Self-Image and the Price of LASIK

Surgeons should not devalue themselves or the service they provide.

BY LEE T. NORDAN, MD



I read an article by Shareef Mahdavi¹ that served as an inspiration for this article (once again, Shareef, everything is your fault). He asked, "What are your services worth?" This question raises the important issues of selfworth, self-image, marketing, and business

judgment for the refractive surgeon.

PRICING LASIK

Many refractive surgeons believe they received an informal marketing degree from a mythical college. In truth, most of us have a terrible track record with marketing. We typically deal with nonelective health issues., and patients' reasons for choosing LASIK can be surprising. Many of us therefore enlist marketing professionals for guidance. This choice costs more than if we determine ourselves what to charge for LASIK, and we may receive helpful advice or poor strategy.

A major factor in our determination of price is our feeling of self-worth. If we consider ourselves average surgeons with no special expertise, then we will often believe that the only way to differentiate ourselves from the competition is on the basis of price. That decision does not reflect how we enhance patients' lives. We may also choose a low price as a coldly calculated business strategy.

Those of us with confidence focus on the value of the service provided and set a price that makes us feel proud of that service. A higher price may mean fewer inquiries, but respondents tend to be truly motivated potential patients with reasonable expectations rather than tire-kickers.

NEW TECHNOLOGY

One factor that validates the increasing cost of a surgical procedure is new technology. As phakic IOLs become more popular, there will be a built-in charge of approximately \$1,000 to \$1,500 for the IOL and the OR. The surgeon will decide the level of profit per case. It could be as little as \$500 or as high as \$2,500. A phakic IOL surgeon therefore may have to come to grips with the reality of charging \$3,500 per eye for an elective procedure. I maintain that the surgeon's self-image can make this process relatively quick

and easy or incredibly time consuming and hard. If the task is relegated to someone else (different from asking for advice), then the result will invariably be less than optimal.

Surgeons should consider the innovation, risks, and perseverance needed to create a product or procedure in ophthalmology. How much is the gift of improved vision worth?

PARALLELS TO PHACOEMULSIFICATION

Patients often rate the worth of ophthalmologists higher than we do. The extent to which we devalue the specific service of providing improved vision can be startling. LASIK can somewhat accurately be described as a brief procedure under a laser, but this characterization misses the mark. By way of analogy, the Kentucky Derby is widely known as the most exciting 2 minutes in sports. If one asked an owner, trainer, or jockey how long it took to get to and succeed at the derby, a likely response might be a lifetime. In refractive surgery, years of research, interaction between optical scientists and refractive surgeons, and surgical innovation have resulted in high-tech procedures that affect lives in a fashion similar to winning the Kentucky Derby.

It took about 20 years before mainstream eye surgeons accepted phacoemulsification. At that point, many of the ophthalmologists' egos, for some reason, demanded that they show how simple the surgery was to perform (and, coincidentally, Medicare reduced the value of a phaco/IOL procedure in the last 10 years from \$1,800 to \$500 per eye). Refractive surgeons providing elective procedures should not make a similar mistake.

Instead, I advocate focusing on the value of the service we provide, feeling proud of mastering difficult work, charging a fair price, and feeling good about the person attached to the face we see in the mirror every morning.

Lee T. Nordan, MD, is a technology consultant for Vision Membrane Technologies, Inc., in San Diego. Dr. Nordan may be reached at (858) 487-9600; laserItn@aol.com.

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