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DESTROYING THE MYTH

DEFINING A MEDICAL SPA AND A MEDICAL SPA MENU

BY ADA POLLA TRAY

According to the International Spa Association (ISPA), exactly 25% of Canadians have visited a spa, which translates into approximately 6.3 million Canadian adults.¹ Interestingly, while in both the US and Canada day spas are the most popular type of spa visited, medical spas are more popular among Canadian spa-goers than among their American counterparts: 20% of Canadian spa-goers visit medical spas, versus 12% of American spa-goers.¹ Furthermore, as compared to past years, Canadian spa-goers have increased their visits to medical spas, whereas American spa-goers decreased theirs.¹

Despite this growing interest in medical spas, ISPA has identified a number of negative perceptions spa-goers associate with this newer type of spa. Indeed, the following findings are highlighted in ISPA's 2006 *Consumer Report*:

- Many spa-goers maintain unfavorable and inaccurate images of medical spas;
- Medical spas are often seen as “last resorts” for attaining physical states that are seemingly unachievable through conventional spa treatments;
- Medical spa treatments are perceived as posing short-term risks and long-term unanticipated consequences;
- Newbies to medical spas contemplate and anticipate “getting work done” at a medical spa for quite some time before committing to the process;
- Medical spas are perceived and experienced as high sales pressure environments.

Clearly, confusion still reigns in the mind of consumers when it comes to medical spas.

What is a medical spa?

The inaccurate image of a medical spa in the consumer's mind is most likely driven by the fact that our industry itself still has a hard time defining what a medical spa truly is. While ISPA has defined the medical spa for its data-gathering purposes (“a Medical Spa is an institution whose primary purpose is to provide comprehensive medical and wellness care in an environment that integrates spa services as well as conventional and complimentary therapies

and treatments”) this definition is less clear in practice. Does a day spa that contracts a physician to perform medical treatments once a week qualify as a medical spa? Does a dermatologist or plastic surgeon who hires an aesthetician for peels and facials qualify as a medical spa? Ask five different industry executives how they define “medical spa,” and you will get five different answers. The confusion surrounding that term clearly flows down to the consumer level.

In our experience at Forever Laser Institut in Geneva, Switzerland, a medical spa requires seamless integration between “medical” and “spa.” Forever Laser Institut offers medical and spa services in one integrated space; the team of medical practitioners and spa therapists is integrated; the mission emphasizes both medical and spa equally; and we operate under a single business structure.

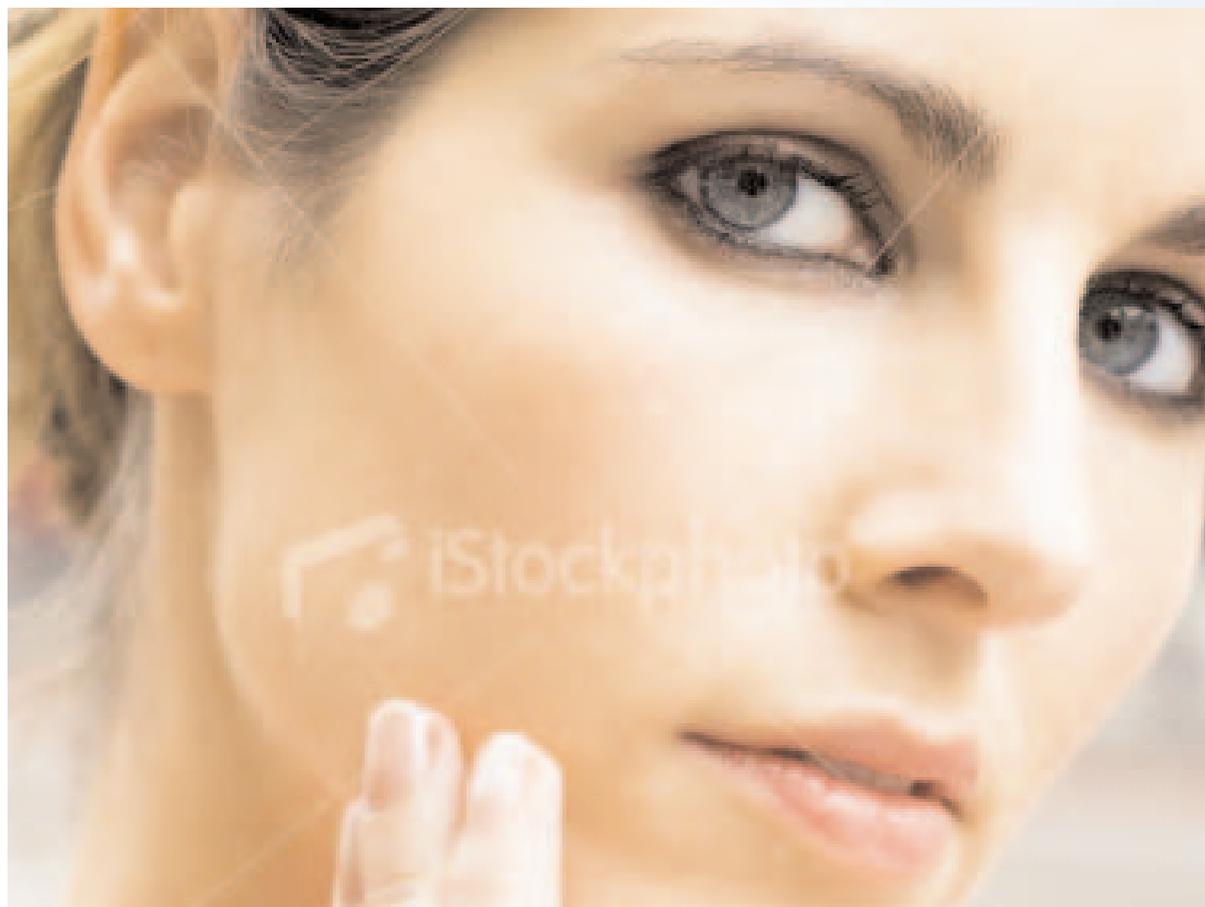
What should be on a medical spa menu of services?

