

Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

AMA PRESIDENT-ELECT CANDIDATE RUSS KRIDEL OFFERS KEY INSIGHTS


FACIAL PLASTIC SURGERY

The American Academy of Facial Plastic and Reconstructive Surgery is proud to announce:

RUSS KRIDEL, MD, FACS
for AMA President-Elect

Endorsed by:

- American Academy of Otolaryngology-Head & Neck Surgery
- Texas Medical Association
- American College of Surgeons
- International Medical Graduates Section Council
- Plastic, Reconstructive & Maxillofacial Surgery Section Council
- Otolaryngology Section Council
- Neurosurgery Delegation
- American Association of Physicians of Indian Origin



The AAFPRS is immensely proud to support the candidacy of Russell W.H. Kridel, MD for AMA president-elect! Dr. Kridel, past president of the AAFPRS, has an exceptional history of service and leadership at the AMA and the AAFPRS—and his contributions to the entire medical profession overall have been invaluable. His strategic focus and relentless passion as an advocate for organized medicine, for our AAFPRS and AMA members, and for the patients they care for, make him a positive change agent at a time where the need for savvy leadership couldn't be greater.

As Dr. Kridel engages in his AMA president-elect campaign for the upcoming election that will occur at the AMA 2022 Annual Meeting in Chicago this June, *Facial Plastic Times (FPT)* caught

up with him to ask several key questions regarding his interest in running for AMA president and his insights about the most critical challenges facing physicians and organized medicine today.

Q: Why are you running for AMA president?

Frankly, I am fed up with having to kowtow to the pontifications of those without a license to practice as they tell us how to practice medicine, what to talk to patients about and how to value our services. As a full-time practicing physician, I know the frustrations all doctors face. Insurance companies turn out obscene profits by delaying and denying care and take physician time away from patients. Unfunded government mandates require useless data and pit doctors

See *Why Me?*, page 12

2021 AAFPRS Nominating Committee Report

Pursuant to Article XI, Section 1 of the AAFPRS Bylaws, the Nominating Committee hereby presents the below report to the AAFPRS Membership. The following members have been nominated to be placed on the 2022 AAFPRS Election Ballot, under the below open positions (individuals are listed under each open position in alphabetical order):

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PRESIDENT'S MESSAGE: ADVANCING OUR



I am very proud to announce (for those that are not yet aware) the candidacy of Russell W.H. Kridel, MD, for the American Medical Association (AMA) president-elect position. For those of you who don't know, Dr. Kridel is a past president and leader of our Academy, as well as an AAFPRS fellowship director and has represented us well at the AMA over the past three-plus decades.

This significant milestone, having one of our own members running for this specific leadership position is, in and of itself, quite significant—and should Dr. Kridel be successful in his candidacy, he will represent the first facial plastic surgeon to lead the AMA in our history.

I write this with a specific request to every Academy member, especially those that are involved in their local and state medical societies and quite possibly know or are delegates to the AMA. This is an opportunity to promote, protect, and defend the brand of facial plastic surgery and forever enshrine it in organized medicine. Please reach out to those around you, local and state medical societies, those that you know who are affiliated with local and state medical societies, and certainly those affiliated with the AMA itself, and express your support for Dr. Kridel. It is a phenomenal honor to have him as a member and leader of our organization and it is certainly a well-deserved position for him that would benefit our entire specialty. Good luck Russ! We are rooting for you!

Probably the most exciting thing that the Board of Directors has approved for the Academy is the International Society of Rhinoplasty Surgeons (ISRS). Edwin Williams, MD, led the feasibility team, and the Board has voted unanimously to move forward with this exciting new venture as part of the AAFPRS. We just did a soft launch of the ISRS at the AAFPRS Advances in Rhinoplasty and Facial Rejuvenation meeting held in Miami last week, with plans throughout this year to allow any member that wishes to join to upgrade to a "founding member" as well as a series of other classes of founding membership up to and including Trustees, that would help assure best use of the funding that we secure. This will ensure long-term financial viability for the core service line represented in our expertise, rhinoplasty surgery. I hope every member will seriously consider—beyond the small membership fee—upgrading to being a founding member and being as generous as possible in securing a long-term future for the AAFPRS International Society of Rhinoplasty Surgeons. It is, in fact, the heart and soul of this Academy, as it relates to surgical service lines.

We are fortunate to still have active members that were a big part of building this foundation of this service line. Key rhinoplasty founders, teachers and huge advocates in Robert Simons, MD, and Gaylon McCollough, MD, and the many others that immediately followed, creating the nexus of this special area of surgery. Rhinoplasty was the beginning of modern aesthetic plastic surgery. It was our founders and forefathers that described and ultimately led to mainstreaming this procedure, the beginning of modern plastic surgery. We are committed to assuring that facial plastic surgeons continue to be recognized as the critical founder of not just rhinoplasty and facial plastic surgery, but modern plastic surgery as a whole.

