



# American Academy of Dermatology and AAD Association

Physicians Dedicated to Excellence in Dermatology™

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## **Journal of the American Academy of Dermatology article “Short Wait Times for Patients Seeking Cosmetic Botulinum Toxin Appointments with Dermatologists” Questions and Answers**

- 1. A recent study published in the American Academy of Dermatology’s own journal concludes that if you want a Botox injection you will be able to see a dermatologist sooner – in some cases a lot sooner – than if you have a changing mole, which might be a sign of skin cancer. Were you surprised by this finding?**

This study has many limitations and suggests the need for further research and analysis, as the author states. We’ve known for some time that wait times for dermatologist visits are too long, and we had heard anecdotally that cosmetic appointments can be made more quickly. While cosmetic dermatology provides important benefits to patients who want to look and feel better, this study reminds us that we need to do everything possible to make sure that all our patients receive the care they need in a timely manner.

The American Academy of Dermatology also is examining the demand for dermatology services – medical, surgical and cosmetic – and looking at ways to address this issue so that patients who may need medical care can receive it more promptly.

- 2. How can you change this?**

Dermatologists who provide both medical and cosmetic treatment could review their office procedures and schedule and look for ways to lessen wait times for patients who fear they may have cancer, and for those who have conditions that cause pain or discomfort.

The American Academy of Dermatology also is aware that the demand for all dermatology services will continue to increase as the population ages, and we are exploring ways to address this.

**3. How about letting all the plastic surgeons do the cosmetic procedures, including Botox, so dermatologists can focus on diagnosing and treating skin diseases, and keeping people from dying of cancer?**

Dermatology has always been a very diverse specialty and we want to help patients with all aspects of their skin health, including treatments that improve its appearance and help patients feel better about themselves. Dermatologists are experts in skin and we have actually developed and perfected many of the cosmetic procedures that improve the look and health of the skin. I believe that there is a place for both cosmetic and medical dermatology, and there is clearly a demand for it. But we do need to make sure that people who need medical attention can get it more quickly.

**4. Why is it easier to get a Botox injection than to have a changing mole examined?**

The study only looked at the length of the wait for these two procedures and didn't examine the possible reasons. What I can tell you is that because of the nature of this procedure – Botox has a limited shelf life - it is most efficient to schedule consecutive Botox appointments during a specific window of time. My understanding is that dermatologists who perform Botox injections only allot a few hours each week for Botox appointments. The Academy's dermatology practice profile survey found that of the dermatologists who do cosmetic procedures, the average amount of total patient care time is only 8%. The survey also found that dermatologists who do cosmetic procedures only spend an average of three hours per week seeing cosmetic patients. Even if those dermatologists who see cosmetic patients only treated medical dermatologist patients there would still be lengthy wait times. **There are not enough dermatologists available to treat patients.**

**5. To many people this is a simple issue of economics. So, why wouldn't a dermatologist choose to fill the schedule with lucrative Botox injections with payment upfront?**

Like all cosmetic procedures, Botox is paid by the patient. Insurance companies do not pay for procedures that they consider medically unnecessary. I can only speak for my own office, where we treat our patients based on their needs, and not on how we'll be paid, or on how much a procedure costs.

- 6. But don't you think it's obvious that this is what's going on? I mean, you can hardly blame someone for scheduling the more expensive procedures if there's a demand for them?**

Not necessarily. In order to answer this question, more research would have to be done as the study concludes.

- 7. Another problem seems to be that many dermatologists provide only cosmetic procedures. There's not really a shortage of dermatologists, only a shortage of dermatologists who actually want to practice medicine.**

According to the *AADA 2005 Dermatology Practice Profile Survey*, although 53% of practicing dermatologists reported that they spend some time each week performing cosmetic procedures, the average percentage of total patient care time is only 8%. Of the dermatologists who treat patients in the area of cosmetic dermatology, only 5% spend more than half of their total patient care time in this area. In fact, approximately 50% of these dermatologists spend less than 10% of their time in cosmetic dermatology.

