

The Volume of Premium Lenses Is Still Growing

You can take advantage of this trend by committing to four key steps.

BY KAY COULSON, MBA

“Mrs. Keller just called. She received her investment statement and has lost \$45,000. She will not be able to do the premium lens. She will go with the standard lens and wear glasses.” How many of you have taken that phone call? How many fear that statement in the exam lane? How many breathe a sigh of relief that you have comprehensive ophthalmology to fall back on in these tough times, because you are convinced that elective vision procedures are too risky, too expensive, and too difficult?

My experience over this past year does not bear out this theory. I work with practices that focus on growing elective vision service lines, including LASIK, lens implants, and cosmetic services. Two practices with outstanding success in premium lenses are Eye Consultants of Bonita Springs in Florida (Stephen Pascucci, MD) and Vision for Life in Nashville, Tennessee (Jeff Horn, MD). Although it seems that so much of the information we receive today discusses the difficulty of converting cataract patients to premium lenses, these two practices are proving just the opposite (Figure 1). The combined volume of lenses implanted by the practices between October 2008 and March 2009 is 8% higher than during the prior year, well above the national average of 3%. The doctors’ premium lens volume, which includes toric and presbyopia-correcting lenses, is up 23%, and their conversion to premium lenses increased from 58% to 61% to 69% over the same 6-month periods for the previous 3 years. Drs. Pascucci and Horn are implanting more toric and presbyopia-correcting IOLs than ever before, despite the economic downturn. Interestingly, the phone call I described at the beginning of this article was taken by Dr. Horn’s office. Of course, some patients cannot move forward with premium lenses. An overwhelming majority of patients in the practices profiled herein, however, still manage to afford premium IOLs.

Is there something special about the patients served by these practices? Located between Fort Myers and Naples, Florida, Bonita Springs sits squarely in the highest foreclo-

sure market in the country and serves a retiree and snowbird population that has been hit hard by the stock market freefall. Vision for Life is located in downtown Nashville, far from the city’s more affluent suburbs. The practice’s neighborhood is also characterized by difficult parking, expensive marketing, and a proximity to Vanderbilt University. How are Drs. Pascucci and Horn building their practices in what seem to be impossible environments for elective vision services?

No. 1. PRIORITIZE GLASSES-FREE VISION

The practices profiled in this article both assume that all patients want to reduce their dependence on spectacles. Each practice focuses its marketing toward removing the fear that surrounds cataract surgery and emphasizes decreased dependence on spectacles. Their office environments are attractive, uncluttered, and not medical in appearance. Appointment calendars highlight the key visit desired—lens consultation—and the staff is focused on phone intake questions that slot the right patient into the correct appointment type. Both practices are keenly aware

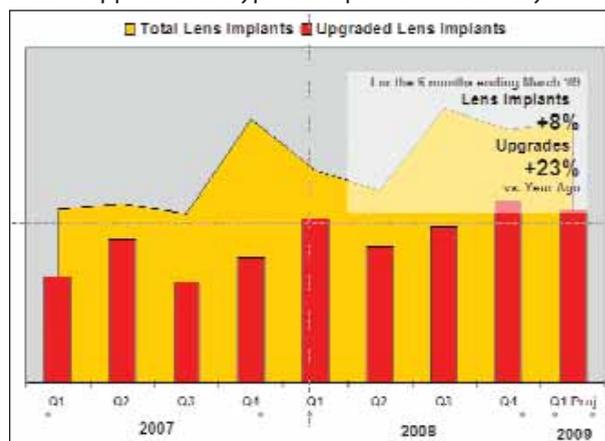


Figure 1. Combined data from two practices show a positive trend in lens implantation between 2007 and the first quarter of 2009.

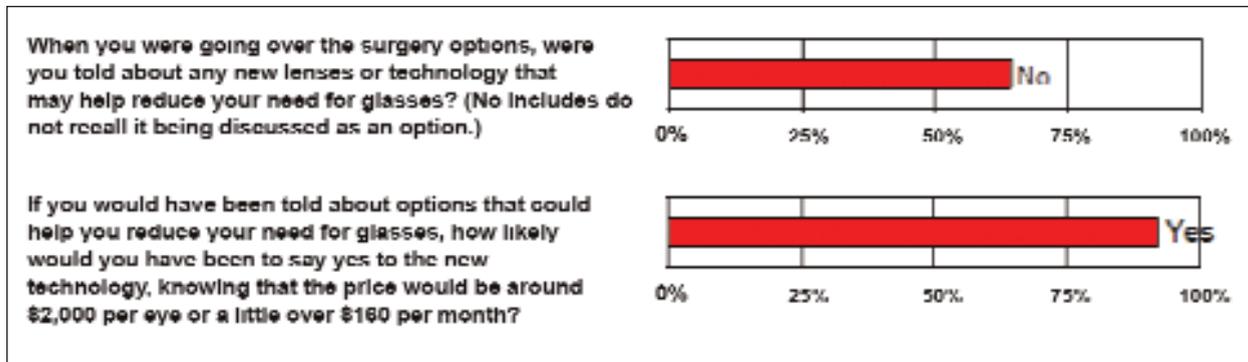


Figure 2. A telephone survey of patients who received monofocal IOLs during cataract surgery found that most of the respondents were interested in learning about premium IOLs.

of minimizing how long patients wait for their appointment and excel at almost always seeing patients at the scheduled time.

