

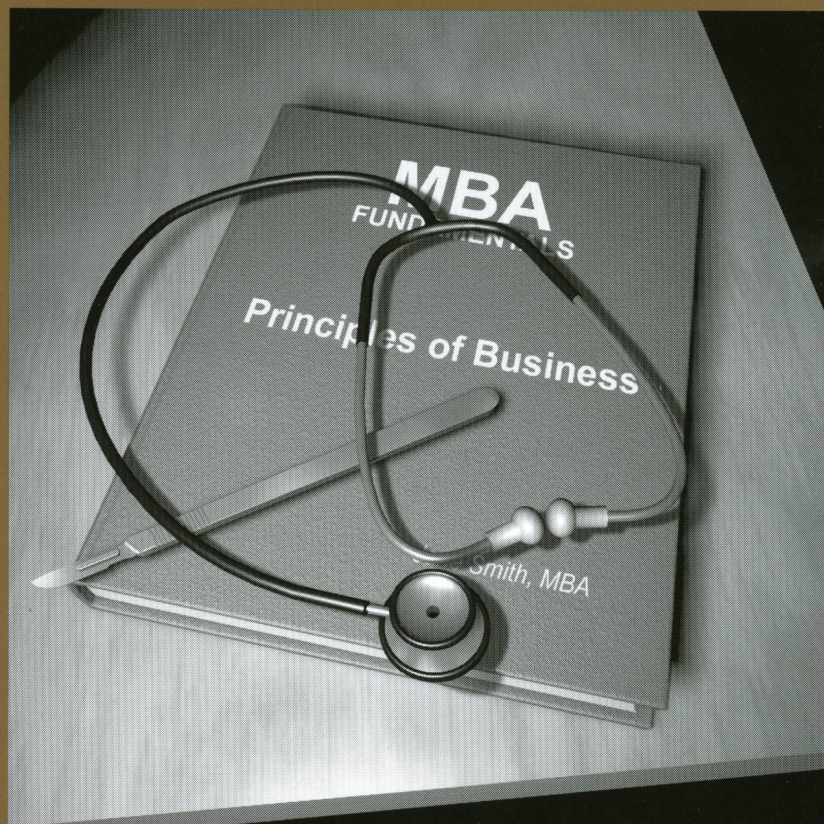
FACIAL PLASTIC SURGERY

Official Journal of the European Academy of Facial Plastic Surgery

Editors-in-Chief

Anthony P. Sclafani, M.D., F.A.C.S.

Ralf Siegert, M.D., D.D.S., Ph.D.



Business Aspects of Facial Plastic Surgery

Guest Editor

Edwin F. Williams III, M.D., F.A.C.S.

Strategies to Grow Your Practice in a Struggling Economy

Tracy L. Drumm, B.S.,¹ John P. Arkins, B.S.,² and Steven H. Dayan, M.D., F.A.C.S.³

ABSTRACT

Creating a successful aesthetic medicine practice in times of economic uncertainty is a daunting challenge. This article introduces the concept of Retailicine, combining inherent edicts of medicine with the best practices in business, so today's aesthetic physician can develop strategies for success in any economy. Through the efficient use of marketing strategies catered to aesthetic medicine, aesthetic practices can thrive. Emphasizing the patient's experience, effectively using the Internet, and an ego-devoid introspective analysis of the flaws of one's practice are essential for any successful aesthetic physician to grow and be prosperous despite any shortfalls in the economy.

KEYWORDS: Aesthetic medicine, successful business strategies

The core principles in medicine and business can, at times, be contradictory. However, the inherent edicts of medicine are consistent with the best strategies in business. Directives found in the Hippocratic Oath—doing the right thing, altruism, and empathy—bode well in business also. However, in the world of retail, the bottom line is frequently determined by the dollar, and a business's success is measured in financial statements. Whereas a little retail flair appears to be a necessary component of a successful aesthetic practice, medicine is not a retail business. Furthermore, aesthetic medicine is not a general medical business, in that aesthetic physicians are selling an expensive pay-for-service luxury, not a health necessity. Nevertheless, it is important to remember that aesthetic medicine is still, first and foremost, medicine, and physicians have taken a very prominent oath to uphold patients' rights. Beyond any other profession or business, physicians have an enormous fiduciary responsibility to always do what is in the best interest of someone other than themselves. No other profession is granted such responsibility or holds each

member to such a high standard. This truism guides the aesthetic physician and his or her treatment so that success is measured in the patients' well-being not the dollar.