To address the patient wait times, a third of the dermatologists reported that they have been **looking to add another dermatologist to their practice with an average time spent recruiting reported to be 20 months.**

- 8. The study showed that the difference in wait times for Botox and a changing mole varies based on geography. For example, you can get a Botox injection in 13 days in Boston compared to waiting 68 days for a mole exam. The national average is 12 days compared to 26 days. Why is this?**

The study didn't offer any reasons for regional differences. What I can tell you is that every metropolitan area differs in its demographics and number of dermatologists. Dermatologists who treat cosmetic patients only spend on average, three hours per week on cosmetics according to the Academy's practice profile survey. **There would still be too few dermatologists to treat patients and the wait times would be lengthy even if those dermatologists did not perform cosmetic procedures.**

- 9. But what do you think? Are there fewer dermatologists that provide medical dermatology services in these areas?**

It's not clear at this time. In order to answer this question, more research would have to be done.

**10. Your association's president and others have responded to this issue by saying that the study your journal published was flawed, suggesting that the results aren't accurate. Do you agree?**

The study only sampled 12 metropolitan areas and shouldn't be generalized for the entire US as the study authors state. The study pointed to the need for further exploration in this area. Also this study reminds us that we need to do everything possible to make sure that all our patients receive the care they need in a timely manner.

**11. What would happen if I called your office? Would I have to wait longer for a mole exam than for a Botox injection?**

(Answer depends on practice, possible answer): I don't offer Botox injections so this isn't an issue in my office.

(OR) I set a few hours a week aside for Botox injections so when you get in would depend on when you call. But I would not let a patient with a changing or bleeding mole wait for an appointment. I would find a way to see that patient more quickly.

**12. Would you cancel some Botox appointments if necessary?**

I try not to cancel any patient's appointment but I have sometimes asked patients if they can reschedule so I can take care of a patient with an urgent need.

**13. I've heard a number of people say that going to the dermatologist these days is like going to a spa. In fact some of the offices call themselves skin spas or medi spas. The office staff wear T-shirts with Botox across their chests in sparkly letters and hand out literature about spa services. Do you think this is good for the profession?**

Many patients appreciate the less clinical atmosphere of some dermatology offices, while others prefer a more traditional doctor's office. Dermatology is a very diverse specialty and can offer these options. What's good for the profession is well qualified dermatologists who care about their patients and provide expert care.

**14. But don't you think this creates a bad image? I've talked to some people who were very uncomfortable and felt that their medical needs were secondary to the heavy focus on cosmetics. You people are doctors, after all.**

I think individual doctors have to make their own decisions about how their office design reflects on their image. But I am concerned if patients are made to feel uncomfortable.

**15. The American Academy of Dermatology has a very active skin cancer education and screening campaign, which strongly stresses the importance of seeing a dermatologist at the first sign of possible trouble. And yet, when patients try to do what you suggest, they're told they need to wait six or eight weeks. Then, they learn that another patient can get a Botox injection in a few days. How do you defend this?**

I don't defend it. We want and encourage patients to take the possible signs of skin cancer seriously because early detection is important. It's up to us dermatologists to make sure our patients can take the steps we're recommending, and I'm committed to doing this.

**16. The American Academy of Dermatology is running some lovely ads about all the reasons we should see a dermatologist. Why are you running ads if you can't take care of the patients you already have?**

We are running these ads because we realize that many people are unaware of the breadth of dermatology, or of the help that's available for conditions they may have. Or they may be considering a procedure that should be performed by a dermatologist rather than another type of doctor or an esthetician. We believe these ads perform a valuable service by helping people be informed health care consumers.

**17. What would you tell the person who has a changing mole and was told he or she had to wait six to eight weeks to see a dermatologist?**

I would tell that person that for their own peace of mind they should try to get an earlier appointment. Try talking to the dermatologist's physician assistant or nurse to see if they can find you an earlier appointment. Be very specific in describing your symptoms and concerns. You might also ask the dermatologist's office to recommend other dermatologists in their area that may have a shorter wait time.