ACADEMY AND SPECIALTY, TOGETHER

My promise to you as members when elected, was to create an enhanced and exciting new consumer facing website that will be competitive with any website representing the reconstructive and aesthetic facial plastic surgery market and other service lines offered by our members. I have had several consultations with some of the best organizations in industry in website building and search engine optimization in the world, and they all have the same conclusions. First, we can develop a website that will rank very highly (on the first page) for organic search terms; we can have a website that directs consumers to our practices; we can work with members to fully utilize phenomenal member profile pages that have self-filling fields and allow for the inclusion of our social media links, before and after pictures, head shots and biographical data as well as practice locations and images that attract patients wherever you are in the country or in fact in the world. We simply need to invest in it! There are many other benefits we are working on including potential group insurance benefits, cooperative marketing opportunities, with our PR firm wherein every member can populate their social media channels with custom yet contemporary posts, while we continue to improve the CONNECT RISE platform for internal communications, education, and member databasing.

To this end, the Board met on Wednesday, May 18th to go over our financials in detail and we began to brainstorm on ways to direct the resources necessary to get the new consumer website started in a meaningful way immediately. We will look to our membership to generate further funds to build out this consumer facing website and assure that our primary consumer website includes the breadth of our services or service lines and,

separately or included, a website specifically dedicated to rhinoplasty and revision rhinoplasty. It is critical that all members understand that the opportunity to become a founding member of ISRS will exist for this entire year, that we will carefully and thoughtfully use this initiative and the funds that are generated in improving and promoting the facial plastic surgery brand (and more specifically the rhinoplasty brand) that is represented by the AAFPRS. My deep thanks to Dr. Williams who has agreed to spearhead the ISRS initiative, but it will take work from all of us and we need to include every single member who has an interest in seeing the long term viability and success of the Academy and keeping the "rhinoplasty lane" a true facial plastic surgery and Academy priority—especially all of the senior leaders and educators and those that have carried on their mission. We have no time for the petty politics culture so prevalent in society today. So, check your egos and those agendas at the door that is not who we are.

You have heard our leaders before discuss potentially doing various initiatives, but we have reached out to industry and have come up with agreements to improve fellow and resident presence at our meetings. We have come up with initiatives to help better train our physician extenders to improve the incredibly important service lines of

cosmetic injections and minimally invasive aesthetic surgery in our practices—and these will be strongly supported by industry as will our website once it is up and running in the form of various advertising opportunities, working closely with our phenomenal public relations firm KELZ Media.

As we emerge from this pandemic, we are prepared to strengthen member benefits across the board and I am working with a super Board of Directors, your elected members, who all have common goals in mind to better serve our membership by providing improved member benefits, driving patients into our practices, and preserving and protecting the facial plastic surgery brand. We need every member to participate. We need to recognize the value of every member, and we need to look at one another as sisters and brothers in a greater initiative. At a time when the aesthetic market is becoming increasingly crowded, we need to stay together, work together, and restore the sense of shared values that make us all facial plastic surgeons, with the AAFPRS as the premier Academy in the world representing those shared values.

Most sincerely yours,

Corey S. Maas, MD

Mark your calendars for the next AAFPRS meeting to be held in conjunction with the IFFPS.

If you are a member of any of the Academy and Foundation committees, plan to arrive early to attend the face-to-face committee meetings on Wednesday, October 19.



ABFPRS CORNER: DR. RAKHNA ARASLANOVA TOPS 2020 EXAMINATION, RECEIVES ANDERSON PRIZE

Rakhna Araslanova, MD, of New York, earned the highest score on the 2020 ABFPRS examination in Washington, D.C., and will be honored with the **Jack R. Anderson Prize for Scholastic Excellence** at the AAFPRS Fall Meeting in National Harbor, Md., just outside Washington, D.C. (The 2020 ABFPRS examination was originally cancelled due to the COVID pandemic and was administered during the 2021 examination last September.)

What started Dr. Araslanova on the path to medicine for her career? "I have always been inspired by my mother's successes in maternal-fetal medicine. In the beginning, I wanted to pursue a career in microbiology and research. Working with clinicians during my undergraduate degree further motivated me to pursue medicine. Following medical training at the University of Ottawa, I completed residency in otolaryngology at Western University in Canada, leading to RCPS(C) and ABO/HNS certifications," she relates.

"I was fortunate enough to secure one of the most comprehensive AAFPRS fellowships. My fellowship directors, Peter Costantino, MD; Steve Pearlman, MD; and Thomas Romo, III, MD, have had an immense influence on me as a surgeon, scientist, and person. Their mentorship truly defined my career," says Dr. Araslanova. "Working with Dr. Costantino expanded my interest and surgical ability into craniofacial reconstruction. Whereas mentorship of our adjunct faculty solidified my interest in facial paralysis and my ability to manage vascular anomalies. Operating with Drs. Romo and Pearlman helped me develop into a versatile aesthetic surgeon. I am deeply indebted to the 12 months of my AAFPRS fellowship, as it built a foundation for me to perform both

advanced reconstructive and aesthetic facial surgery, which ultimately allows me to combine the two most important aspects of facial plastic surgery: form and function."

"My ultimate goal," confides Dr. Araslanova, "is to maintain a practice that is 70 percent reconstructive, with a focus on surgical reanimation of the paralyzed face. Above all, I feel humbled and privileged to have been affiliated with the legacy of Dr. Jack Anderson through this award."