If the business principles used in a general medical practice are applied, there may be compromise on the customer service flair essential to selling a luxury item. And yet if retail principles are stressed, such as up-selling and increasing profits per customer (patient) visit, there is a risk for violating basic fiduciary tenets inherent to medicine. Therefore, what business models can be referenced that prioritize the consumer's well-being above that of financial return yet allow enough room to stay financially solvent in an economic environment with less consumer spending?

In all actuality, the field of aesthetic medicine is a new type of model, one that has not existed; it is in-between retail service and general medicine. We call it *Retailicine*.

In Retailicine, aesthetic physicians have a responsibility to treat the patient first using the most

¹Director of Marketing, IF Marketing, Chicago, Illinois; ²DeNova Research, Chicago, Illinois; ³University of Illinois at Chicago, Chicago, Illinois.

Address for correspondence and reprint requests: Steven H. Dayan, M.D., F.A.C.S., Assistant Professor of Otolaryngology, University of Illinois at Chicago, 845 N. Michigan Avenue, Suite 923 E, Chicago, IL 60611 (e-mail: sdayan@drdayan.com).

Business Aspects of Facial Plastic Surgery; Guest Editor, Edwin F. Williams III, M.D., F.A.C.S.

Facial Plast Surg 2010;26:26–33. Copyright © 2010 by Thieme Medical Publishers, Inc., 333 Seventh Avenue, New York, NY 10001, USA. Tel: +1(212) 584-4662.

DOI: <http://dx.doi.org/10.1055/s-0029-1245061>.

ISSN 0736-6825.

responsible and most appropriate treatments while keeping in mind the luxuries of retail to keep consumer-driven patients happy and to remain profitable. So how can physicians practice Retailicine in a down economy and still thrive?

Most importantly, the product has to be good. Regardless of the economy, only a business providing a good product will succeed in the long term. If the product is less than promised, the consumer may be fooled for a limited period of time by creative and expensive advertising, but eventually, the individual will catch on to the inferiority and the business will fail. In medicine, the physician and staff is the product! That means any service offered by the practice or persons who represent the physician must be aligned with the level of quality that is desired to be projected. Their competency will be perceived as a reflection of the physician. Additionally, the physician will have to be well versed in the medicinal products offered and continue to perfect his or her technical skills. There is no compromising here.

If the product (physician) is no good, word spreads fast. This is true in any economy, but with the limited opportunities and decreasing patient encounters in a recessed economy, a practice cannot tolerate even a minority of disappointed patients. For an established doctor seeing a decline in business, now is the time to act fast and implement measures to ensure the practice thrives in the current downturn. Those seeing a reduction in business are not alone as consults are down, along with a 9% decrease in surgical cosmetic procedures from 2007.¹ Faced with a new consumer who possesses less discretionary income, practices that can reevaluate their current policies with an ego-devoid introspection and attention to detail will bode well and continue to grow and prosper.

Consider the analogy: Mice always get the cheese. Rats get exterminated. Mice always get the cheese. Put one in a maze and he will always find his way to the prize. He won't give up until he gets there. Rats, on the other hand, get fat and lazy. They stop along the way to eat whatever garbage is there and contract and spread diseases. The analogy is intended to reinforce the MICE acronym. MICE is a simple, easy to remember mnemonic stressing a relatively straightforward solution for meeting the challenges of the economy.

THE MICE FORMULA: MESSAGING, INFORMATION, CUSTOMER SERVICE, EFFICIENCY

M: Messaging

Messaging begins with an honest assessment of what defines the practice. Prior to developing the message, a practice must define what it is and how it wants to be perceived. Is it a high-end boutique practice specializing in a certain procedure or a large volume, low-priced

discount practice? Or is it perhaps a practice that specializes in nonsurgical procedures or maybe a practice that caters to a certain ethnicity, gender, or culture? In a down economy, it may serve the practice well to narrow its definition so that it can more precisely target the appropriate consumer. Once the practice is confident and comfortable with its message, then the word must get out.

