Assessing the Current Spectrum of Dermatologic Devices

Here's a look at the market with a focus on tips for finding the right fit for your practice.

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The realm of aesthetic devices is vast and continues to expand, leading recently to the emergence of high-quality at-home devices. For the dermatologist seeking to integrate a device for the first time or expand his/her service menu with additional devices, the selection of an appropriate system can be a challenge. To help practices navigate the device market and make wise patient care and practice planning decisions, I will review the device market and offer tips for identifying and evaluating new opportunities.

THE SPECTRUM OF DEVICES

The available systems can be broadly classified according to energy types, mainly light, radiofrequency, microwave, and ultrasound. Within the light category, the primary offerings are: narrow band light including low-level light therapy, intense pulsed broadband light (IPL, BBL), infrared, and coherent light or laser. Each energy type has a specific depth of penetration and tissue targets. As such, while there is a good deal of overlap with regard to the potential targets or effects of each energy device, there are some applications that are unique to a specific energy source. Furthermore, each energy source typically excels at a distinct range of applications, providing less impressive results for other applications.

The dermatologist looking to acquire a device must, therefore, assess each available system on the basis of what it does, and then seek to match those capabilities against the services the clinician wants to provide to patients. In a vast majority of practices, patients seek treatment for photodamaged skin. Light-based devices, specifically BBL or IPL, provide a good entrée into device-based treatment of photodamage for most clinicians. Benefits of IPL, especially for

TAKE HOME TIPS

The dermatologist looking to acquire a device must assess each available system on the basis of what it does and match those capabilities against what the clinician wants to provide. There is substantial support of combination injectable/device approaches and a good deal of anecdotal evidence. Always get hands-on experience with a system prior to purchase and evaluate its utility in your practice. There will always be a market for "basic" device-based services with proven efficacy. A practice can meet the needs of 60-70 percent of aesthetic patients with two or three strategically selected devices.

the first-time adopter, include a broad range of effects and hence flexibility, as well as a history of use. IPL is available with a relatively small investment, yet it provides possibly the broadest range of treatment options.

The "next step" for many practices is a laser, and this represents a natural progression in terms of cosmetic procedures; for some practices, a laser can be a suitable first acquisition, based on the types of services to be provided. Compared to IPL, laser will provide for more specific treatments, such as vascular lesions or deeper lines and wrinkles. Laser could actually become a second-tier service for many patients who have had IPL, such as an individual who wants to address specific deeper rhytides.

THE ROLE OF DEVICES TODAY

Some practices wonder whether a device is essential for cosmetic practice or if they can build a practice around injectable agents only. The answer to this question depends, of course, on the business model for the practice. Certainly, some practices develop a thriving practice segment around injectables and topical anti-aging interventions. The providers and patients are satisfied, and there is no compelling reason to modify the status quo, unless the desires of the practitioner or patients change.

It should be noted, though, that many practices will experience pressure to expand beyond injectables and topicals. This pressure may come from within, as the clinician desires to provide even better cosmetic results for patients, or from without, as patients seek new options for cosmetic treatment. Devices can be used to compliment or augment fillers and injectables. Again, a crucial consideration is the aesthetic goal and the ability of the device to reach it.

There is substantial support of combination injectable/device approaches and also a good deal of anecdotal evidence and reporting from the podium at major meetings. It is essential to ensure the safety and efficacy of any combination. For example, while I have had good results using infrared devices in conjunction with poly-L-lactic acid (Sculptra, Valeant) injections, I would caution use of the same device with a more superficially placed dermal filler.

It should be noted that a device added to a primarily injectables-based aesthetic practice need not be chosen for use in conjunction with fillers or toxins. Instead, an ideal device is likely one that lets the clinician expand his/her skill and perhaps makes it possible to target a condition or complaint that existing services cannot address.

BRIDGING THE GAP

The concept of photodynamic therapy (PDT) continues to develop in dermatology, and the technique may have bearing on a practice's decision to purchase or not to purchase a particular device. PDT, in simplest terms, involves the application of a topical photosensitizer to the skin followed by application of an appropriate light source. In the US, 5-aminolevulinic acid (Levulan, DUSA) and methyl aminolevulinate (Metvixia, Galderma) are approved as topical photosentizers for the treatment of actinic keratoses, and treatment was shown to provide some overall rejuvenating effects for many patients. A novel photosensitizer (Allumera, Photocure) is now available in the US, marketed as a cosmetic. Allumera has been shown in small studies to improve the texture, tone, and evenness of photodamaged skin when combined with light in a PDT fashion.

