

Acne-Focused Skin Care: A Win-Win

I read with interest the article by Steven Leon, MS, PA-C, “Emerging Business Concept: The Acne Treatment Center” in *Practical Dermatology*, May 2017 (Available online at PracticalDermatology.com/2017/05). This is not a new idea, but he certainly made a good case for it in the present age of PAs working semi-autonomously in dermatology.

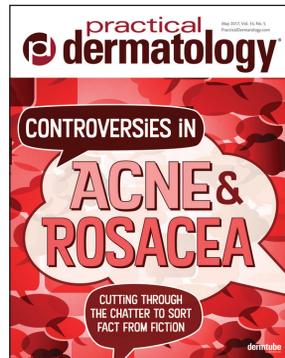
I learned of Dr. James Fulton’s development of a stand-alone acne treatment center in California and visited and befriended him. He had his own line of skin care products, which I think was called Face Up. With his ideas as a guide, I developed my own line of skin care products and opened an acne clinic.

My clinic was called A New Face and located midway between two high schools in a Dallas suburb. I hired an aesthetician to run it and saw and prescribed treatment regimens for all new patients. I was the first doctor of any specialty in Texas to hire a full-time aesthetician. This was in the mid-1980s. It was very successful and I sold it at a good profit five years later to another dermatologist. I still have the skin care line, called Remage, which I continue to market.

Although acne and its treatment is not stressed in academic centers and as part of resident training, it comprises about 50 percent of the volume of patients in the average dermatology practice, even more in a young practice. It is the bread and butter. This is because 75 percent of teens develop acne, and 30 percent of adult women and 25 percent of adult men continue to suffer with it. It is a chronic disease that persists over many years, demanding treatment. The dermatologist and dermatologist-trained PA is the unique person with the expertise, interest, and dedication to treat this disease, which can have devastating economic and psychological impact.

Acne is a disease with many factors affecting its cause and treatment. Effective treatment depends on a multi-pronged approach: systemic and topical meds, washes, hormones, and birth control pills, in addition to managing such factors as sports, menses, cosmetics, and stress. Most important is a carrying and informed dermatological therapist.

An important item in the armamentarium is OTC skin care. Thus, products are necessary, such as a good surface-



active cleanser, glycolic acid products, body washes for truncal acne, and an oil-free (non-comedogenic) moisturizer if needed. The acne treatment provider should not merely rely on OTC (what is out there). The products and their claims are confusing and often expensive. He or she should provide the products in the acne clinic for purchase.

This has several advantages and have been enumerated elsewhere:

1. The products have been researched and recommended by the provider specifically for this use.
2. The products are available and eliminate the need for the patient to go and find and purchase them.
3. The products are provided at a reasonable price, which includes their convenience.
4. The practitioner knows what his or her patient is using and ascertains each visit if the patient is using them properly and has enough to last until the next visit.

This has obvious economic advantages for the owner of the clinic:

1. The patient base is a captive market. All new acne patients are placed on the regimen and continued on it.
2. The profit from the product is added to the charge for the visit.
3. The patient often returns between visits to purchase more products, with no need to be seen by the practitioner.

Thus the practitioner’s time is leveraged. He or she can treat patients (time-dependent), while patients can come and purchase products, even when the practitioner is absent (not time-dependent). It is a win-win situation for both patients and practitioner to have a dedicated acne treatment center and good non-prescription products available for purchase.

I hope this is helpful. ■

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