heard about the council, I thought this would be an opportunity to be involved and to share information with colleagues and to help formulate information that’s going out to colleagues.

I’m very honored to be on the panel. I love being able to share and to create with my colleagues. They always have interesting things to say. And I think that’s what makes the aesthetic arena a very viable one—people are constantly trying to share and constantly trying to learn from each other, and I think that’s really important. Whenever I’m asked to be on anything like the panel, I’m always very thrilled that I was thought of and I try and do my very best to contribute and to move the industry just one little notch forward—for safety, for efficacy and for enjoyment to fulfill one’s passion. Because, to me, if you don’t have the passion to do it, you shouldn’t do it at all.

### QP: How do you promote safety in your practice?

**HW:** By being consistent. I think that that’s the most important thing—be consistent with how you treat people, with your policies and procedures. I have certain ways in which I promote my various treatments that I do in my patients, and they are the same, so there’s that kind of consistency as well. I don’t just wing it. I’m always using an intake with each patient. I’m doing a good-faith exam with each patient. I’m doing a facial assessment and a medical assessment

with each patient. I’m really making sure that somebody is a vetted candidate for a procedure and that I feel I can deliver that procedure appropriately and safely.

### QP: Where do you see the industry in five years?

**HW:** That’s an interesting question. I don’t know. There are a lot of cowboys, but there’s not a sheriff right now. And I don’t know that a sheriff is really what is called for, but I think we need to really keep pulling toward a standardized set of policies, procedures and protocols that everybody’s following. We have to make sure that certain people who don’t have the scope of practice to do certain treatments are not doing those treatments, and the people who do have the scope of practice to do them are the ones doing them. I would have not thought that we would be this lagging, if you will, at this point in time. I’ve been practicing almost 18 years, and although we’ve added many new treatments to our bag of tricks, I don’t know that we have really changed how we practice that much.

### QP: How do you blow off steam after a hard day of work?

**HW:** You know, I’m a pretty introverted person, which seems maybe funny to people, because I have a pretty extroverted personality, but when I’m really upset, I just try and think it through in my mind. I try and not dwell on it, but I always seem to. Whether this is a good or bad thing, I think most really dedicated professionals hold on to the days that aren’t their best days because they bother them. Why wasn’t it my best day? And I try and make the next day a better day. To blow off steam, I read and I hike, but after a very brutal day, sometimes I just have to sit down, chill, and think about it, and say, “Tomorrow is going to be a better day.” ☺

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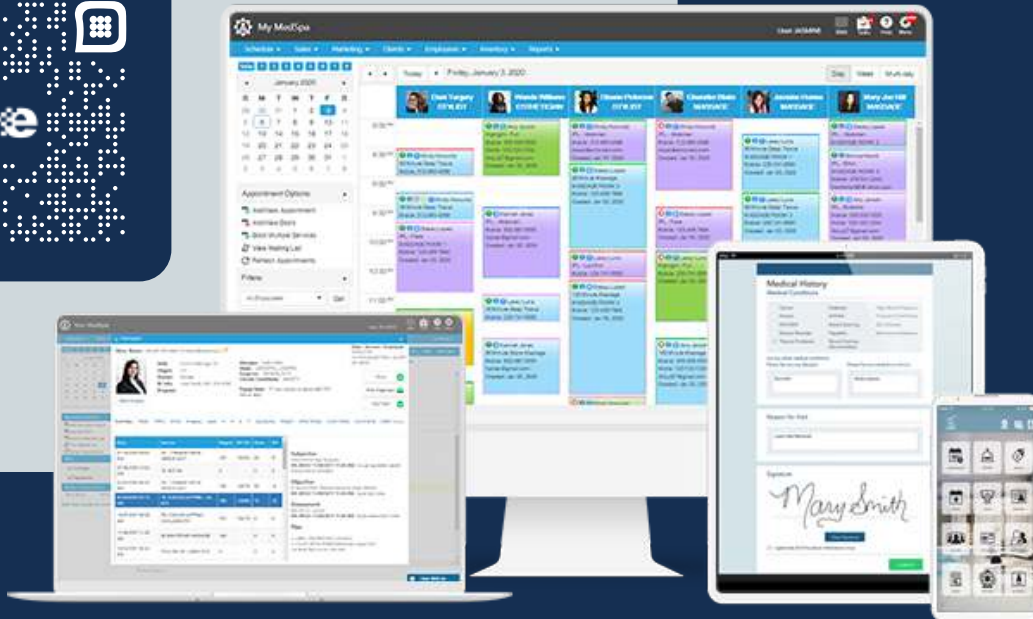


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