I: Information

It is essential to get the information to the prospective patient efficiently and effectively, encouraging the individual to confidently decide on the provider, product, and procedure prior to even coming in for his or her appointment.

C: Customer Service

Superior customer service is paramount in a down economy. When patients have the ability to shop around, seemingly minor niceties can have a disproportionate impact in making a prospective patient feel comfortable with the doctor and the practice.

E: Efficiency

It is always important to be aware of the practice's expenses, but heightened sensitivity is even more relevant in a down economy. Frivolous spending needs to be curtailed and bold, and aggressive plans for growth may have to be reevaluated or even removed until a later time.

Each one of the MICE categories is expounded upon in the book *Thrive, Pearls to Prosper in any Economy* (CCM Publishing, 2009). For a more detailed explanation, we refer readers to the book available at www.if-mark.com, but for the purposes of this article, a closer look at "I" (information) is warranted.

INFORMATION: GETTING IT TO PROSPECTIVE PATIENTS

In today's slow economy, getting positive, influential information to prospective patients efficiently is essential. Well-established brands, such as Nike and McDonald's, can expect a return from an ad that says "Just Do It" or "I'm Lovin' It." In other words, people will be reminded to purchase a well-known product or visit a prominent establishment based on the mention of this brand in an advertisement. The brand and its message are already well known to the consumer, hence just the mention of the brand is all that is needed to prompt the consumer to act. How this relates to aesthetic medicine is that if a physician is the most established, well-known physician in the community, then perhaps just the mention of the physician's name or practice in an advertisement is sufficient to garner business. But if not

the biggest, most popular aesthetic doctor, then one cannot solely rely on a brand awareness advertisement. The message has to be stronger, more convincing, and designed to net a return. The consumer needs a stronger reason to come in. Especially now with the recessed economy, it is best if the individual decides on his or her provider and service even before the consultation. In the movie industry, the opening weekend of a major studio film release will gross 33% of its total expected income. If the movie does not do well immediately, the promotions are stopped and it goes right to DVD. This is why heavy promotion, ads, and interviews with the celebrities are evident before the movie even comes out. This is because the studio knows it has one opportunity, the first weekend, to determine whether its movie will be a financial success. Likewise, an aesthetic physician will need to convince the consumer that the physician is the best before the individual even comes in because after he or she leaves, it may be too late. If the individual has to question physician credentials afterwards, he or she will already be on to the next doctor. Our response to this is the "Pre-commit."

Pre-Commit

The concept behind the "Pre-commit" strategy is to get a prospective patient all the necessary information in order for the individual to make a confident decision before his or her consulting appointment. There is no better way than to give potential clients a little "taste" of what they can expect, making them hungry for more. Estée Lauder, who is famous for her marketing techniques, shook up the cosmetic world when she started giving out samples. At the time, this was considered a radical sales technique, but it worked famously and she built her brand on it. She's not the only one—there are countless examples of businesses giving out samples and then rushing past the competition. Samples are "teasers." They give consumers a little taste of what is offered and then ask them to come back for more. If an aesthetic physician is an unknown entity, then a sample may be the only way to reach the market, and it is not very expensive to do. The cost is primarily time and the price of the product.

What Can Be Offered as a Sample Product?

As a physician, there are multiple obstacles that make providing samples a difficult strategy. For example, it is neither ethical nor within standard professional conduct to provide a medical procedure or product to someone who has not been examined. Also, the products and services provided by physicians are expensive; it is not like providing a small skin cream or perfume sample. If giving away these expensive medical products or services, there is a significant risk for financial loss and exposure to malpractice liability. Something ought to be given

away of perceived value that does not cost a lot, but that is also ethical and will help to draw people in. One option is a "free consult day." Other tactics successfully employed include giving away UV light photos that demonstrate facial skin sun damage; a lower price on treating one area of the face with botulinum toxin type A (Allergan Inc. Irvine, CA) in the hopes that the patient will eventually decide to get a full treatment; or perhaps a complimentary 15-minute facial after a filler treatment 1 day a month, thereby introducing a prospective patient to esthetic services. However, caution is warranted as excessive discounting or giveaways risk giving the appearance of a cheap brand, potentially confusing and angering a trusted clientele.

