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## Incorporating provision of aesthetics services into NP practice

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According to the American Society for Aesthetic Plastic Surgery, approximately \$11 billion was spent on cosmetic procedures in the United States in 2012.<sup>1</sup> Of that amount, \$2 billion was paid for procedures involving injectables such as botulinum toxin type A (Botox® Cosmetic) and various fillers (e.g., calcium hydroxylapatite, colla-

gen, hyaluronic acid, poly-L-lactic acid). Nonsurgical procedures accounted for 83% of the total number of cosmetic procedures performed, representing 39% of total expenditures.<sup>1</sup>

A wide variety of healthcare providers (HCPs) now offer aesthetics services, which can serve as an important source of revenue for their practice. For example, according to the American Society for Aesthetic Plastic Surgery, the average cost of botulinum toxin type A treatment is \$326.<sup>1</sup> The cost of treatment for *crow's feet* (wrinkles around the eyes) ranges from \$280 to \$700. Charges for dermal fillers can be even higher. The cost per treatment averages \$650 for calcium hydroxylapatite (Radiesse®), \$550 for hyaluronic acid (Juvéderm®), and more than \$900 for poly-L-lactic acid (Sculptra®).<sup>1</sup> Of note, these numbers reflect the cost of the product alone; they do not include the injection fee or office visit fee.

Consumers can access selected aesthetics procedures from dermatologists, OB/GYNs, plastic surgeons, ophthalmologists, orthodontists, and other HCPs. Within many of these practice settings, nurse practitioners, physician assistants, or registered nurses are often the HCPs who deliver the actual service or treatment. In addition, non-licensed aestheticians may perform Botox and filler injections in these healthcare settings, as well as in boutique clinics and spas—a growing trend in the United States.



Qualifications of the providers of these aesthetics services vary by state and, in some cases, by county. No specific training programs are nationally mandated, but various organizations, including the American Association of Aesthetic Medicine & Surgery,<sup>2</sup> the International Association for Physicians in Aesthetic Medicine,<sup>3</sup> the American Academy of Facial Esthetics,<sup>4</sup> and Aesthetic Medical Educators Training, Inc.,<sup>5</sup> offer courses in administering Botox and fillers. These courses typically occur in a condensed format at locations throughout the U.S. and last 3 days to 2 weeks. Organizations providing these courses request attendees' licensing information prior to registration and require a fee of \$1,600 or more.<sup>1</sup>

Should NPs incorporate aesthetics services into their practices? In essence, overhead expenses are related solely to the costs of the products, which are passed on to patients within the global fee. But what about the cost of formal education/training and licensing requirements? The American Society of Plastic Surgeons has attempted to influence national legislation to restrict provision of these services by non-physicians. To date, however, no such mandate exists and various "clinicians" can provide these services.

Should academia embrace aesthetics as an opportunity to provide high-quality, evidence-based education/training to NP students? This approach may not only result in tuition revenue for the university but may also increase the marketability of the graduate. A post-master's certificate or elective within the curriculum involving didactic coursework, a clinical laboratory experience, and a preceptorship opportunity would be ideal. A comparison could be made to colposcopy training, wherein NPs are certified as colposcopists.

The process would be fairly simple and straightforward. Didactic course work detailing facial anatomy (muscular and nerve innervation) would be foundational to performing injections. The specifics surrounding patient selection and product selection—including dosing, mechanisms of action, side effects, and contraindications—would be essential classroom elements. A clinical labora-

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tory experience with volunteer patients would follow successful completion of classroom instruction and evaluation. Supervision by faculty members well versed and experienced in performing aesthetics services would support students transitioning into a short preceptorship.

Because aesthetics services are in such high demand, and because no specific training requirements for many of these procedures exist, now is an ideal time to claim administration of these services as an

advanced nursing practice role. The American Society of Plastic Surgical Nurses has recently developed a certification examination that tests and demonstrates one's knowledge and competency in providing aesthetics services.<sup>6</sup> For now, eligibility requirements for taking this examination cite RN licensure only. As women's health nurse practitioners and other advanced practice nurses strive to redefine their roles in the evolving arena of providing healthcare to women, we should consider the addition of aesthetics to the armamentarium. To meet the demand, academic institutions should investigate the feasibility of adding training in the provision of aesthetics services to their curricula. ●

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