



<b>Body System:</b> <i>Integumentary</i>		
<b>Session Topic:</b> <i>Aesthetic Dermal Filler Injections for Facial Rejuvenation</i>		
<b>Educational Format</b>		<b>Faculty Expertise Required</b>
Clinical Procedural Workshop (CPW)		Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience teaching hands-on procedural workshops. The majority of the education must emphasize hands-on learning, with feedback from faculty.
<b>OPTIONAL</b>	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. Please describe your interest and plan for <u>teaching a PBL on your proposal form.</u>
<b>Professional Practice Gap</b>	<b>Learning Objective(s) that will close the gap and meet the need</b>	<b>Outcome Being Measured</b>
<p>Data from a recent AAFP Common Medical Procedures Needs Assessment indicate that family physicians have a need for education and training to perform aesthetic dermal filler procedures.</p> <p>Data from a recent AAFP CME Needs Assessment survey indicates that family physicians have a statistically significant and meaningful gap in the knowledge and skill to effectively and efficiently perform aesthetic procedures/techniques, manage nail disorders, and provide optimal postoperative care for surgical procedures.</p> <p>Physicians are often not up to date on FDA approved soft tissue fillers.</p>	<ol style="list-style-type: none"> <li>1. Assemble plans to address requests for dermal fillers, particularly among patients who may want injections to reduce the signs of aging.</li> <li>2. Outline appropriate treatment modalities and duration of action required for dermal filler injections.</li> <li>3. Assess the costs involved in ordering and performing dermal filler injections.</li> <li>4. Assess the risks and benefits involved in performing dermal filler injections.</li> </ol>	<p>Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement newly acquired knowledge and skills regarding optimal care and management of patients seeking aesthetic dermal filler procedures.</p>
<b>ACGME Core Competencies Addressed (select all that apply)</b>		
X	Medical Knowledge	Patient Care
	Interpersonal and Communication Skills	Practice-Based Learning and Improvement
	Professionalism	Systems-Based Practice
<b>Faculty Instructional Goals</b>		



Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
  - Visit <http://www.aafp.org/journals> for additional resources
  - Visit <http://familydoctor.org> for patient education and resources
- Provide strategies to assemble plans to address requests for dermal fillers, particularly among patients who may want injections to reduce the signs of aging.
- Provide an outline appropriate treatment modalities and duration of action required for dermal filler injections.
- Provide strategies to assess the costs involved in ordering and performing dermal filler injections.
- Provide recommendations to assess the risks and benefits involved in performing dermal filler injections.
- Provide an overview FDA approved soft tissue filler, including cost, safety, efficacy, and approved uses.

### Needs Assessment

As family physicians treat patients of all ages – from young children to the elderly – it is important to equip them with the tools to identify, diagnose and develop treatment plans for the diverse populations they see in practice. Skin problems and diseases have become a growing reason for which patients seek treatment (35 million patient visits to family physicians were for skin-related problems in 2009<sup>1</sup>) and as such, family physicians should be well equipped to handle some of the most common conditions, which may include everything from acne and eczema to skin cancer and aging. Of the 10.2 million treatments performed in 2008, more than 80 percent were minimally invasive procedures, including dermal filler injections.<sup>2</sup> Membership data from recent surveys conducted by the American Academy of Family Physicians (AAFP) indicates that over 73% of family physicians provide skin procedures (e.g. biopsies), and an additional 8.6% perform cosmetic procedures in their clinical practice.<sup>3</sup>

The 2012 AAFP CME Needs Assessment Survey indicates that family physicians in general have statistically significant and meaningful gaps in medical knowledge and skill to perform aesthetic procedures/techniques, manage nail disorders, and provide optimal postoperative care for surgical procedures.<sup>4</sup> Additionally, CME outcomes data for the clinical procedural workshops



(CPD) for integumentary procedures from the 2012-2016 AAFP FMX (formerly Assembly) show that over 50% of learners engaging in those sessions indicated a need to pursue additional education, with several learners commenting that they had an interest in adding aesthetic skin procedures to their practice.<sup>5-8</sup> In fact, over 66% of *Aesthetic Dermal Filler* Injections sessions indicate that they do not currently perform this procedure; however, more than 71% indicated that the session will improve their performance, and over 80% indicated that the AAFP should continue to offer this session at FMX.<sup>5,9</sup> This suggests that family physicians require continuing medical education, in order to provide optimal care and management of integumentary procedures for their patients.