Photodynamic cosmetic therapy enhances the effects of light therapy and may in that sense expand the physician's treatment options. As such, incorporating PDT may present an opportunity for a clinician to offer enhanced results or expand the level of service without having to incorporate a new device. Similarly, a practice just adding a device may consider the potential for its use in PDT protocols when weighing one device against another. Most PDT protocols rely on visible light sources, typically red or blue, but the broad absorption spectrum of available cosmetic and therapeutic PDT agents allows for the use of a variety of light sources. Another attractive feature of PDT is that it may have applications in the more "traditional" medical realm, such as for treatment of acne.

CHOOSING A SPECIFIC DEVICE

Successful implementation of device-based procedures into a practice requires that patients sense that the physician has confidence in the system and the results it provides. Therefore, the clinician must thoroughly assess any system and its efficacy. Look not only at information from the company but also at published data and the opinions of experienced peers. Look to companies that stand by their products and their results.

Always get hands-on experience with a system prior to purchase and evaluate its utility in your practice. Even if a system offers dramatic and consistent results, it is not a wise investment if it's not a match for your patient base.

Anyone evaluating a system should consider any conflicts of interest from study authors, presenters, and even peers with whom he or she dialogues. This is not to suggest that people are prone to excessive bias, but one's unique experience may color one's assessment of new technology. Be cautious if disclosures are withheld or hidden, as this may suggest an attempt to conceal bias.

Experience is critical to ensure success. A cosmetic dermatology or procedural fellowship can be invaluable. Younger dermatologists may consider a young physician preceptorship through the American Society for

Dermatologic Surgery (ASDS). Always get training specific to the device or procedure you intend to offer.

DOS AND DON'TS

With these considerations in place, the dermatologist is able to make a reasoned decision about adding a device or procedure. There are other points to consider before taking action.

Don't "over-buy." There are two main ways to over-buy. The first is to jump at every new device or procedure that becomes available. While it can be beneficial to be on the leading edge in your community, some "exciting, new" procedures may not provide their initially anticipated aesthetic (patient) or financial (practice) benefits. Unless a practice strives to be the leading cosmetic provider in an area, there is no need to be ahead of every hot trend. There will always be a market for the "basic" device-based services with a proven record of efficacy.

One can also over-buy when the system is good but the investment is simply too great. If practice demand is not sufficient to cover the costs of the device, then don't proceed. Being saddled with high loans or purchase payments can cripple even a very busy practice.

Do focus on devices that will allow a broad range of application. It is no stretch to say that a practice can meet the needs of 60-70 percent of its aesthetic patients with just two or three strategically selected devices.

Do calculate an ROI that predicts demand as accurately as possible. To that end, use intake questionnaires to help identify interest in cosmetic procedures among existing patients. Especially early on, most cosmetic patients will be converts from the medical practice. It typically takes some time for a clinician to become established as a cosmetic service provider and thus attract new patients specifically for aesthetic services. Make the questionnaire simple, and provide check boxes for the procedures you may be considering. Ask patients to check off all services that may be of interest.

A WORD ON HOME-USE DEVICES

As mentioned in the introduction, the nascent home-use device market is attracting interest and slowly growing. The main categories of devices available or forthcoming are: fractional laser, low-level LED for cosmetic and medical indications (like acne), microdermabrasion, and hair restoration or removal. Many systems now available are actually marketed as tools to help maintain the effects of an in-office procedure or to prepare for a procedure. At present, it does not appear that this sector will pose any significant challenge to in-office procedures. In fact, at-home devices may be a practice opportunity for physicians interested in distributing them.

Generally, practices should approach at-home device distribution cautiously. There is no doubt that some of these devices provide some cosmetic or therapeutic benefit, but others may not be effective at all. A key challenge for engineers has been to develop a laser- or light-based device that substantially reduces the energy output in order to reduce the side-effect risk but still delivers enough energy to confer an effect. In trying to strike that balance, many devices may provide limited benefit.

STRIVING FOR SATISFACTION

Acquiring a device can be an anxiety-inducing process for any practice. Most devices require a significant investment by the practice in terms of acquisition costs, not to mention the investment of time in system research, training, staff education, and marketing. The anxiety is compounded by questions about patient response to the new system or device. Whether a device is the first or fifth for your practice, it is never possible to know that patient demand will be sufficient to justify the purchase.

It's important to recognize that with the proper research and thoughtful consideration, a practice can optimize its chances for success. Understanding the types of devices available, their respective effects, and their realistic role in your practice will help you make a smart decision. Practices should be receptive to opportunities to augment their service menu with new treatments that do not require a significant financial outlay. A procedure like PDT may expand treatment options with minimal cost to the practice. ■

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