



# **Leadership and Governance 2.0: Making Tough Decisions in Times of Crisis**



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# Format of this Session

- Overview
- Three case studies
  - Red Cavaney, American Petroleum Institute
  - Peter Moran, Society of American Florists
  - Roxanne Guy, MD, and Paul Pomerantz  
American Society of Plastic Surgeons
- Discussion

# The Challenge

- Rapidly moving events; events become public at the same time or before you become aware of them.
- Influence of junk science; public and media does not distinguish real science from pseudo-science.
- Pervasiveness of the media; commentators, blogs, etc., result in endless speculation and interpretation of the issue.
  - Societies need to be blog watchers ([www.PerezHilton.com](http://www.PerezHilton.com))
- Public is skeptical of established institutions, industries and professions

# The Challenge (continued)

- Growth of consumerism
- Issues may probe areas where you may not have established policy or messaging
- “Democratization” of spokespersons; media may go to self-designated experts (e.g., plastic surgery celebrity spokespeople)
  - Member self promotion as experts
  - Media designated experts
- Crisis can move more quickly than the capacity of governance and leadership to manage

# Lessons of the 1982 Tylenol Crisis

- A model for corporate crisis management
- 7 Deaths after ingesting Extra Strength Tylenol capsules laced with poison
- Prompt company response
  - Halted production
  - Issued warning regarding all Tylenol products
  - Recall of 31 million bottles in circulation
  - Invention of Tylenol Gelcaps: first inherently tamper-proof capsule, in triple sealed package
- Industry wide
  - Emergence of tamper resistant packaging
  - New FDA requirements

# Preparation is key

- Issue prioritization and management
- Media capacity
  - Relations
  - Society coalitions
  - Staffing
  - Spokesperson network
- Board/Leadership education/engagement
  - Media training
- Proactive Communications strategy
  - e.g., safety
- Member communications

# But maybe not enough...governance implications

- What is your part in the issue? Is science on your side? Do we have the science?
- Are membership and leadership on the same page?
- What are the implications of the crises for:
  - Research
  - Public and professional education
  - Policy development and advocacy
- Crisis is a opportunity to shape and advance your position in the industry and your message.
  - Opportunity to demonstrate industry leadership
  - Opportunity for positive change.



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# American Society of Plastic Surgeons Case Study



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# Media Interests facing Plastic Surgery

- Silicone Breast Implants
- Office based surgery (reported patient deaths)
- Reality TV
- Emergence of Medical Spa industry
- Teenage plastic surgery
- Medical Tourism
- Policy related issues
  - Taxation of cosmetic surgery
  - Physician/non-physician scope of practice
- Consumer confusion over provider branding and qualifications
- New advances
  - Science
  - Pseudo-science
- Now emerging as a leading economic indicator

# Factors Contributing to Media Sensitive Environment

- Rising popularity
  - An aging population
  - Youth oriented culture; “Me” generation
- Increasing media interest
  - Rise of reality TV
  - Rise in numbers of procedures
  - Emergence of the celebrity spokesperson
    - Dr. 90120
- Growth of office based surgery
  - Patient preference: convenient, discreet venue
  - 42% of procedures in 2007
- Increasing surgery by non-board certified plastic surgeons; other specialties
- Role of the professional literature

# Cutting our Teeth on the Breast Implant Crisis

- Chronology
  - 1963: Silicone Breast Implant introduced
  - 1991: Connie Chung
  - 1992: FDA Moratorium
- Huge implications for specialty economics
- Lessons learned
  - Need for independent voice and credibility
    - Linking of research with clinically relevant practice
    - Launch of National Endowment for Plastic Surgery
  - Need for media strategy and capacity
    - Emergence of pro-active media
    - Spokesperson's network
    - Crisis communications planning
    - Deepened staff
  - Strengthened advocacy
    - Linkage with media relations
    - FDA and Congressional relations
    - Coalition building

# Office Based Surgery Crisis Timeline

- Late 90s series of deaths including Olivia Goldsmith (First Wives Club); 15 deaths reported in Florida, hearings held in both Florida and California
- 1998 Florida law regulating office based surgery
  - Limits type of surgery
  - Requires adverse event reporting
- 2000 Florida BOM approves emergency rule: 90-day moratorium as a result of continuing adverse events
- 2000 ASPS Patient Safety Committee launched
- 2002 ASPS adopts accredited operating facility requirement

## Timeline (continued)

- 2004 Patient Safety Committee ramps up
  - Member patient safety CME requirement
  - Studies launched on DVT, other risk factors
  - Increased collaboration with states
- 2005 Inter-organizational consensus on adverse event reporting
- 2007 Donde West death
- 2008 Stephanie Kuleba death