No. 2. RECOGNIZE THE VALUE OF PATIENTS' TIME

In *Health Care Entrepreneurs: the Changing Nature of Providers*,¹ Devon Herrick addresses the dysfunction of a medical care market controlled by third-party payors. On average, patients pay only about \$0.10 of every \$1.00 spent on health care. A rationing-by-waiting approach controls access in traditional practices. In health care markets where third-party payors do not negotiate the prices or pay the bills, however, providers' behavior is radically different. Health care entrepreneurs compete for patients' business by offering greater convenience, innovative services, and transparent, benefit-bundled pricing unavailable in traditional clinical settings.

In successful premium lens practices, time spent with patients is rewarded with substantially increased implantation fees. This time means an evaluation can be scheduled within a week of the patient's inquiry, and the examination is of reasonable length, ideally 1.5 hours. The doctor spends considerable time with the patient—from 15 to 30 minutes—to evaluate his condition and discuss options. The surgeon always recommends both surgery and the appropriate lens, so the patient is not left wondering whether he should proceed. The surgery center selected delivers on the experience begun in the clinical office. Both Drs. Pascucci's and Horn's practices have invested in developing a surgery-day experience that is expert and personal, so there is no negation of the vision-spa experience created in their primary offices.

No. 3. INVOLVE PATIENTS IN THE PROCESS

Two key points of education are critical in securing and maintaining patients' satisfaction with premium lenses. The first is to be sure the patient has an opportunity before the examination to learn about cataracts and understand the choices for IOLs and the fees associated

with premium lenses. I advise practices to mail a packet of printed information to patients before their visit so that they will have a chance to read and consider their options. Ideally, they will bring a family member to the visit so that all questions are addressed. The second point requires using the Vision Preferences Checklist (available at <http://www.electivemed.com/emm/products-page/lens2/chart-forms>) to help patients think about the type of vision they want after surgery. This checklist also helps the surgeon determine a patient's suitability for a particular lens. Although some patients do not care about trying to reduce their dependence on glasses, most do.

In a recent telephone survey, Business Management Group (Newbury Park, CA) asked 692 patients who chose standard lens implants about their educational experiences during their preoperative evaluations. Approximately 62% of the patients stated that they were not told and/or could not recall being told about lenses or technologies that would help reduce their need for glasses (Figure 2). In addition, 92% of the patients who were not offered premium lenses indicated that they would have taken advantage of this option at a cost of \$2,000 per eye if they had been informed (data on file with Business Management Group). My experience mirrors this result. Most of the cataract practices I have observed have a poor conversion rate to premium IOLs because of the tasks they do not do well (eg, scheduling, education, patient interaction) and not because patients do not want to or will not pay for these lenses.

No. 4. DELIVER EXCELLENT OUTCOMES

The final aspect of success with premium lenses is strict attention to outcomes. Frequently update your IOLMaster (Carl Zeiss Meditec, Inc., Dublin, CA) so the A-constants are correct, and collect postoperative refractions from all patients (even the happy ones) to facilitate fine-tuning. Do not be afraid to perform enhancements; Dr. Pascucci currently has an enhancement rate of 24% for his lens patients. Having an

(Courtesy of Business Management Group)

excimer laser in the practice allows simple touch-ups, although many patients require only astigmatic keratotomy for results within ± 0.25 D of their intended refraction. I am also seeing an increasing number of patients consult Dr. Pascucci about additional treatment, because their friends have told them that he might be able to improve their vision. Patients who receive premium lenses talk about their results, perhaps even more than LASIK patients, and they are very interested in living well without glasses. A willingness to maximize patients' vision is a significant engine for building an elective vision practice.

Despite a great deal of interest in today's marketplace for less dependence on glasses, traditional cataract surgery practices generally have poor conversion rates for premium IOLs. Many practices mistakenly assume that so few cataract patients are interested in this technology because the cost is beyond their means. I think that traditional practices have poor conversion rates because they have not adjusted how they value patients' time. You cannot convince premium lens patients to pay with their time and their wallets without giving your time and providing excellent vision in return. Adding these factors to the economic equation has helped today's most successful elective vision practices grow their premium lens volume and increase their profitability. ■

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1. Herrick DM. Health care entrepreneurs: the changing nature of providers. <http://www.ncpa.org/pub/st318>. National Center for Policy Analysis. Published December 2008. Accessed February 25, 2009.