Currently, Dr. Araslanova is in private practice affiliated with Lenox Hill and Manhattan Eye, Ear and Throat Hospitals in New York, with an academic appointment as clinical assistant professor of otolaryngology/head and neck surgery at Zucker School of Medicine at Hofstra/Northwell. She also serves on the Medical Advisory Board of the Little Babyface Foundation, which provides pro bono surgical care to children with craniofacial birth defects.

Catherine P. Winslow, MD, ABFPRS president, adds this thought: "Dr. Anderson would be

eminently proud to see how generations following him have continued his mission of mentorship to bring new, brilliant minds to the fold. I commend Dr. Araslanova for achieving the highest score on the 2020 ABFPRS examination and want her to know that the ABFPRS Board of Directors and I wish her every success as she pursues her career and, hopefully, ABFPRS certification."

The 2022 examination will be given June 25-26 in Washington, D.C. If you have any questions regarding future examinations or completing certification requirements, please feel free to contact the ABFPRS office by emailing: info@abfprs.org or calling (703) 549-3223. ■



The ABFPRS Board of Directors wants to make sure that ABFPRS diplomates are aware that the **FACEforward** program will be available for all diplomates as of **March 31, 2022**. Instead of coming to Washington, D.C., to sit for the MOC exam, diplomates complete MOC in FPRS® Part III requirements in the privacy of their home or office via the new longitudinal assessment program called **FACEforward**. (The ABFPRS MOC in FPRS® in-person examination will not be available after 2022.)

The **FACEforward** program provides a series of five longitudinal assessment protocols, each containing eight or more questions, that can be completed over a seven-month period. (The program will be available from March 31 through October 31 to all ABFPRS diplomates who are current with their dues payment.) **TIME LIMITED DIPLOMATES MUST COMPLETE FACEforward EVERY YEAR.**

Additionally, American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) members in good standing that completed the ABFPRS **FACE forward** Program are eligible to receive CME. This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Educational and Research Foundation of the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS Foundation) and the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS). The AAFPRS Foundation is accredited by the ACCME to provide continuing medical education for physicians. AAFPRS Foundation designates this enduring activity for 15.0 **AMA PRA Category 1 Credits**™.

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WOMEN IN FACIAL PLASTIC SURGERY COLUMN: USING A

By Natalie A. Krane, MD

Although surgical outcomes are largely dependent upon operative technique/planning, appropriate patient selection, and our own preparation as surgeons, this isn't the whole story. Often overlooked, our patients' health and approach to wellbeing—both before and after their procedure—is a variable that can have a significant impact on results and patient satisfaction.

People will frequently adjust their diet and exercise habits prior to big events (weddings, vacations), and there's growing participation in socially driven changes, too, like "Dry January" and the "Whole 30" elimination diet. It shouldn't be so difficult, then, to imagine a standard in which our patients are encouraged to initiate lifestyle modifications in preparation for their surgery.

Perioperative management through the lens of patient health should address the facets of everyday life that can influence surgical outcomes and overall health, including sleep hygiene, dietary choices, exercise habits, and mind-body strategies for stress and pain management. Some or many of these lifestyle practices may be familiar to you, and if so, a deeper dive into these elements may serve to further augment your clinical practice. For others, a majority of these measures and their specifics may be new, so I encourage an open mind on the quest to achieve comprehensive care and high patient satisfaction. These tools may prove to be yet another means to bolster your practice by leveraging the ever-increasing interest our patients have in health, wellbeing, and longevity.

With this in mind, here are specific lifestyle elements and their impacts on surgical preparation.

Sleep Habits

Adequate sleep beneficially impacts surgical recovery time and improves pain management. Prior studies have demonstrated that sleep before surgery plays an important role in reducing postoperative pain, while sleep disturbances after surgery can increase sensitivity to pain, lead to more cardiovascular events, and contribute to poorer recovery. Furthermore, sleep deprivation is associated with markers of inflammation (e.g., cytokines, IL-6, CRP), which can negatively impact healing and pain control, and increase risk of infection. Guidance around the importance of sleep hygiene include:

- avoiding of bright light and the use of phones (blue light) between the hours of 10:00pm and 4:00am;
- viewing sunlight within 30-60 minutes of waking and again prior to sunset to help with melatonin modulation;
- practicing consistent wake and sleep times;



- avoiding of caffeine within 8-10 hours of bedtime;
- keeping the room cool and dark;
- avoiding alcohol and sleep medications, as both significantly and negatively alter normal sleep cycles.

Alcohol

Alcohol not only reduces our ability to get adequate REM sleep, which on its own results in several deleterious effects as noted above, it is inflammatory, inducing high levels of proinflammatory cytokines. Patients should be educated on the importance of avoiding alcohol in the perioperative period, as it may result in worsening edema, postoperative bleeding, slow wound healing, and infection (with the risk of these being significantly higher in heavy drinkers).

Dietary Modifications

Dietary modifications should be a requirement when preparing for surgery. Dietary changes may help to decrease systemic inflammation, improve weight management, and lower the risk of cardiovascular disease and diabetes, all of which are linked to anesthetic and surgical adverse events. There are many easy additions and necessary dietary restrictions for patients to consider.

