

POLICY & PRACTICE

FDA Gives Clearance to Home Laser

The Food and Drug Administration has given 510(k) clearance to Palomar Medical Technologies' home laser system for periorbital wrinkles. Palomar received FDA approval for a light-emitting, over-the-counter hair removal device in 2006. The company said the newest approval gives it entrée into "the multibillion dollar consumer skin care market." In a statement, Palomar Chief Executive Officer Joseph P. Caruso said, "The professional treatment of fine lines and wrinkles using lasers has been well established and proven to be safe and effective for years in the doctors' office using large and expensive lasers. With this breakthrough, consumers will be able to use similar technology in the privacy of their own home for a fraction of the cost." Johnson & Johnson is collaborating with Palomar.

Boasting About Botox

Nine in 10 people surveyed recently about aesthetic treatments said that they openly discuss their Botox injections and filler treatments. The survey was conducted by the Aesthetic Surgery Education & Research Foundation and supported in part by Botox maker Allergan. Survey forms were distributed to patients by physicians. From 687 analyzed responses, the typical Botox and filler patient was 40-55 years old and a working, married, mother of one to three children. Top reasons for getting Botox included patients feeling that they looked stressed or angry and that a family member or friend recommended it. Twenty-five percent said that a physician had recommended the injections. Among patients receiving fillers, 61% had gotten Juvéderm, 59% Restylane, and 13% Perlane. Nearly two-thirds of patients getting fillers said they sought to remove facial wrinkles and folds.

Evolence Gets 12-Month Okay

The dermal filler Evolence is safe and effective up to 1 year after its injection, according to the FDA in granting supplemental approval to Ortho Dermatologics. The Johnson & Johnson unit submitted data on moderate to deep facial wrinkles. Evolence is now the only collagen-based filler approved for 12-month duration, said Ortho.

Increased Vitamin D Urged

The Skin Cancer Foundation is urging adult Americans who get limited sun to increase their vitamin D intake from 400 IU daily to 1,000 IU. The vitamin D should come from both diet and supplements, said the foundation. The 1,000 IU intake is well within safety limits established by the U.S. Food and Nutrition Board, Warwick Morison, chairman of the foundation's Photobiology Committee, said in a statement. The foundation said children under 18 years old should continue to get 400 IU.

Obama: Give MedPAC More Clout

The Obama Administration wants to give the Medicare Payment Advisory Commission (MedPAC) greater influence. In a June 2 letter to Sen. Ted Kennedy (D-Mass.) and Sen. Max Baucus (D-Mont.), President Obama said he supported giving each MedPAC recommendation the force of law unless it's opposed by a joint resolution of Congress. This appeared to embrace the approach in the MedPAC Reform Act of 2009, which Sen. Jay Rockefeller (D-W.Va.) introduced in May. Currently, MedPAC advises Congress, which then decides whether to act on the recommendations. At a Brookings Institution conference in mid-June, White House Office of Management and Budget Director Peter Orszag reiterated support for giving MedPAC more teeth. Mr. Orszag said the administration wanted to "take the MedPAC recommendations and, rather than having them sit on a shelf somewhere, have them protected in a fast track procedure, voted up or down as a package, and considered within a limited period of time so they become much more relevant."

Feds Launch Disease Program

The National Institutes of Health has launched a \$24 million drug development program to produce new treatments for rare and neglected diseases. The Therapeutics for Rare and Neglected Diseases program, funded by Congress this spring, creates a drug development pipeline within NIH and is intended to stimulate research collaborations with academic scientists researching these diseases, NIH said. The NIH Office of Rare Diseases Research will oversee the program. NIH estimates that more than 6,800 rare diseases affect more than 25 million Americans but that effective pharmacologic treatments exist for only about 200 of these illnesses. In addition, many neglected diseases—uncommon in the United States but more common in parts of the world where people cannot afford expensive therapies—also lack treatments, NIH said.

