

Supervision Unveiled: Navigating the Supervision Landscape in Medical Spas

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BACKGROUND There is an ongoing increase in the demand for injectable procedures and an increase in the number of medical spas across the United States. State regulations significantly vary regarding level of supervision at these medical spas.

OBJECTIVE The aim of this study was to determine who performs cosmetic procedures, provides medical supervision, and who is being informed of complications.

METHODS Descriptive study based on a standardized telephone interview performed by a prospective patient for injectable treatments performed at medical Spas in Las Vegas. Data were then extracted and analyzed.

RESULTS Of 63 medical spas reviewed, most of the injectable treatments (73%) were performed by nonphysicians. An onsite physician who supervised or personally performed the cosmetic procedures was present in only 38.1% of the spas surveyed. Only 46% of surveyed medical spas notify a medical director/supervising physician in the event of a complication and only 39.7% of surveyed spas had a number to call after regular business hours.

CONCLUSION The majority of treatments are performed by nonphysicians in the spas surveyed. Physician supervisors are not on site in most of the spas and about half of spas do not inform the medical director in the event of a complication.

There is an ongoing increase in the demand for minimally invasive cosmetic procedures. The 2023 American Society for Dermatologic Surgery (ASDS) Survey on Dermatologic Procedures showed that 70% of consumers are interested in a cosmetic procedure.¹ According to the 2018 ASDS Survey on Dermatologic Procedures, over 3.7 million injectable procedures were performed.² Injection of filler products experienced a 78% increase from 2012.² Laser, light, and energy-based treatments grew by 74%, and body sculpting procedures increased over 400% during this time period.² The increasing popularity of aesthetic treatments has contributed to the trend of medical spas opening across the country. In 2022, there are 8,841 medical spas, up from 7,430 in 2021 and 5,431 in 2018. The average annual medical spa revenue in 2022 is \$1,982,896 up from \$1,526,382 in 2018.³

The efforts of states to improve access to health care by loosening the regulations for nonphysician providers has contributed to the lack of strict regulations regarding

physician supervision at medical spas.⁴ State regulations significantly vary regarding level of supervision at these medical spas and type of accreditation needed to perform these procedures.⁵ A recent study demonstrated that the majority of medical directors were not trained in either dermatology or plastic surgery. Additionally, nearly 30% of medical spas in the study had a medical director who did not perform any procedures themselves, and nearly half were off-site the majority of the time.⁶

The aim of this study was to determine who performs cosmetic procedures, who provides medical supervision, and who is being informed of complications which might take place after injectable procedures are performed at medical spas. A recent study showed Las Vegas had one of the highest ratios of medical spas to aesthetic physicians (dermatologic surgeons and plastic surgeons) in the country, thus, we decided to perform the survey of medical spas in Las Vegas.⁷

Methods

The authors queried Google, Facebook, and Yelp websites with the search terms “medical spa,” “medi-spa,” “med-spa,” and “Las Vegas.” The queries yielded 114 medical spas in the Las Vegas area. Websites were reviewed, and contact information, available services, and medical director information, if available, were recorded. Of the 114 medical spas found, 73 met the inclusion criteria based on working number, active providers performing procedures, and procedures of interest being performed. A script regarding inquiry for new patient services was developed by the authors. A prospective patient then contacted the 73 medical spas through telephone between July and

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September of 2023 and recorded responses from staff. Information was collected, extracted into a useable data set, and analyzed using R. This study did not involve experimentation on human subjects and is exempt from Institutional Review Board review. The authors were responsible for the database queries, review, and analysis.

Results

Seventy-three medical spas were contacted. 63 medical spas at which injectable treatments were performed were included in the analysis. The most common injectable treatments performed at the spas were neuromodulator injections (83.6%), followed by soft-tissue dermal filler injections (78.1%), and deoxycholic acid (65.8%).

Nonphysicians performed the injectable treatments at most of the medical spas in this study (73%; Figure 1). A supervising physician was available to conduct an in-person cosmetic consultation at only 25.4% of surveyed medical spas. An onsite physician supervises or personally performs cosmetic procedures on-site at less than half (38.1%) of the medical spas queried (Figure 2).

Among those supervising physicians, only 21.4% were board certified in dermatology or plastic surgery. The top identified medical specialties of medical spa directors were internal medicine and family medicine (Table 1). In the event of a complication or unwanted side effect from a cosmetic procedure, only 46% of surveyed medical spas notify a medical director/supervising physician. 39.7% of surveyed spas had no number to call after regular business

hours. When looking at available website and social media accounts for the medical spas, it is unclear who is performing the treatment in 62.5% of the spas.

