

Affordable Strategies for Strengthening a Refractive IOL Practice

Three activities to boost surgical volume through education.

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Across the United States, refractive practices are experiencing historic downturns in LASIK volume, and many are responding by attempting to grow the refractive cataract side of their business and thus diversify their offerings. Strengthening a refractive IOL practice at a time of decreasing volume and revenue requires a full commitment, not a dabbling in this market segment. A practice's surgeons and entire staff must invest the time and resources required to develop this product line. After making this commitment, three low-cost, high-leverage activities will enable practices to succeed with refractive IOLs. This effort may initially be time intensive.

NO. 1. EDUCATE THE STAFF

In most practices, following patients through the consultative process or comprehensive examination would clearly show that their face-to-face time with the surgeon accounts for only a small percentage of their visit. For that reason, the point of greatest leverage during the visit is the time patients spend with the staff.

At our practice, patients spend most of their time with the refractive counselors and technicians (workup technicians, diagnosticians, and biometrists). We attempt to maximize this one-on-one time to ensure that the key elements of our educational and sales processes are delivered effectively. Each staff member receives thorough training on the key talking points associated with refractive IOLs. In addition to the normal gathering of clinical information, diagnostics, and pre- and postoperative instructions, key talking points should include the following:

"A practice's surgeons and entire staff must invest the time and resources required to develop this product line."

- The relationship between the range of vision and lifestyle benefits provided by refractive IOLs
 - The cause and treatment of cataracts and astigmatism
 - The visual impact of cataracts and astigmatism
 - Postsurgical vision with a traditional versus a refractive IOL
 - The potential trade-offs associated with achieving a range of vision with a refractive IOL
 - Insurance coverage, pricing, and financing terms
- The more efficiently and consistently that staff members deliver these key talking points throughout the patient's visit, the more likely it is that he will feel comfortable in selecting a refractive IOL. Clerical, billing, and other clinical workers should also be able to intelligently discuss these subjects.

An educated staff can serve as the practice's ambassadors. They will share with patients the excitement of the range of vision possible with refractive IOLs. Staff members also often relay this information to their family and friends.

Although this activity is low in cost, it requires a significant investment of time initially to develop the talking points and train the staff. Thereafter, however, this infor-

mation can be easily updated and repeated. In my experience, an incentive program based on measurable and reportable goals and objectives will greatly assist in encouraging staff members to become ambassadors of refractive IOLs.

No. 2. ENCOURAGE REFERRALS BY SATISFIED PATIENTS

Happy patients who were well educated about their refractive IOL procedure and are enjoying its lifestyle benefits everyday can become walking advertisements for a practice. Training the staff as just described helps to ensure that patients will be knowledgeable. The key to generating referrals is to catch patients at the height of their postoperative satisfaction and provide them with a mechanism for sharing their amazing experience with others.

“Practices must facilitate the referral process by providing patients with an educational tool that they can share with other potential patients.”

Unlike after most LASIK procedures, patients' moment of “wow” typically does not occur the day after refractive IOL surgery but rather a few weeks or even 1 month postoperatively. At this point, practices must facilitate the referral process by providing patients with an educational tool that they can share with other potential patients. This tool can take many forms, including:

- Business cards and biographical sheets for the surgeons and practice
- Print and electronic newsletters from the practice
- Referral brochures that offer a discount to prospective patients
- E-mail blasts that can be forwarded
- Seminar flyers or reminder cards

Before offering to patients an incentive for referrals, surgeons should examine their state's regulatory statutes to determine any limitations that exist. My colleagues and I have found that most of our patients want to talk to their friends and family about the success of their procedure, and they are happy to do so for nothing in return other than the joy of sharing their amazing experience.

A quality assurance program is essential to determining if a patient is dissatisfied with his outcome so that the surgeon can take corrective action. Otherwise, a possible source of referrals may act to dissuade potential patients.

No. 3. EDUCATE DOCTORS

The debate over scope of practice aside, most patients receive their primary eye care from optometrists. To leverage this doctor/patient relationship, ophthalmologists should work with their optometric colleagues so that they, too, become excited about and comfortable with refractive IOLs.

As lens manufacturers increase their direct-to-consumer marketing, a growing number of patients will ask their primary eye care physician about cataract surgery and their options in terms of lenses. In a recent survey of our referring physician network, my colleagues and I learned that a majority of the optometrists in our community have received a request for a specific refractive IOL from at least one patient. If optometrists are knowledgeable about and comfortable with discussing refractive IOLs and their implantation, their patients' level of interest and excitement about this surgery will rise even before they reach the ophthalmologist's office.

Surgeons should work to educate referring physicians so that they can comfortably discuss the following key points with patients:

- The relationship between the range of vision and lifestyle benefits provided by refractive IOLs
- Postsurgical vision with a traditional versus a refractive IOL
- The multifocal and/or accommodating lenses used at the ophthalmic practice for select patient groups
- The potential trade-offs associated with achieving a range of vision with a refractive IOL
- The ophthalmic practice's success rate for patients electing a refractive IOL procedure
- General insurance coverage and pricing information

Primary care physicians want patients back after the referral and want them to be happy. The surgeon's job is to maximize the number of successful outcomes and patients' postoperative satisfaction. Achieving these goals will build confidence among the ophthalmologist's optometric colleagues and boost the number of referrals for refractive IOLs.

CONCLUSION

Strengthening a refractive IOL practice does not have to be expensive, but it does require an investment of time and energy. The activities described herein will increase procedural volume through education and referrals. ■

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