Maximizing Word of Mouth

The best patients almost always come from word-of-mouth referrals. They are the ones most likely to convert to a procedure with the least amount of credentialing efforts. Referrals from colleagues are like prescriptions for services. Equally as powerful is a referral from a previous patient. These referrals cost nothing and will return enormously. This is where time and efforts provide the best return, so it is crucial to work hard here. The traditional courteous follow-up letters, photos, and holiday presents to referring doctors are still effective, but in the current down economy, increased attention to these follow-up letters is even more important. Adding before-and-after pictures of the referred patient plus a handwritten note in the margin of the form letter thanking the referring doctor is highly appreciated and symbolizes the value placed on the referral.

Patient word of mouth is incredibly valuable and a close second to physician referrals in validating your quality. It is in your best interest to spend enormous resources to build upon these relationships. To promote patient word-of-mouth referrals, extra work is needed to stay current in the minds of happy patients. Therefore, it is important to keep hearing and seeing the physician's name in a tasteful way. Certainly, holiday and birthday cards are standard fare, as is an occasional handwritten note recognizing their proliferation of goodwill. Other offers can include a "Bring a Friend Special" or "Sisters Month" promotion to encourage patients to continue to spread the word.

Patient Passports: The Least Expensive and Most Effective Promotional Piece

There are many other tactics to let patients know they are appreciated and to keep encouraging them to be "Goodwill Ambassadors" for the practice, but nothing works better than a tool known as "Patient Passports." "Patient Passport" cards provide happy patients with a discreet, portable, and compact way to have their before/

the way of attracting the eye to the cover and making one feel as if he or she must grab it and read it or else he or she will be missing the latest life-changing secret.

No place exemplifies teasers better than the covers of magazines, and a few examples that grace the covers of some of the most popular currently on the newsstand include "5 diet tricks to lose 5 lb by Friday" and "7 secrets to a slimmer body."

O: OFFER

Partnered with the teaser, the offer is the next step in getting an audience to take action. What the offer is really saying is, "We have something to give to you." However, it is essential that what is offered has some perceived value. If it is something the consumer does not desire or value, then the offer is irrelevant.

I: IMMEDIACY

The consumer or recipient of the offer has to be prompted to act fast or he or she will not receive the offer. This is an essential component to the formula; without it, the consumer will just let the offer lapse.

B: BRAND

The elements of the brand, most commonly represented as the practice's logo, colors, and name, need to be prominently displayed on every direct mail piece, inextricably linking the message to the brand. After implementing the TOIB formula, whether mailing to an internal or external market, expect to see a higher response rate than ever.

Electronic Mail: Be Careful with E-mail Blasting

The most efficient method to get a message out is e-mail blasting. It costs nothing to send, works immediately, and is a great way to test-market a new idea on a sample population. It is important, however, not to be marked as "spam." Mass e-mails from the office may lead to an address becoming categorized as spam, and then none of the e-mails will get through to a desired person within the blasted population. There are services that ensure an IP address does not become labeled as spam such as ConstantContact[®] (www.constantcontact.com) and Contactology (www.contactology.com). Additionally, care is necessary to avoid contacting patients too often, only sending out e-mails if there is something important to say. E-mail open rates will drop rapidly if one sends out e-mail blasts too frequently.

Internet

There is no doubt that Internet advertising and mentioning is incredibly persuasive. A plethora of statistics supports its effectiveness.³⁻⁷ Although, as the Internet becomes increasingly overcrowded with cosmetic pro-

viders, it is getting harder to distinguish an individual practice from the competition. A reputable Internet provider and a Webmaster to optimize a site is money well invested.

Negative Blogging: The Achilles' Heel

It is almost unbelievable that one disgruntled, potentially deranged, person can bring down a whole company. However, in today's electronic world of chat rooms and blogs, one saboteur with an agenda and vengeful mind has the power to really hurt a practice. The negative ill will such an individual spews is disproportionately effective at dissuading potential new patients. The concern is not that the average person searching the net for a quality physician is going to seek out a negative blogging chat room. Rather, the concern is if a prospective client performs an online search of a name and the third-ranking hit is a negative blog site, a prospective patient may click on it and be taken right to the negative thread. Let's assume a physician does 100 procedures a year—likely one or two people a year will not be happy. Add a little psychological instability plus a dash of life stress, and the physician becomes the anointed one, the one they blame all their problems on. Also, there is always the possibility that a substandard competing company/person may use negative blogging as a sneaky undermining strategy. A physician can do a thousand rhinoplasties, but if one vocal person is unhappy, it could ruin a reputation. To add salt to the wound, it is not infrequent that the quick-to-strike negative blogger later has a change of heart, becoming happy with his or her outcome. The individual comes back to the practice and is very nice to the doctor and staff, refers his or her family members, and even buys holiday presents. But it is too late. The negative thread is still there. And although it is quite ironic, the previously discontented never go back to the negative blog site to post positive rebuttals, even after they have a change of heart. Just keep in mind that negative sites attract mostly unhappy people. The happy ones have no reason to play in that sandlot.