- Studies have shown that omega-3 fatty acids may promote wound healing, enhance the immune response, and reduce inflammation. Healthy fats from olive oil, avocados, coconut oil, wild caught salmon, nuts, and seeds aid in the body's absorption of vitamins and may also help increase energy levels after surgery.
- Protein is an essential building block for growth and repair, wound healing, and infection prevention. High protein foods include beans and soy, poultry, nuts and seeds, eggs, shellfish, and wild-caught fish.
- Vitamin A (e.g., carrots, sweet potatoes, kale and spinach) and Vitamin C (e.g., citrus fruits, berries, potatoes, tomatoes, melons, and sweet bell peppers) help with wound healing. Vitamin C promotes wound healing through collagen production. Leafy green vegetables (kale, spinach, arugula) are high in vitamin C, manganese, magnesium, folate, and provitamin A. As an added bonus, they are also known to decrease inflammation, enhance immune function, and improve wound healing.
- Zinc (e.g., grass-fed red meat, nuts, seeds, eggs, legumes, shellfish) also promotes wound healing and should be incorporated postoperatively.
- Highly processed foods should be avoided, as they are commonly low in fiber and nutrients that our body needs to heal and may also promote inflammation.

Glucose Stability

The importance of glucose stability and metabolic health has recently come to prominence. Only 12 percent of the population is metabolically fit—meaning that many of us and our patients are at high risk

HOLISTIC APPROACH TO OPTIMIZE PATIENT CARE

for or have diabetes, cardiovascular disease, and obesity; all comorbidities known to negatively impact surgical outcomes. The impact of glucose stabilization is multi-fold.

- **Microvascular optimization for wound healing and infection prevention.** Glucose instability and uncontrolled hyperglycemia negatively impact wound healing and increase the risk of infection, as was recently shown in breast plastic surgery.
- **Aging skin.** Hyperglycemia speeds up skin aging by glycation, forming advanced glycation end products (AGEs). AGEs accumulate in aging skin, affect protein function in the dermis, alter normal collagen function, and impede normal cell turnover, ultimately resulting in a loss of elasticity of the skin. Studies demonstrate, however, that stabilizing blood glucose levels can reduce glycated collagen by 25 percent in just four months.

Characteristic findings of aging skin, including decreased resistance to mechanical stress, impaired wound healing, and distorted dermal vasculature, can be in part attributable to glycation.

Even after accounting for degree of sun damage and smoking, as study subjects' blood glucose level increased, their perceived age increased.

- **Energy and mood.** Minimizing spikes in blood glucose and the subsequent "crash" by stabilizing blood glucose levels helps to sustain and boost energy levels, and improve mood, productivity, and overall wellbeing.

In the future, the prescription of continuous glucose monitors (CGM) in the month prior to surgery to optimize fasting, average, and postprandial glucose levels may help to mitigate preventable adverse events in our patients. CGM often allows one to kickstart actionable changes via immediate biofeedback that will not only benefit their overall health, but skin quality and appearance. Prevention is key.

Aerobic exercise

Multiple studies have shown that sedentary lifestyles contribute to negative mental and physical health outcomes. Many surgical specialties use "prehabilitation" or preoperative aerobic exercise to optimize surgical outcomes, which has become a hot topic in research. Prehabilitation prepares patients preoperatively using various exercises thought to augment physical, physiological, metabolic, and psychosocial reserves. Aerobic exercise has demonstrated improvements in cardiometabolic health, quality of life (QOL), and surgical outcomes. Higher aerobic fitness is correlated with lower risk of morbidity in colon cancer patients undergoing surgery, while a systematic review demonstrated improvements in cardiorespiratory health and QOL in patients who underwent prehabilitation prior to urologic cancer surgery. Furthermore, a recent randomized clinical trial found that women who underwent breast augmentation

and resumed exercise after one week postoperatively were more satisfied with their surgery and did not have more complications when compared to those who waited longer.

Nonpharmacologic pain control

Optimal pain management allows for a quicker and smoother recovery. Leaning heavily on the use of pharmacologic and/or narcotic options for pain management may result in untoward adverse events. In an era of burgeoning rates of chronic pain, opioid dependence, and opioid-related deaths, mind-body approaches, such as mindfulness meditation, may be a key tool to teach patients to self-regulate pain through acceptance. An ever-increasing number of studies demonstrate the proposed benefit of mindfulness-based interventions for pain control. Multiple studies have demonstrated the positive impact of mindfulness/pain-focused experiments on alleviating pain intensity and unpleasantness.

A recent study titled, "Guided Mindfulness Meditation for Pain Control After Septorhinoplasty: A Randomized-Controlled Pilot Study" published in *Facial Plastic Surgery & Aesthetic Medicine* (Krane et al., 2021) evaluated the impact of guided mindfulness meditation via a novel web-based tool in patients undergoing septorhinoplasty. Although no significant differences were seen in pain intensity or opioid intake, the pilot study demonstrated high rates of program retention and patient satisfaction. As it was a pilot study, further studies are needed to determine how mindfulness meditation may play a role in perioperative pain and anxiety management.

Conclusion

In summary, there is no doubt that patient education regarding preventative measures is key when navigating the metabolic health crisis and opioid epidemic we find ourselves in. Appropriate patient preparation addressing sleep hygiene, metabolic health, including nutrient dense diets and glucose stabilization, and utilizing mind-body strategies is critical when approaching outcome optimization.