Over the course of the past decade, the demand for aesthetic skin procedures has increased nearly five-fold, and family physicians have greater opportunities to perform minimally invasive procedures as requested by patients. In fact, minimally invasive procedures have become the principal modality for addressing age-related facial changes in patients. They are, according to one source, associated with high patient satisfaction due to the minimal recovery time, few side effects and relatively good outcomes.<sup>2</sup> This will continue to have significant implications on family physicians' practices as the population continues to age dramatically; in 20 years, the proportion of the U.S. population over the age of 65 is expected to double to more than 71 million older adults, or one in every five Americans, leading to a 25% increase in health care spending.<sup>10</sup> While family physicians may not provide extensive in-office procedures for aesthetic purposes, they should still be prepared to address patient questions and concerns, resources on appropriate options and requests for referrals when necessary.

The AAFP Recommended Curriculum Guidelines for Family Medicine Residents indicates that family medicine residents must be proficient on a systems level in providing timely, cost-effective, and cosmetically excellent skin surgery. Patients should be given realistic expectations on wound healing, cosmetic results, and possible complications.<sup>11</sup>

For optimal outcomes, physicians need continuing medical education that includes detailed understanding of facial anatomy; the individual characteristics of available fillers; their indications, contraindications, benefits, and drawbacks; and ways to prevent and avoid potential complications.<sup>12-14</sup> Family physicians, when appropriately trained, can adeptly perform aesthetic dermal filler injections, which can be used either for lip enhancements or as "facial rejuvenation" to reduce wrinkles and folds in the lower two-thirds of the face, in their practice.<sup>2,15</sup> Given the dramatic change expected in patient demographics with the aging population, family physicians should be prepared to address requests for dermal filler injections to reduce the signs of aging. However, they should also be aware of other uses of dermal fillers and needs for facial rejuvenation. Family physicians who do not currently perform such procedures are likely unaware that dermal fillers vary by composition, duration of action, palpability, ease of administration, complications, and other factors, all of which affect treatment results.<sup>2</sup>

Prior to incorporating dermal fillers into their practice, family physicians should assess the cost of injections (both for ordering supplies and for billing, coding and reimbursement) and the risks and benefits of performing such procedures.<sup>16</sup> As such, physicians need to be made aware of FDA approved soft tissue fillers that are currently available.<sup>17</sup>



While some patients may need to be referred to a specialist for enhanced treatment, utilizing a family physician to coordinate the patient's care throughout the medical system is the optimal approach. The AAFP's position statement on disease management states that "Family physicians serve as the optimal care coordinator to assist patients not only with clinical care and information, but in understanding and navigating the health care system." Additionally, "Any disease management program or entity must involve the patient's family physician to maximize continuity of care,"<sup>18</sup> which is especially important in the management and monitoring of co-morbidities that can affect outcomes of clinical procedures. The existing physician-patient relationship can help facilitate improved compliance and follow-up, and may improve patient outcomes and satisfaction.

The varying degrees of applicability to practice, especially in comparison to other clinical topics, indicate family physicians may not have had exposure to these topics or have had the opportunity to pursue education in these specific fields. The data demonstrates that by attending clinical courses on a variety of topics, physicians have the opportunity to increase their knowledge and improve their skill, potentially decreasing the gap between the two domains.

#### References

1. Centers for Disease Control and Prevention (CDC). National Ambulatory Medical Care Survey (NAMCS). 2009; [http://www.cdc.gov/nchs/ahcd/web\\_tables.htm#2009](http://www.cdc.gov/nchs/ahcd/web_tables.htm#2009). Accessed August, 2013.
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