So how to deal with this? Well, it can definitely be difficult. The legal world has not yet caught up to the fast-paced electronic world. It is difficult to sue for defamation because damages have to be proven, which is difficult. There is also the question of who to sue, when most bloggers are anonymous, and even if recognized, confidentiality laws often do not permit exposure of their identities. Conceivably, with time, as blogging becomes increasingly common, there will be an overwhelming number of sites and bloggers attacking a multitude of doctors, and the law of averages will dampen the blog material's reference quality, much like tongue-in-cheek tabloid magazines at checkout counters, which most consumers read with a healthy dose of skepticism. In the meantime, defensive maneuvers do exist, and it is best

to stop negative blogging before it happens. One preventative option is to register with Medical Justice Corp (www.medicaljustice.com). This group provides support against frivolous lawsuits as well as negative blogging. They provide preprocedure consent forms for patients legally binding them to abstain from negative blogging or agree to legal consequences. Also, most of the negative blog sites state in their bylaws that doctors' names are not to be mentioned. If called and threatened with legal action, the site administrator will remove the threads that mention a physician's name. Another option is to have a real person write a post saying, "Hey, I work for the Dr. and he's great. I'm his office manager. I see all kinds of people and 99 percent are happy. So if you are interested in coming in, please do without worrying about one person's experience." But extreme caution with this method is warranted, as it can seem like sending in one's dad to tell the other kids to play nice. Another option is to pay a search engine optimizing (SEO) expert to have positive Internet mentions reach a higher level of visibility, displacing negative blog threads and pushing them lower on the search engines' result lists.

If the identity of a negative blogger is identified, he or she can be called and asked to come in for a follow-up appointment. Without mentioning the blog, try to see the person, ask about his or her experience, address any concerns, and reassure uncertainties. The patient can be overwhelmed with kindness and care. Occasionally, there is nothing that can be done—in which case, it may be best to divorce the patient from the practice or refer the individual to a trusted colleague in the hope that the patient will eventually be happy.

The only way to truly avoid this situation is to screen out problem patients first, and it is part of an aesthetic physician's training to recognize those that will never be satisfied. But no matter what, from time to time, one will get through, and being prepared will serve well. All highly visible businesses and personalities occasionally suffer negative word-of-mouth rumors, and although the first instinct is often to get defensive, angry, and lash out, it may be the wrong response. However, it may not be the right strategy to sit by and allow a practice to be disparaged, either. Whichever strategy chosen, having a plan in place to deal with these problem situations before they happen ensures that the physician and staff do not say or do something that results in troubling consequences growing beyond one negative person. An aesthetic practice should be ready for the bloggers because if in this business for long enough, it will happen.

How to Manage the Person Who Contacts Through the Web Site but Never Makes an Appointment?

It is a good idea to know why someone that contacts your office through a Web site expressing interest in a

procedure is unable to be contacted again. What attracted the individual to the site? Which page of the Web site was the individual looking at when he or she decided to click on the "Contact Us" button? Why didn't the individual ever respond to any attempts to answer him or her? It is important to respond immediately to a "Contact Us" inquiry. Those contacting by Web are often people interested in immediate gratification, and there is only a short window of time to capture them before losing them. In fact, if not contacted back within 24 to 48 hours, these inquisitors may turn negative, commenting to others about the lack of response. A designated responder that can quickly respond may be a good idea. However, the designated person answering e-mails has to be well trained, possess a solid understanding of the practice, and know the right words to say to encourage the person to come in for an appointment. He or she also has to be careful not to give away too much as far as pricing or inappropriate medical advice. To better define the category of patients who contact by e-mail but are then unreachable, let's define them as "Lost Contact Us" (LCU).

