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The Boutique Approach

Heather Roberts, MD, chose a smaller footprint with no physician extenders to offer her patients personalized care.

By Darcy Lewis

Entering the field of cosmetic medicine poses some unique challenges for physicians. Success in a fee-for-service arena requires more than just topnotch medical training. Practitioners must also learn to balance the responsibilities of business ownership and self-promotion with responsible patient care. Heather Roberts, MD, a West Los Angeles-based dermatologist and clinical associate professor of dermatology at the University of Southern California's Keck School of Medicine, addressed these challenges by working under the tutelage of more experienced mentors as she honed both her professional and entrepreneurial skills.

"I spent several years moving around and learning what I liked and didn't like and what worked well and what didn't in each office," she says. During this time, she had the opportunity to work in the office of one of her mentors from the Keck School—where Dr. Roberts performed her dermatology residency—the late Kathleen Adair, MD. "She was so organized in her practice and showed me how to manage things smoothly, including many techniques I still use to this day."

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The Road To Dermatology

A New Jersey native, Dr. Roberts completed medical school at the University of California, Irvine, in 1989 and originally planned a career focusing on infectious disease and international public health. After completing an internal medicine residency at the University of California, Los Angeles/Cedars-Sinai Medical Center in 1993, she began to apply for infectious disease fellowships. During that time, she met her husband-to-be and decided to hold off in order to practice internal medicine. "I realized that outpatient internal medicine is not that exciting and is mostly about managing chronic diseases," she says. "HMOs had started to infiltrate Southern California, and I was working for a large HMO, which took away the joy of practicing medicine for me."

Following a period of soul searching—during which Dr. Roberts considered options like pursuing an MBA degree in preparation for a career as a practice consultant—she hit upon the idea of doing a second residency—this time in dermatology. "It was challenging because I was starting a family, but I loved the idea of a specialty with both medical and surgical aspects, which could also tie in with my longtime interest in infectious disease," she says. "And doing the residency at USC—now the Keck School—was wonderful because we saw so many rare diseases while caring for the indigent population of LA. It was like practicing third-world medicine in terms of so many interesting rashes and skin infections."

Dermatology has proven to be a good fit for Dr. Roberts' sunny outlook. "One of the best things about dermatology is that patients are usually highly motivated to listen to what we say, and they do tend to get better," she says. "We can make a significant impact on their condition, which in turn has a huge impact on how they feel about themselves. So much of good medicine revolves around good listening and putting people at ease so that they become receptive to learning and asking questions. As dermatologists,

what will help maintain our specialty well into the future is that ability to explain and always give good information. Patients really do appreciate that."

Building a Practice

Dr. Roberts took the plunge into private practice ownership in 2001, settling on a boutique approach to practice management. "I wanted to keep the practice smaller and manageable, especially with raising two children and striving for balance," she says. Accordingly, she runs her practice with a lean staff. Dr. Roberts is the only physician in the office, but she relies heavily on an esthetician and two medical assistants. A receptionist and office manager round out the team, along with a newly hired patient coordinator, who has marketing and website development responsibilities.



Another aspect of the boutique approach is that Dr. Roberts's practice is fee-for-service except for Medicare. "I am now no longer with any insurance providers—thanks to Dr. Adair—who was instrumental in convincing me this choice would benefit my practice, and it has for the past 11 years," she notes.



Dr. Roberts has twice hired physician assistants to improve patient flow and decrease wait times but found the concept of physician extenders didn't mesh with her patient population. "When people are paying out of pocket, they really want to see the doctor," she says. "Some patients were fine seeing the PA, but a large percentage were not."



Maximizing Patient Flow

The drive for efficiency while maintaining exemplary patient relations is important for Dr. Roberts, particularly given the office's small footprint of just 1,300 square feet. "We accomplish a lot in a small space," she says. "If I hadn't been able to study the flow of the offices I worked in when starting out, I don't think I could have used the space so efficiently during the buildout."

One highlight is a small nursing station that acts as a hub outside the treatment rooms. The practice's conversion to electronic medical records four years ago has helped reduce physical clutter. "I'm glad I converted. The EMR saves the space of having to store charts and keeps everything looking more streamlined, which is so important in a small space," she says.