I encourage the reader, regardless of how familiar they may be with the aforementioned tools, to consider implementing patient education practices focused on health and wellness. And to those not sure where to start or feel that these concepts are foreign, employ an educational tool in your preoperative instructions and then assess patient satisfaction anecdotally as a form of experimentation. As a collective influence, we can guide our patients toward practices that improve overall health, increase wellbeing, and improve outcomes and satisfaction. ■

References were excluded here to preserve space, but are available upon request by email to the author directly at: nataliekranemd@gmail.com.

MARYLAND'S GBMC PAYS TRIBUTE TO PHYSICIAN LEGACY...

The Greater Baltimore Cleft Lip and Palate Team at the Greater Baltimore Medical Center (GBMC) has been renamed to honor the remarkable legacy of its beloved co-founder (and valued AAFPRS member), Randy Capone, MD.

The Randolph B. Capone Cleft Lip and Palate Program was endowed with more than \$500,000 in private philanthropy and will serve as a permanent tribute to the life's work of a skilled physician, leader, family man, and friend. Following Dr. Capone's tragic passing in 2018 from a malignant sarcoma, his legacy of hope and compassion for others will be remembered at the clinic that now bears his name.

"It is particularly impactful for me because Randy was such a dedicated, enthusiastic participant in all aspects of the team, and this is a perfect tribute to his efforts," said Antonie D. Kline, MD, Medical Director of the Randolph B. Capone Cleft Lip and Palate Program and Director of Clinical Genetics at GBMC. "Not only was he an excellent and skilled surgeon, but he also had an instant and long-lasting rapport with families. We literally would not be where we are today without him."

The Cleft Lip and Palate Team at GBMC began as the vision of Dr. Capone and team co-director Patrick J. Byrne, MD, MBA, chairman of the Cleveland Clinic



THE RENAMING OF THE GREATER BALTIMORE CLEFT LIP AND PALATE TEAM WAS HELD ON APRIL 6, 2022 WITH OVER A HUNDRED IN ATTENDANCE, INCLUDING CO-DIRECTOR PATRICK BYRNE, MD (FAR RIGHT).

Head and Neck Institute, professor at The Johns Hopkins University School of Medicine and the Cleveland Clinic Lerner College of Medicine, and former director of The Johns Hopkins Division of Facial Plastic and Reconstructive Surgery, after they met during Dr. Capone's residency at Hopkins.

Following his Hopkins residency and a one-year fellowship in facial plastic and reconstructive surgery at UC Davis Medical Center, Dr. Capone returned to Maryland knowing he wanted the cleft lip and palate specialty to play a large role in his career. He and Dr. Byrne looked to the busiest labor and delivery hospital in the state—GBMC—as the ideal place to establish their team. They approached GBMC's chairman of pediatrics, Timothy

Doran, MD, about their idea and learned that Dr. Kline had also expressed interest in beginning a cleft team at GBMC.

Dr. Doran connected Drs. Capone and Byrne with Dr. Kline, and the Greater Baltimore Cleft Lip and Palate Team at GBMC became a reality in 2004. John F. Caccamese, Jr., DMD, MD, professor of oral-maxillofacial surgery at University of Maryland Medical Center, was still in his fellowship when the team started but shared an interest and training in cleft and pediatrics. He joined the team as a partner in 2006, and currently serves with Dr. Byrne as co-directors of the program. The team quickly earned formal recognition by the American Cleft Palate and Craniofacial Association, a designation it has earned ever since. Dr. Caccamese is the current president-elect of the American Cleft Palate and Craniofacial Association.

Today, the Randolph B. Capone Cleft Lip and Palate Program gives children the opportunity to enjoy healthy and happy lives. The program followed more than 243 patients and families in 2021 and boasts a multidisciplinary team of experts who provide coordinated acute medical/surgical management and long-term follow-up care to



SEEN HERE ARE MRS. MARISA CAPONE AND THEIR TWO SONS ENZO AND LEO LOOKING AT THE PLAQUE AT THE DEDICATION EVENT.

RANDY CAPONE, MD

patients and families. The team includes clinicians from 12 primary specialties such as genetics, facial plastic and reconstructive surgery, oral-maxillofacial surgery, speech pathology, audiology, pediatric dentistry, orthodontics, and social work, in addition to eight adjunct disciplines such as lactation, pediatric ophthalmology, and child life. With more than 50 percent of patients needing financial medical assistance, ensuring access to care and supplies is a priority for the program. Their mission is to provide comprehensive services to all patients with minimal cost, if any, to families. The program offers complimentary prenatal visits with members of the Team, transportation to/from appointments, complimentary parking, and cafeteria vouchers. Additionally, the program provides DynaCleft and nasal elevators to its patients; a benefit which is particularly important for families who have medical assistance, as these items are expensive and not covered by insurance.

Dr. Caccamese credits Dr. Capone as an inspiration for the team's compassionate approach to their daily work. "The majority of the providers don't bill for those outpatient visits," he said. "We give our time and take care of those kids because that's what we like to do. Dr. Capone was kind of a rare bird in that way... he was certainly always giving of his own time to make this a part of his life, which always struck me as a pretty great thing."

