Seven Steps to Integrating Laser-Assisted Cataract Surgery into a Refractive Practice

Logistical challenges are inevitable, and changes should be expected along the way.

BY BOON SIONG LIM

Integrating laser-assisted cataract surgery into a predominantly refractive surgery practice can be a challenging task, with concerns ranging from operational and marketing issues to diagnostic practices, administrative procedures, and consumer implications. However, practices that already offer femtosecond laser flap creation for LASIK can benefit from their past experience when integrating this new laser technology. This expertise can increase the likelihood of its acceptance at all levels of the practice, including by the surgeons, the staff, and, ultimately, the patients.

Because laser-assisted cataract surgery is a new procedure for a refractive practice, all aspects of the technology must be analyzed and addressed to make integration successful. Careful planning and preparation are crucial, as there are costs associated with introduction of not only the equipment but also the training, marketing, and integration of the procedure. Time must be invested to prepare the practice for the opportunities associated with this new technology.

Vista Eye Specialist was one of the first practices in Asia to perform laser-assisted cataract surgery with the LenSx Laser System (Alcon). A total of five surgeons completed 125 cases during a 2-week certification period and had, within the following year, performed more than 600 cases, representing a 43% conversion to laser-assisted cataract surgery. We used the following seven steps to help us to integrate the technology into our refractive practice.

STEP NO. 1

Create a project team. Set up a team of individuals with diverse skills and perspectives to develop a roll-out strategy and manage integration of laser-assisted cataract surgery. Our team consisted of patient counsellors, laser technicians, optometrists, marketing personnel, and administrators—some of whom took part in the earlier introduction of the IntraLase femtosecond laser (Abbott Medical Optics Inc.) for refractive surgery, another scenario in which we had to overcome the concerns and misconceptions that commonly accompany the introduction of new technology.

The team’s first task should be to brand the procedure. At our clinic, we decided on the brand no-blade cataract surgery to follow suit with our no-blade LASIK brand, an instrumental element in the successful launch of the IntraLase. We use the term no-blade in both brands because it helps to reduce the fear associated with blade-based surgical techniques. It is also simple to understand yet clearly defines the difference from conventional phacoemulsification and LASIK techniques. By drawing a parallel of the unknown, laser-assisted cataract surgery, with something widely accepted (ie, femtosecond LASIK), we were able to overcome patient fears and reluctance to accept a new procedure in place of conventional phacoemulsification, the technique used by a majority of surgeons in the market.
**STEP NO. 2**

Internal launch. Equally important as Step No. 1 is acquiring the full commitment of the staff and surgeons. First, the project team should investigate the impact of the procedure’s integration on the staff’s work, from daily frontline operations to changes in the operating room and administration. Next, they should work with the staff to create clear instructions and solutions to potential problems.

In our practice, this was crucial for getting the staff to buy into the new technology and commit to fully supporting it. To build excitement, our project team developed a series of internal activities including a launch dinner, updates on our intranet, training, and presentations. We used teasers to create anticipation for the arrival of our LenSx laser. The much-awaited arrival of the machine was preceded by a daily countdown, and the official arrival was greeted with much fanfare and ceremony.

**STEP NO. 3**

Work with your partners. Another important part of integrating laser-assisted cataract surgery into a refractive practice involves working closely with your supplier. In our case, the project team planned a visit to Vision Eye Institute in Australia, a center with one of the highest volumes of laser-assisted cataract surgery worldwide. The trip enabled our surgeons to see how the technology could help our practice and patients. It also presented an opportunity for the surgeons to share best practices in an attempt to reduce our learning curve.

Regular meetings were also planned between our project team and the local Alcon team, with a focus on operational and marketing plans and strategizing ways to improve workflow, laser stability, and technical issues.

**STEP NO. 4**

Educate and train the staff, technicians, and surgeons. It is helpful to educate the staff on the evolution of cataract surgery, from couching, to intra- and extracapsular cataract extraction, to phacoemulsification, and finally to current femtosecond technology. Discuss the benefits and features of laser-assisted cataract surgery and how it affects patients in the most basic layman’s terms. Educating all levels of the practice ensures that patients hear a unified message, regardless of whom they speak with.

Additionally, refractive surgery laser technicians must learn new skills to perform laser-assisted cataract surgery, including preparing the laser and positioning patients for treatment, and the staff and surgeons must be educated on the nuances of the procedure. Our project team developed training materials for all staff members and surgeons, including pointers for counselors on how to market the product and protocols for our diagnostic staff and nurses. The project team then assigned a member of each department as a liaison for disseminating updates, new achievements, and upcoming training opportunities.

**STEP NO. 5**

Plan and execute a marketing strategy. This is one of the most challenging steps. It includes branding, recruiting patients, public relations, marketing materials, and pricing.