Funds for Rheumatic Research

The Obama administration's fiscal year 2010 budget request includes \$531 million for the National Institute of Arthritis and Musculoskeletal and Skin Diseases, about \$6 million more than Congress budgeted this year. The FY 2010 funds would be used to continue the agency's support for pain research related to arthritis and rheumatic diseases. NIAMS will also be part of the administration's push to accelerate cancer research by doubling NIH-wide cancer research spending by 2017. NIAMS plans to support investigator-initiated research that focuses on the effects of anticancer therapies on bone quality and muscle strength, as well as the cellular mechanisms associated with autoimmune diseases and cancer.

—Alicia Ault

MANAGING YOUR DERMATOLOGY PRACTICE

Resolving Patient Complaints

For most physicians, the resolution of patient complaints ranks second only to firing an employee on the least favorite tasks list. With so many potential problems and the many ways patients can react to them, it seems impossible to construct a template for consistent, mutually satisfactory resolutions.

But it can be done, and it is not as complex as it appears once you realize that the vast majority of complaints have the same basic roots: The patient's expectations have not been met. Sometimes it is your fault, sometimes it is the patient's fault, and often a bit of both, but either way, the result is the same. You have an unhappy patient, and you must deal with it.

I have distilled this unpleasant duty down to a simple three-part strategy:

- ▶ Discover which expectations went unmet and why.
- ▶ Agree on a solution.
- ▶ Learn from the experience to prevent similar future complaints.

In most cases, this is not a job you should delegate. Unless the complaint is trivial or purely administrative, you should address it yourself. It is what you would want if you were the complainant, and it is often too important to trust to a subordinate.

At this point, you may be asking, "Why should I care?" Is the personal expenditure of your time and effort necessary to resolve complaints really worth it? Absolutely, because the old cliché is true: A satisfied patient will refer 5 new ones, while a patient who is dissatisfied will frighten away 20 or more potential patients.

Besides, if the complaint is significant and you do not resolve it, the patient is likely to find someone who will; and chances are you will not like their choice or the eventual resolution.

The easiest way to deal with complaints is to prevent as many as possible. Try to nip unrealistic expectations in the bud. Take the time beforehand to explain all treatments and procedures, and their most likely outcomes, in a clear and honest manner. And, since even the most astute patients will not absorb everything you tell them, make liberal use of written handouts and other visual aids.

And, of course, document everything you have explained. Documentation (I say, yet again) is like garlic: There is no such thing as too much.

But despite your best efforts, there will always be complaints, and handling them is a skill set worth honing. The most important skill is the one most people—especially physicians—do poorly: listening to the complaint. Before you can resolve a problem you have to know what it is, and this is precisely the wrong

time to make assumptions or jump to conclusions.

Listen to the patient's entire complaint without interrupting, defending, or justifying. Angry patients do not care why the problem occurred, and they are not interested in your side of the story. This is not about you, so listen and understand.

As you listen, the unmet expectations will become clear. When the patient is finished, I like to summarize the complaint in that context: "So if I understand correctly, you expected 'X' to happen, but 'Y' happened instead." If I'm wrong, I modify my summary until the patient agrees that I understand the problem.

Once you know the problem, you can talk about a solution. The patient usually has one in mind—additional treatment, a referral elsewhere, a fee adjustment, or sometimes simply an apology. By all means, let the patient propose a solution.

If the solution is reasonable, I will agree to it; if it's unreasonable, I will try to offer a reasonable alternative. The temptation here is to think more about protecting yourself than making the patient happy, but that often leads to bigger problems. Do not be defensive; remember, this is not about you.

I am often asked if refunding a fee is a reasonable solution. Some patients (and lawyers) interpret a refund as a tacit admission of guilt, so I try to avoid this approach. However, canceling a small fee for an angry patient can be prudent, and in my opinion looks exactly like what it is: an honest effort to rectify the situation. But usually, free (or reduced-fee) additional materials or services are a better alternative than refunding money.

Once you have arrived at a mutually satisfactory solution, document everything. However, consider reserving a "private" chart area for such documentation so that it will not go out to referrers and other third parties with copies of your clinical notes. Consider having the patient sign off on the documentation, acknowledging that the complaint has been resolved.

Finally, always try to learn something from the experience. Ask yourself how you might prevent a repetition of the complaint, what you did that you can avoid doing next time, and how you might prevent unrealistic expectations in the future.

Above all, do not take complaints personally—even when they are personal. No matter how hard you try, you can never please everyone. ■



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