Discussion

Our study found that most of the injectable treatments (73%) were performed by nonphysicians and an onsite physician who supervised or personally performed the cosmetic procedures was present in only 38.1% of the spas surveyed. Furthermore, the physician supervisors' board certification was not in dermatology or plastic surgery in most of the spas surveyed (78.6%). Such lack of proper physician supervision is not unique to 1 geographical area. A recent study by Hogan and colleagues found a similar pattern where 127 medical spas in the Chicago area were surveyed.⁸ A supervising physician was not on-site at 81.1% of the facilities. Patients were informed of the lack of supervising physician at 64.6% of the surveyed medical spas.

Over the past decade, the surge in demand for cosmetic procedures has led to a proliferation of medical spas in the United States.⁹ A survey by the American Society of Plastic Surgery in 2022 showed a 73% and 70% increase in neurotoxin and hyaluronic acid filler injections, respectively, compared with pracademic volume.¹⁰ Guidelines regarding the definition of a medical procedure, the delegation of such procedures, on-site versus off-site physician supervision, and the type of certification required by staff performing the procedure are determined by state

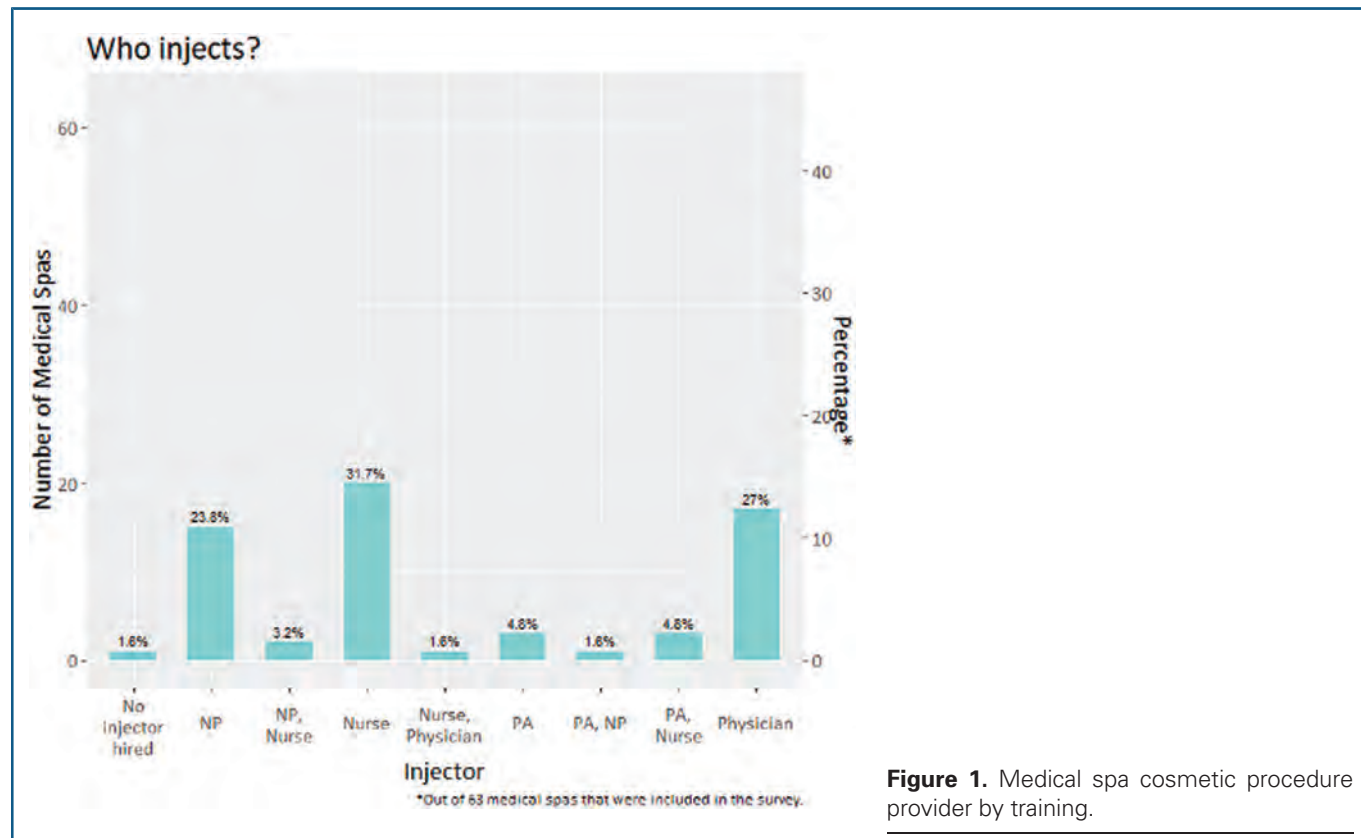


Figure 1. Medical spa cosmetic procedure provider by training.