**Branding.** Find a way to attract patients and differentiate your practice from others. We developed two taglines, (1) No-Blade LASIK since 2003, Now No-Blade Cataract Surgery and (2) Cataract Surgery Revolutionized—Better Safety, Better Visual Results, Simpler Surgery, Faster Surgery Time, Faster Recovery, to represent the main concerns of our patients and differentiate the technique from conventional cataract surgery.

**Recruiting patients.** Initial marketing efforts should concentrate on targeting current patients already scheduled for treatment. Patients who initially opted for monofocal IOLs are also a good source, instead of focusing only on premium lens patients. These patients may not want to pay extra for multifocality, but a surprisingly large number are keen to upgrade to a safer and better procedure.

Sending out e-mails and postcards to customers (including LASIK patients who have already embraced the technology) can entice patients to find out more about the latest technology and help spread the word. These tools can also be used to encourage referrals by offering patients free eye screenings and other activities. Promote the new technology to suppliers, partners, staff, family, and friends through personal invitations and a special launch offer. Our staff helped spread the news and promoted the special offer to their own friends and partners.

**Public relations (PR) and marketing materials.** Work closely with a PR agency that can handle news articles and releases, interviews, congratulatory ads, and seminars. Our PR agency helped us to create notable interest in our market. We also worked with them to create an official launch event, which included a site tour and live surgery screening for our patients, clients, and media.

To create additional branding within and outside of our practice, our creative department and project team worked together to create a brochure, custom animations, a frequently-asked-questions sheet for
potential patients, a uniform T-shirt for staff, shopping bags, and posters and bunting to be placed around our premises. Word-of-mouth referrals from our patients also helped to create more buzz and confidence in the procedure.

**Pricing.** Strategies for pricing will vary by market. As the first in our region to introduce laser-assisted cataract surgery, we had to set the benchmark for pricing. After much consideration, we decided to introduce the procedure at a lower price point as a launch offer.

We gradually increased the price while we learned and developed the market, which gave us time to increase word-of-mouth referrals. This strategy allowed us to find the sweet spot in pricing and reduced the impact of over-pricing.

**STEP NO. 6**

**Operations analysis.** All operational facets in the practice must be carefully dissected and realigned, including administrative changes, diagnostics and patient selection, workflow, and scheduling.

**Administrative changes.** Most administrative changes are related to internal administrative work such as billing, finance, and accounts. Additionally, a new patient surgery consent document must be prepared before the first laser-assisted cataract surgery cases are performed. We were also careful to document costs for patients, especially for insurance purposes.

**Diagnostics and patient selection.** Be sure to document any changes to diagnostics and patient selection criteria for patients undergoing laser-assisted cataract surgery, and ensure that staff are trained regarding these changes. These should be discussed with the provider’s clinical specialist and implemented according to the practice’s established workflow. Related documents such as treatment plans and evaluation sheets must be reworked to reflect any new diagnostics.

**Workflow.** Planning ahead avoids problems with new equipment and ensures efficiency in the operating room. Following the manufacturer’s guidelines for site readiness is a good first step. However, a lot more thought needs to go into other considerations, including the location for the laser and how it affects workflow; patient movement; surgeon techniques and preferences; and operating room conditions such as spacing, temperature, and humidity.

**Scheduling.** The change in workflow can affect patient scheduling. Careful planning to maximize treatment slots can reduce inefficiency, and considerations should be made for varying surgeon preferences. During our learning curve, we allocated more time for each case of laser-assisted cataract surgery. As surgeons grew more familiar with handling the technology, we subsequently reverted to the standard timing.

**STEP NO. 7**

**Overcome the learning curve and celebrate achievements.** Come up with a target procedure number for surgeons to complete to allow your surgeons, staff, paramedics, and laser technicians enough cases to overcome the learning curve, iron out the kinks, and become familiar with and confident in the technology. At our center, we set a target of 100 cases during the 2-week certification period. With full commitment and support, we eventually completed 125 cases in our goal timeframe.

Celebrate any achievement, big or small. At the end of the certification period, we organized a dinner party for our doctors, staff, and partners to celebrate completing 125 cases. We recognized our surgeon’s achievements and rewarded the team’s hard effort, and this in turn motivated the staff to continue to do great work.

**CONCLUSION**

Integrating laser-assisted cataract surgery into a refractive practice is certainly challenging; however, for us it has been one of the most satisfying launches of a new technology we have experienced. The technology is still in its infancy, but we have learned a lot after performing more than 600 cases within first 12 months. We continue to monitor and make rapid adjustments along the way to make laser-assisted cataract surgery even better, faster, and more successful than it has been thus far.

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**TAKE-HOME MESSAGE**

- Establishing a project team with diverse skills and perspectives is the first step in developing a roll-out strategy and managing integration of laser-assisted cataract surgery.
- Staff and surgeons should be fully committed to integrating the new technology.
- Brand awareness includes finding a way to attract patients and differentiate your practice from others.
- Carefully dissect and realign all operational aspects of the practice to fit the new procedure.