Beyond the scope of children in the cleft lip and palate space, Dr. Capone used his position as a facial plastic surgeon to help others in need as well. When a woman in her early 20s presented to GBMC's Sexual Assault Forensic Examination program having been severely abused, he repaired her broken cheekbone and reconstructed her entire upper lip, even though she had no health insurance.



And his work wasn't restricted to Baltimore. Dr. Capone took multiple trips to Mexico and Nicaragua to volunteer his surgical services.

"He and I did a mission trip together about 10 years ago to Nicaragua, and that will remain one of my fondest memories of any type and certainly with him," Dr. Byrne said. "He was amazing in that setting and again so gracious with the staff and the families and everybody we worked with. That was a really special memory."

Dr. Byrne continues, "Randy never put himself front and center of anything. He was very humble, despite being exceedingly talented and smart. He's a terrific surgeon and gifted in many ways but he never put himself first. He always thought of others. He lived his faith. He didn't talk about it a lot, but I believe that was a big influence on him. I just can't say enough good things about him. There's not too many people you meet in life that you can unequivocally say you can't imagine they have any enemies or even say anything bad about him. He was universally loved. A pretty rare person."

Through a unique combination of compassion, intelligence, and gifted surgical skill, Dr. Capone gave the gift of smiles to his patients and hope to their families. His remarkable legacy will carry on at GBMC for years to come.

Exhibitors of the AAFPRS Rhinoplasty and Facial Rejuvenation Meeting

The AAFPRS is happy to announce that we have a record-breaking number of exhibitors for this type of specialty meeting. As you know, the Exhibit Hall is where it all happens! If you are attending the meeting, make sure you visit our loyal exhibitors May 19-22—they are ready to show you their latest and greatest!

Allergan Aesthetics
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Did you know that Amazon donates 0.5 percent of the price of your eligible AmazonSmile purchases to the charitable organization of your choice, and the Educational and Research Foundation for the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS Foundation) is available for you to select as your preferred non-profit.

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Would you rather donate directly to the AAFPRS Foundation? Go to DONATE and support the Foundation's mission to enhance its education, research, and humanitarian efforts of AAFPRS members in the service of patients.

Medical Education

The AAFPRS Foundation is committed to providing high-quality education and instruction to physicians and medical professionals who specialize in facial plastic and reconstructive surgery. Hundreds of fellows-in-training, residents-in-training, medical students, nurses, aestheticians, and allied health professionals convene at AAFPRS meetings each year to collaborate, share best practices, discuss scientific research, obtain continuing medical education (CME) credits and learn about innovative techniques that are advancing the profession.

Fellowship Programs

Under the auspices of the AAFPRS Foundation, the Fellowship Program provides postgraduate training in facial plastic surgery. It offers an outstanding academic opportunity for the acquisition of specialized knowledge and skills in facial plastic surgery and encourages the development of new skills and

knowledge in facial plastic and reconstructive surgery through basic research and clinical trials.

CONNECT Learning and Resource Center

CONNECT offers members CME courses online, videos from the John Dickinson Memorial Library and educational webinars. In addition, current and upcoming activities, relevant articles about the profession, practice management templates, and areas of interest are highlighted on the CONNECT site. Special areas of the site will support the educational needs of residents and provides fellows-in-training with online case log capability. Through the CONNECT dashboard, members can build an educational curriculum to meet their specific needs, maintain a printable transcript of all completed activities and print Certificates of Completion to track CME.

Research

The AAFPRS Foundation established a proactive research program for leaders in facial plastic surgery. Research grants and scholarship awards help facial plastic surgeons aim towards advancing industry knowledge and expertise. The AAFPRS Foundation believes that research enables our physicians to evaluate their practice objectively. It can provide important information about surgical trends and risk factors, outcomes of treatment and can also help patients make better informed decisions about their care and procedures of interest.

Humanitarian Programs

The FACE TO FACE (FTF) humanitarian programs allow AAFPRS members to use their surgical skills and expertise to help those who are in need domestically and abroad. All programs are conducted under the auspices of the AAFPRS Foundation. FACE TO FACE



programs provide low to no cost surgical procedures to children abroad with facial deformities caused by birth or trauma, domestic violence survivors in the U.S., and veterans and active duty military members who were injured while serving in the United States Armed Forces.

Your donation will go a long way to support Academy members and our Foundation.. ■

New Donors Support Our Mission

Recently, the AAFPRS Foundation was the recipient of two generous donations, one was a charitable grant from a corporate partner and one from a grateful patient.

For the third year in a row, the AbbVie Foundation has supported our mission via a charitable grant. The grant of \$25,000 will be reserved for funding educational activities, FACE TO FACE programs, and administrative efforts required to support research, education, and humanitarian programs.

Mr. Joe Hollingsworth, Jr. of Clinton, Tenn. is the founder of The Hollingsworth Companies. Mr. Hollingsworth has been extensively involved in Southern economic growth, especially in his state of birth, Tennessee. Mr. Hollingsworth and his wife have both been patients of Ira D. Papel, MD, and wanted to make a difference. Dr. Papel mentioned the FACE TO FACE Programs and a generous contribution of \$10,000 was made in support of FACES OF HONOR.