Catching the LCU

If a LCU is not heard, then sending out a second e-mail response is the first step. If still no answer within a week, a letter sent via regular postal mail to the individual's reported address offering something such as a free consult or facial and asking the individual to please call for further assistance may initiate recontact. Either way, this person's contact information should go into the practice's e-mail database, which can then be accessed from time to time with promotional announcements. Once a prospective patient makes an appointment for consultation, he or she is now interested, and attempts made to reinforce that he or she has made the right choice are more important than ever.

The Consult Kit

In the "Pre-commit" strategy, the goal is to completely credential the physician before the person even steps into the office. It also is important that the prospective patient feels comfortable with the physician and what is offered. The prospective patient should be assured that the physician is the right doctor for him or her even before he or she comes in.

WHAT'S IN THE CONSULT KIT?

A consult kit is a comprehensive package including a multipage booklet and informational DVD among other "goodies." Think of this kit as a personalized present crossed with a portable Web site. It is designed with multiple objectives in mind, but by providing an overview of the physician, the practice philosophy, and the

procedures offered, the prospective patient is encouraged to decide on a procedure before he or she comes in. Additionally, it should reinforce to the individual that he or she has chosen the right provider. The answer is that this booklet and kit create a powerful first impression tool that has proven to increase show-up and conversion rates. Items in the kits can include:

1. A personalized note from the doctor
2. Custom DVD for each of the procedures offered above
3. The doctor's curriculum vitae
4. Brochure on the procedure of interest
5. Consultation book describing all the treatments available at the practice
6. Patient case study
7. Relevant media reprints
8. Publication guide listing titles of journal articles that the patient could request
9. A "recovery care questionnaire"

The kit arrives in a special case resembling a small box. A full description of each insert is beyond the scope of this article, but two highly effective components of the kit deserve special mention.

The DVD can be created very inexpensively in the office in 1 day afterhours. The physician is interviewed about practice philosophy and explains procedures in further detail. Also included are interviews with happy patients. It can be professionally edited inexpensively—there are plenty of film students out there looking to add income. The DVD contains chapters detailing and highlighting the physician's favored procedures. It familiarizes the patient with the physician and the office and then introduces the patient to real patients who discuss their experiences, along with their before-and-after photos.

The "recovery care questionnaire" inside the kit is intended to change the way people perceive the post-surgical recovery period. The time immediately after a surgical treatment is commonly thought to be painful, unproductive, and, to some, even shameful. The perception can be changed to a vision of an enriching, positive, and enjoyable period. This is done in part by removing the traditional negative connotations associated with "downtime." "The recovery care questionnaire" is a decorative, 1-page front-and-back form explaining to the patient that the time after a treatment can be viewed as "personal time" rather than "downtime."

Patients are invited to use this time as an escape from their hectic schedules by letting the practice know what can be done to make their posttreatment personal time more enjoyable. They are offered opportunities to further their knowledge and enhance their minds by learning from interactive DVD sets. They may choose to learn a foreign language, watch a European cruise, or study tips on enhancing their marriages. They also

choose other components for their personal time including favorite candle scent, treasured treats, and a magazine subscription. They are asked to check off the boxes in their questionnaires prior to their consultations. Therefore, even before a patient has met the physician, the patient is already considering his or her posttreatment time. It is generally less than \$50 a kit, which is inexpensive if you consider this as a marketing expense.

After his or her surgery, all the patient's chosen items plus a heavy, luxurious bathrobe are placed in an attractive bag, all reinforcing the practice's brand. The customized kit builds excitement, creates a sense of security with the practice, and further educates the patient. These components help the patient feel more committed to his or her appointment, the physician, and, ultimately, to the procedure.

WHAT IF SOMEONE WHO MAKES A CONSULT APPOINTMENT RECEIVES THE KIT BUT STILL DOES NOT SHOW?

The weakened economy may result in an increased no-show consult rate. If a credit card is taken over the phone to secure the appointment, it is less likely that the consult won't show, but this alone may be insufficient. A follow-up phone call after the missed appointment should also be done. If there is no response to a call, a warm, nonaccusatory, letter inviting the "no show" patient to call for an appointment along with a teaser may prompt a response. Packaged with a DVD video detailing information, pictures, and testimonials on the procedure of interest is further likely to initiate a return call.