# Sun Sentinel Headlines

DEATH RAISES QUESTIONS ABOUT PLASTIC SURGEONS - September 1998

MEDICAL BOARD PUTS LIMITS ON PLASTIC SURGERY - January 1999

IN-OFFICE SURGERY RULES UNDER FIRE - July 1999

ANESTHESIA IN OFFICE SURGERY FACES SCRUTINY  
Aug. 2000

PANEL URGES TRAINING FOR OFFICE SURGERY - Oct. 2000

NEW RULES BAN SOME IN-OFFICE SURGERIES – Nov. 2000



# Anatomy of a Leadership Response: Accreditation as a Condition of Membership

- Initiated in 1999 largely as a response to Florida situation
- Limited membership support: 1999 Survey
  - 75% practiced in office surgical center
  - Only 51% practiced in an accredited facility; of the remaining 49%, only 33% planned to have their facilities accredited
- Key determining factor:
  - Specialty self regulation versus government oversight
  - United front among plastic surgery organizations
  - Leadership investment in the issue
- Implementation
  - Pursued in conjunction with sister society
  - Implementation over three years
  - Advocated adoption in states: 15 currently require
  - Now being considered by other specialties



# Office accreditation requirement

- Intended as an assurance of safety
- Goal is to pre-empt state licensure requirements
- Key requirements
  - The facility's physical layout
  - Patient and personnel records
  - Peer review and quality assurance
  - Operating room personnel
  - Equipment
  - Operations and management
  - Sanitation of the operating room suite or office complex

# Comparing our Messaging Over Time

- 2000 (The Moratorium): All surgeries have risks; office-based procedures are safe
  - Sun Sentinel recognized by ASPS with annual journalism award
  - Published information on the safety of office based surgery
- 2004: Look for ASPS Member Surgeon
- 2007: Surgeon was not board certified; case proves our point; patients should do their homework
- 2008: Project empathy, unfortunate occurrence of a rare condition

# Recent Example

“Today Show” – March 26



“Today Show” – March 31

# Recent Example

“The first thing I want to say is that this young lady's death is a tragedy and our hearts go out to her family. It's a devastating event...This (malignant hypothermia) is something that can happen in any surgery on any part of the body in any setting...So our job, and what we stay up at night doing, is trying to minimize the risk for these adult young women...And that, I think, is the important lesson here for young women, for their families, is to seek out a board-certified plastic surgeon, have their surgery in an accredited facility and have a good preoperative workup. Nonetheless, there's never no risk.”

– Dr. Richard D’Amico, ASPS President  
(March 26, 2008)



# Recent Example

“...They may as well just have had a couple of auto mechanics in the surgical suite. This is how these doctors (to the patient’s emergency)...I am telling the records will show these guys (doctors) did about one tenth of one percent of what was supposed to be done...”

– Kuleba Family Attorney (March 31, 2008)



The screenshot shows a web browser window displaying a video player for the Today show. The video features Roberto Stanziale, identified as the Kuleba Family Attorney, speaking on a "TODAY EXCLUSIVE" segment. The player interface includes a progress bar, a "Related link" to the Today show's home page, and an advertisement for Electrolux appliances. The browser's address bar shows "msnbc.com".

FOXNEWS.COM

High School Cheerleader Dies of Breast Surgery Complications

WEDNESDAY, MARCH 26, 2008

“The danger with cosmetic procedures is the casual way in which they’re sometimes approached,” said Dr. Manny Alvarez, FOXNews.com's managing editor of health.

“In plastic surgery, there’s a laissez-faire attitude because people tend to be healthy,” Alvarez said.

Alvarez said plastic surgeons have become increasingly “loosey-goosey” about the patients they accept. And sometimes, outpatient facilities like the one where Kuleba had her operation are riskier because they don’t have the equipment and the staff that large hospitals do.



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# Sun-Sentinel April 19, 2008

COMPLICATIONS, DEATHS ARE STILL VERY RARE

**BYLINE:** Richard A. D'Amico, president of the **American Society of Plastic Surgeons**

As president of the **American Society of Plastic Surgeons** - the largest organization of board-certified plastic surgeons in the world - I believe strongly that the appropriate perspective should be presented for the public.

It is important to remind consumers that plastic surgery is real surgery and the decision to have surgery is serious. No-risk surgery does not exist. However, complications and deaths are rare.

For instance, **studies** published in **Plastic and Reconstructive Surgery**, the official medical journal of the ASPS, have consistently found that deaths occurring at office-based surgery facilities are rare - less than one-quarter of 1 percent - and serious complications were infrequent and no different from the hospital setting.



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# Policy Implications

- Need to learn from media perspectives
- Research agenda: bring science to the issue
  - e.g., prevention of DVT and other complications
  - Need for interface with academic research community
- Industry/ professional standard development and how maintained
  - Membership requirements
  - Office operating room accreditation
  - Education
- Developed monitoring mechanisms
  - National Clinical Database
- Interface with legislation/regulation
  - Federal
  - State
- Relationship with related societies
- Relationship with state societies



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