If you would make a difference and donate to the AAFPRS Foundation, go to DONATE and select how you would like to contribute.

To learn more about the FACE TO FACE Programs and how you, as a member, can get involved, contact ksloat@aafrps.org. ■



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WHY ME? IMPROVING HOW WE PRACTICE MEDICINE AND OUR

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against each other for inadequate reimbursement in a ludicrous zero-sum game. Hospitals muzzle physician dissent and overcharge our system with site of service differentials. Legislators treat doctors like commodities they can replace with non-physicians. Big Pharma gouges patients, who can't afford to buy medications. Social determinants of health and poverty create health disparities and chronic disease states. Our AMA has a moral obligation to go on the offensive. As AMA president-elect, I'll take off the gloves to advocate for you and patients and bring back the joy in practicing medicine so students and trainees can look forward with optimism to their careers.

Q: Why are you the best candidate for AMA president-elect?

I believe I am the best candidate for AMA president-elect because I have the greatest depth and breadth of leadership experience not only within the AMA, but also at the local, state, specialty, and academic level, to truly represent all physicians based on knowledge of issues, being an active practicing physician, and desire to be a vocal physician's advocate as the public facing spokesperson for the AMA.

With my background, I've had the opportunity to know firsthand your individual concerns and needs. I am a full-time private practicing physician who works daily, not occasionally, and have treated over 30,000 patients. I've been chief of a hospital staff twice and chief of surgery. I was president of my county medical society of over 11,000 physicians who practice in every milieu of practice delivery you can think of, dealing with and finding solutions for a very active membership.

I also know the academic world being a full clinical professor at our medical school, teaching and mentoring trainees and fellows for years and am acutely

aware of the academic world, having done clinical research and having published hundreds of peer reviewed articles. I have lectured all over the world and have put on several scientific courses. I have been a board examiner for over 10 years for two Boards and know medical education backwards and forwards.

I have served on five foundations, one of which I started myself, including the American Medical Association Foundation (AMAF) and the Texas Medical Association Foundation (TMAF), and have distributed millions in funds to scholarships and community projects and care. I served on the Board of Directors of the Texas Medical Center, which oversees 54 large medical institutions including two medical schools. In my state, I served our PAC, our COL and I was chair of our professional liability committee. I have been a defense expert in liability cases, and I know the stress that sued physicians face.

As a past president of the AAFPRS, I started the pipeline for inclusion and diversity before those words existed as a concept. I started the Women in Facial Plastic Surgery Committee, and I trained some of the first female fellows in our specialty. When I was a medical student, I took a year off when elected president of the Student American Medical Association to fight for medical student working conditions and improved medical education and testified in front of Senator Kennedy's Health Subcommittee on diversity and community health issues.

When important issues arise, I don't wait for others to move; I make things happen. When the opioid epidemic first became apparent, I wrote the first paper in facial plastic and reconstructive surgery, published by the AMA, on what I did to cut opioids for my patients—an article cited now throughout the literature as an example for others to follow.

When the obesity epidemic burgeoned, I led my county society in a shut-out sugar campaign that went statewide and won an award for that project. When the U.S. Congress tried to pass bad surprise billing legislation, I said no, got our Board to agree, and forced Congress to change the wording. I stand up for what's right and never compromise on principles.

I'm in the trenches of patient care every day. And like you, I perform complex procedures. I know how to simplify that complexity when I explain a treatment plan to my patients. It's the same way I can explain the complexity and nuances of AMA policy to legislators and the media. And with my vast professional and organized medicine experience, I can effectively represent your voice, no matter what you do or where you work.

We need to have a louder voice than we've had in the past, because physicians need to be the ones who lead in health care. We're the ones who know it best. And I am the one who can and will bring that message, your message, forward with strength, conviction, and steadfastness.

Q: What is one of the largest concerns of most practicing physicians today?

External forces require physicians to spend hours doing data input and answering questions that do not improve care one iota. A Dartmouth Hitchcock Study initiated by the AMA showed that for every hour physicians spend with patients, up to two hours were additionally spent on documentation and administrative work. For example, prior authorization puts patients and physicians at risk.

Ninety-four percent of doctors reported care delays while waiting for health insurers to authorize necessary care. Nearly 80 percent of physicians say patients abandon treatment due to authorization struggles with health insurers. Thirty percent of physicians

ROLE IN CREATING A DIVERSE WORKPLACE

report the prior authorization process required by health insurers for certain drugs, tests, and treatments has led to a serious adverse patient event including hospitalization, disability, and even death. In my opinion, when insurance companies deny tests or treatments, they are practicing medicine and the attorneys general in our states should charge them with practicing medicine without a license.

On average, practices complete 40 prior authorizations per physician, per week, which can consume an average of nearly two business days of physician and staff time. These results from the AMA's survey conducted at the height of the COVID-19 pandemic in December 2020 highlight the significant negative impact of prior authorization on patients and physicians. The findings illustrate a critical need to streamline or eliminate low-value prior-authorization requirements to minimize delays or disruptions in care delivery. The AMA has taken a leading role in advocating for prior authorization reforms and convening key industry stakeholders to develop a roadmap for improving the prior authorization process.