ON THE OTHER HAND, WHAT IF THE INDIVIDUAL HAD THE APPOINTMENT, IT WENT WELL, BUT HE OR SHE LEFT WITHOUT DECIDING TO HAVE A PROCEDURE . . . THE "PRE-COMMIT" STRATEGY FAILED, NOW WHAT?

If someone has had a consult but leaves the office without committing to a procedure, then a postmortem should be considered. Certainly, all aesthetic physicians have something about which they can be considered an expert. Was the prospective patient aware of it, and, if so, why wasn't he or she impressed? The goal is for all consults who are appropriate candidates to be so certain the physician is the right choice for them that they decide to commit for a treatment at the conclusion of the consult. Of course, some people never decide on impulse, and no matter what is done, they are not going to commit. However, many people in this arena are serious buyers, and if the feeling is just right, they will commit immediately. If someone does not decide to choose the physician as his or her provider, did he or she get enough credentialing information prior to the appointment? Is the person still questioning the physician's ability? If the "Pre-commit" was adequate, then what else happened that may have turned the person away? Is the office too cold and sterile of an environment? Was

the staff rude? Was the wait too long? Was the physician nice enough? Did the physician seem to listen or was he or she hurried? Did the physician provide all the options the person wanted to hear? Was the coordinator nice and accommodating? All of these questions should be part of the postmortem for each individual who does not commit to a treatment. A strong theory can be deduced after such a detailed evaluation. It is effective for each consult that does not convert to get a follow-up letter 1 week after his or her appointment with a personal note written by the physician in the margin. At 3 weeks after the appointment, another letter can be sent, but this time with an offer, perhaps an expiring gift card or a discount on an esthetic service. At 3 months after the consult, if the practice still has not heard from the individual, a letter sent out letting the individual know his or her photos are going to be expiring may prompt a call. After that, adding the individual to the database and sending him or her yearly birthday cards, holiday gift certificates, quarterly newsletters, and any scheduled promotional announcements may eventually get the individual to return at a more opportune time.

Aesthetic medicine is unique in that it does not follow the laws of business or retail yet falls somewhere in-between to the new category of Retailicine. In Retailicine, the fiduciary responsibility to always provide the most appropriate care is the priority and uncompromising. However, attention to effectively disseminating the message and to offering efficient customer service niceties can and must be considered to cater to the consumer needs. In a down economy, these principles are even further emphasized. For the practice desiring to

prosper, the ultimate goal is a well-adjusted, happy patient who spreads goodwill. The practice that focuses on both the physical and psychological well-being of the patient/consumer is likely to thrive in any economy.

For further details on Retailicine and specific tips and techniques for increasing practice profitability, we refer readers to the book *Thrive, Pearls to Prosper in Any Economy* located at www.ifmark.com.

REFERENCES

1. The American Society of Plastic Surgeons. Annual national clearinghouse statistics. Available at: <http://www.plasticsurgery.org>. Accessed June 19, 2009
2. The Nielsen Company. Nielsen global online consumer survey. 2009. Available at: http://blog.nielsen.com/nielsenwire/wp-content/uploads/2009/07/pr_global-study_07709.pdf. Accessed August 6, 2009
3. Maddox K. Net gains credibility as an ad medium. *Advert Age* 1999;70:41
4. Mello J Jr. Online ad revenue to double to 18.9 billion by 2010. *E-Commerce*. 2005. Available at: <http://www.ecommercetimes.com/story/45329.html>. Accessed August 6, 2009
5. Hamilton Consultants, Deighton J, Quelch J. Economic value of the advertising-supported Internet ecosystem. 2009. Available at: <http://www.iab.net/media/file/Economic-Value-Report.pdf>. Accessed August 6, 2009
6. Price Waterhouse Cooper. IAB internet advertising revenue report: 2008 full year results. 2009. Available at: http://www.iab.net/media/file/IAB_PwC_2008_full_year.pdf. Accessed August 6, 2009
7. Song Y. Proof that online advertising works. 2001. Available at: http://alt.coxnewsweb.com/statesman/pdf/advertising/media_kit/market/Proof%20that%20Online%20Advertising%20Works.pdf. Accessed August 6, 2009