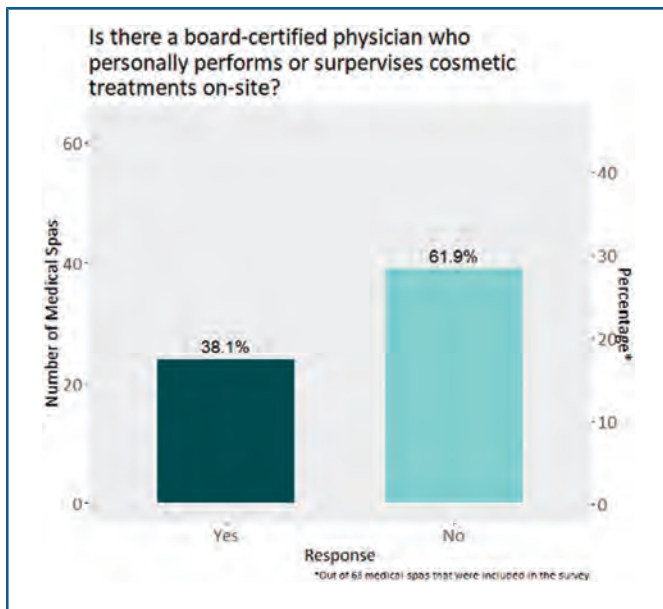


Figure 2. Board-certified physicians performing cosmetic treatments at study medical spas.

medical boards and vary widely from 1 state to another.^{4,6} In most states, nonphysician practitioners are required to work under the supervision of a licensed physician, who is responsible for overseeing patient care. However, in many cases, these supervising physicians do not need to be on-site but rather be available to be reached when necessary.⁶ While the board requires that medical spas have a designated medical director who is a licensed physician, the board does not require the supervising physician to be present on site. Under Nevada State Statute NRS 454 and 629.086, the state only allows neurotoxin and filler injections to be performed by licensed physicians, physician assistants, properly trained dentists, registered nurses (RN), advanced practice nurse practitioners (ARNP), and podiatric physicians. A study by Gibson and colleagues surveyed med-spas in the most heavily populated cities and showed that 72% of the spas advertised a medical director on their website.⁶ Of the listed medical directors, 41% were trained in dermatology and/or plastic surgery. In phone interviews,

What is the Physician Board-Certified in?	Frequency
Anesthesiology	1
Dermatology	1
Family medicine	9
General surgery	1
Internal medicine	10
Pain management	1
Plastic surgery	5
Legend.	

52% stated that the medical director was on site less than 50% of the time.⁶

In a study by Rossi and colleagues,¹¹ consumers of cosmetic procedures and physician members of the American Society for Dermatologic Surgery (ASDS) were surveyed. Patients treated by nonphysicians experienced more complications compared to physicians. Another survey of ASDS members showed that, of all cosmetic complications encountered by surveyed members in the previous 2 years, 61% to 100% were attributable to medical spas.¹² The most commonly cited complications from medical spas were laser burns, discoloration following laser treatment, and filler misplacement, whereas the most commonly cited treatments resulting in complications were injectable fillers, intense pulsed light, and laser hair removal. In addition, there has been increased risk of complications and litigation of cosmetic procedures performed by nonphysicians outside a traditional medical setting.¹³⁻¹⁵

Of note, our study showed that in the event of a complication or unwanted side effect from a cosmetic procedure, only 46% of surveyed medical spas notify a medical director/supervising physician and only 39.7% of surveyed spas had number to call after regular business hours. These results highlight the concern about management of complications that might occur following a procedure performed at those spas.

The surveyed members emphasize the vital role of a physician's comprehensive training in anatomy and injectable procedures in preventing and managing complications associated with these treatments.

Possible limitations of the study include that with the geography of the study being limited to Las Vegas, nationwide conclusions are difficult to determine. Further studies are needed to better understand medical spa practice across the country.

Conclusion

There is significant variation in the supervision of injectable procedures performed in the medical spas surveyed with the majority of treatments performed by nonphysicians. Physician supervisors or medical directors were not on site in most of the spas, and less than half of them were informed in the event of a complication or unwanted side effect from an injectable procedure. Improved regulations of cosmetic procedures performed at medical spas, guidelines regarding on-site versus off-site supervision, and staff accreditation and training are needed to protect patient safety.

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