The AMA has developed model state legislation and resources to support and drive prior authorization and step therapy reforms. In 2019, there were more than 80 bills in state legislatures addressing utilization management, and in 17 states, medical societies were able to enact prior authorization or step therapy legislation despite facing strong opposition from insurers and their local trade associations. There are numerous bills under consideration this year. Texas was able to convince its legislature to enact a "gold card" for doctors who don't order unnecessary tests who then get a pass on prior authorization. We need to work on a federal fix to address insurance that is controlled by ERISA that cannot be

regulated by the states. And, in fact, we are working with Congress to do that now.

Q: What role do we all play in creating a diverse workplace?

Patients are more likely to listen and adhere to the recommendation of their physician when they share the same ethnic and gender backgrounds. And minority physicians are more likely to return to their neighborhoods to serve those populations. In our Academy, we are witness to the benefits of inclusion and diversity and we need to build the pipeline and provide the support, tools and encouragement needed for all groups to succeed. When I was AAFPRS president, I started the Women in Facial Plastic Surgery Committee. We have now elected two female AAFPRS presidents when before we have never even had females on our Board of Directors, whereas now female surgeons have taken on many leadership roles on our committees and at the podium.

Recently, the AAFPRS has rightfully expanded our diversity, equity and inclusion into many areas. For example, we now have a Board officer to address diversity and inclusion at the Academy, we have expanded our educational offerings to include treatments and surgeries for those with differing gender identities.

On a national level let me share some statistics that shed light on this issue. Only 22 percent of black patients have a physician or healthcare provider of the same race as opposed to white adults (73.8 percent) or adults of other races (34.4 percent). And only 23.1 percent of hispanic/latinx adults shared a racial, ethnic, or language background with their doctor. This is so important because evidence shows that patients have better trust and communication with doctors of the same race or ethnic identity. Without that established relationship, medical care can

become delayed causing worse outcomes, especially in populations that already have higher instances of diabetes, hypertension, obesity, and cardiovascular disease. Some minorities have mistrust in the healthcare system because of previous racist practices and so shun seeing a physician or getting necessary tests or vaccinations.

Black individuals comprise 12 percent of the U.S. population but only five percent of all physicians. How do we improve those statistics? First of all, young black men and women in their early formative years need to see black physician role models and teachers to inspire them and let them know that obtaining that degree is a possibility. Medical schools should proactively see a social responsibility to increase the diversity of their students.

Nationally we are improving. According to the Association of American Medical Colleges (AAMC) our first-year students in medical schools are now 11.3 percent black and 12.7 percent latinx, but it will take years to catch up and we need to continue to make this a priority.

FPT appreciates the time and focus that Dr. Kridel provided so generously in answering our questions—especially when he is currently so busy with his campaign, amid running his day-to-day facial plastic surgery practice. To learn more about Dr. Kridel's thoughts regarding additional health care issues important to physicians and patients, please visit his blog: *Kridel On Health*.

The AMA elections via the AMA House of Delegates will take place at the June 2022 AMA Annual Meeting. If Dr. Kridel were to win, he would become the first facial plastic and reconstructive surgeon ever to serve as AMA president! Good luck Dr. Kridel and thank you for all of your efforts to advocate for AAFPRS members, for all physicians, and for patients! ■

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Our Valued Supporters and Sponsors

The AAFPRS Foundation would like to thank the following companies for their support of the AAFPRS Facial Rejuvenation and Advances in Rhinoplasty Meeting, May 19-22, 2022 in Miami Beach.

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FACIAL PLASTIC TIMES APRIL/MAY 2022

AAFPRS Foundation Meetings

2022

MAY 19-22

AAFPRS Advances in Rhinoplasty and Facial Rejuvenation
Miami Beach, FL

OCTOBER 20-22

AAFPRS ANNUAL MEETING and 13th International Symposium of Facial Plastic Surgery
(Pre-Conference Workshops: Oct. 19)
Washington, D.C. Area

Key Dates & Deadlines

2023 AAFPRS Advances in Rhinoplasty and Facial Rejuvenation
Call for Presentations Open
June 1, 2022

Presentation Submission Deadline
August 31, 2022

2023 AAFPRS Spring Meeting (COSM)
Call for Abstracts Open
July 1, 2022

Abstract Submission Deadline
October 15, 2022

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These listings also appear on the AAFPRS website, Career Opportunities.

Washington, D.C. Opportunity

The Naderi Center, with two offices in the greater Washington D.C. area, is looking to bring on an additional facial plastic surgeon to the practice. You will be joining a prestigious and busy practice with four ultra-specialized physicians. Currently, one facial plastic surgeon does all the noses. Another facial plastic surgeon does the rest of the face and neck. A plastic surgeon does breast and body surgery. And a dermatologist does most of the injections. The practice is heavily cosmetic with a very small insurance base and no reconstructions. The ideal candidate will be proficient and experienced in all aspects of cosmetic facial plastic surgery. You will get busy very quickly with aging face surgery and injections and potentially noses. Prefer board certified. Possible part-time hours for an ideal work-life balance. Interested parties can send an email to DrNaderi@nadericenter.com.