The lack of clear definition of what a medical spa truly is can also be seen in the difficulty of creating a representative medical spa menu of services. Indeed while the definition of a treatment menu can be a challenge in a day spa, in a medical spa, this challenge is even greater, as it specifically reflects the lack of clear definition.

At Forever Laser Institut, our menu has evolved over the last ten years to reflect our shifting priorities. When we first opened our medical spa in 1997, we offered laser treatments (hair removal, rejuvenation, tattoo removal, brown spot removal, rosacea treatments, and more), as well as facials, peels, injectables, massages (including zen treatments such as Shiatsu and Reiki), body treatments (scrubs, ...), and nail and makeup services. We truly wanted to be as spa as we were medical, to be everything to everyone.

Today, 10 years later, our menu is more focused. We have eliminated the treatments that failed to generate profits and that were not part of our core expertise (nail and makeup, body services). We have not, however, lost the spa in medical spa. We still offer

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traditional facials, various types of massage, as well as waxing and electrolysis; we have added permanent makeup services; we have expanded our range of laser services, adding various light-based slimming devices to our technological platform; and we have added more body-related treatments including nutritional counseling and mesotherapy.

As we continually update, refresh, and streamline our menu, the questions we ask ourselves were the following:

- 1) What are the “medical” services offered?
- 2) What are the “spa” services offered?
- 3) Do they take up a comparable amount of space in the menu? (the ideal answer is yes)
- 4) What services are profitable?
- 5) What services are not profitable? Which of those are necessary to get the clients in the door or to retain clients? Which can we eliminate?

If you are updating your menu, and have treatment history data, take a moment to analyze the percentage utilization of each treatment offered. Are there services

on your menu that are rarely utilized? For a long time, we believed nail services were necessary to get the clients in the door – the entry-level service, if you will. Hence we kept them on the menu, despite their lack of profitability and incoherence with our core focus. With the benefit of hindsight, and of historical treatment data, we realized nail services were almost never utilized. Thus, we could eliminate them without disappointing our clients or reducing our new client bookings.

Conclusion

While interest in and visits to medical spas continue to increase, and lead the growth in the spa industry, a number of challenges remain, key among them the education (re-education?) of the average consumer as to the benefits and advantages of medical spas. In order to better educate our clients, our industry as a whole needs to start by more clearly defining what a medical spa truly is (and what it is not), and then conveying that definition in the medical spa treatment menu. All in all, much work remains to be done... ■

¹ ISPA 2006 Spa Goer Study, p. viii.