These days, Dr. Roberts' patient ratio is evenly split between medical patients and cosmetic patients. Prior to the recession, she was seeing about 60% cosmetic patients and 40% medical. "I'd really like to get back to 60% cosmetic, 40% medical and I believe my new

patient coordinator can help me with that by making sure all the patients know what services we offer," she says. "I'm surprised when patients tell me they didn't know I offered a particular service. Many times, it's the medical patients who—after years of coming for skin cancer screenings—will ask if I have a laser to help them with wrinkles or some other cosmetic issue."

As a consultant for Neutrogena, Dr. Roberts educates high school students on skin cancer prevention, acne and healthy skin. She is also a founding board member of the Sun Safety for Kids program in California, an initiative that raises awareness of the importance of life-long skin cancer prevention. Dr. Roberts credits word of mouth referrals from her patients and local physicians with building her practice over the past 15 years. "The value of building relationships with local physicians has been a key factor for my practice," she says. But, she notes, dermatological issues aren't the only things on some patients' minds. "A lot of my patients don't see any other doctor so I am happy to act as

their triage and help guide them in referrals to other types of specialists if they request it," she says. "I also keep track of what's going on psychosocially for them and how that might affect their health, as well as keeping them up to date on issues like mammography, colonoscopy and smoking cessation. I take that extra personal interest—that's the fun part of medicine for me."

A Passion for Treating Acne

Dr. Roberts also brings a holistic, personalized care orientation to her work with acne patients, a staple for any dermatologist. "I approach acne care from the level of what's causing it and how motivated the patient is to treat it. Teens are often in tears and think nothing can be done," she says. "I tell them about the huge explosion in treatment options and ask them to give me three months. I'll find a regimen that will work for them."

She is careful to frame the effort as a partnership, noting that sometimes mothers bring in their teens to address acne issues against their will. "I don't

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think parents should be pinning a 14- to 15-year-old down to put on his meds,” she says. “It’s important to look the teen in the eye and ask point blank how much the acne bothers him. I tell the patient he is old enough to decide if he is ready to pursue treatment.

Usually this gives the teen a sense of ownership for his care, which I find is half the battle with this age group.”

Treating female adult acne is another special interest of Dr. Roberts. “It’s such a cruel joke that no one ever told us how common it is to be dealing with pimples and wrinkles at the same time,” she says. “Of course, every acne patient goes on a retinoid so they can reap the benefits of treating acne, while addressing aging and sun damage issues as well.”

She relies heavily on oral contraceptives for nonsmoking patients of an acceptable age. Aldactone (spironolactone) is another go-to remedy for this group. She finds that blood pressure fluctuations can be managed by having the patient start the regimen at bedtime while she adjusts to the medication.

But even apart from the many medical advances for acne, Dr. Roberts is greatly encouraged by more widespread acceptance of female adult acne. “It used

to be that insurance companies were not willing to accept female adult acne as a true condition,” she says. “They thought it was for cosmetic reasons but now they’ve gotten better, and I have to write fewer letters in support of claims.”

Along the way, she has made what she considers a surprising discovery about adult female acne patients. “Everyone knows how busy and stressed women are in today’s society, but it turns out many women are too exhausted to even wash their faces at night,” she says. “That’s so second nature to me it took me a while to figure this out, especially since many of them didn’t want to admit it.”

Her solution? Encouraging patients to complete their night-time skin regimen as soon as they get home from work. “There is nothing magical about washing your face at 10:00 p.m. versus when you walk in the door at 4:00 p.m.” she says. “Whatever they do, I tell patients they don’t want to go to bed with the grime of Los Angeles on their faces.” Dr. Roberts believes that relatively simple tweaks like this can go a long way toward helping patients realize how achievable their cosmetic goals really are.

As to what lies ahead for her

practice, Dr. Roberts finds herself at a crossroads. Next year, she has to decide whether to continue in her current location or to relocate. “For the first 10 years, my space worked really well, but I have more patients and more lasers and could use just a bit more room,” she says. “I think it would really enhance the feeling of serenity that I strive to bring to the practice.”

Dr. Roberts has long considered bringing on another physician but is cautious about taking such a large step. “A partnership is like a marriage, even if you’re just sharing space, so I’m continuing to look to various mentors for feedback on how they’ve made this transition,” she says. “I would love to add a younger physician, but it’s a matter of finding the right person.”

Whether she moves offices or adds a partner, Dr. Roberts’s love of dermatology is the one constant in her practice: “I love keeping on top of new therapies and giving patients the results they want—that’s the most exciting thing I can imagine.” ■

Darcy Lewis is a Chicago-based freelance writer and frequent contributor to MedEsthetics.