The Value Proposition of Effectively Educating Patients

Used properly, digital media can greatly enhance a practice's efficiency.

BY JAMES D. DAWES, MHA, CMPE, COE

If a picture is worth a thousand words, what is the value of video? Today, ophthalmic practices have access to a plethora of digital educational tools for patients that explain complex medical conditions and treatments through patient-friendly, easy-to-understand images, videos, and animations (Figure). Yet, many physicians, surgeons, technicians, and staff members recite the same instructions over and over again—day in and day out. Even so, patients wonder what is being said to them. Albert Einstein called doing the same thing over and over again and expecting different results "insanity." I call it "expensive." Given that ophthalmic professional fees for covered services are continually being reimbursed at lower rates and that the operating costs associated with running a practice are rising, practitioners and their staffs must look for

Figure. Digital educational tools help explain complex medical conditions in patient-friendly terms.

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every possible way to improve efficiency while enhancing the patient's experience.

As I seek ways to improve the ophthalmic and cosmetic practice for which I work, I see patients' education as a priority. Most surgeons and administrators are looking for ways to cut personnel expenses, supply costs, and overhead; many miss the cost of ineffectively educating patients. The following three areas represent real costs to my practice from poor education.

No. 1. Preoperative time per patient

Physicians' and the staff's time is often spent repeating descriptions of medical conditions, treatments, and surgical procedures, many times inconsistently and achieving poor comprehension by patients. Weak communication often results in increased questions and subsequent frustrations for all parties. Effective educational tools not only boost efficiency, but they also better engage patients' attention.

No. 2. Postoperative time per patient

Often, poorly educated or uninformed patients do not comply with prescribed therapy, which can negatively affect their outcomes and may require

TABLE. OVERVIEW OF AUTHOR'S EXPERIENCE WITH TWO EDUCATIONAL TOOLS		
	Patient Education Concepts—Sight Selector Family of Products	**Eyemaginations—LUMA**
Price	iPad topics are purchased from $4.99 to $49.99 through iTunes. Computer and online pricing is licensed on an á la carte annual or monthly basis. Packages include eye care-related topics that can be viewed on Mac and PC systems, iPhones, and all Apple products.	The price of the platform depends on the practice's number of installations. The fee structure is typically a monthly or annual fee of approximately $175/mo. Topics are viewable on Mac and PC systems, iPads, and Apple TV.
Breadth of Topics	The series offers both three-dimensional images and narrated videos with more than 80 eye-related topics and visual simulations. The three-dimensional images allow for instructional drawing, which can be advantageous during consultations with patients. Customized animations and videos can be imported into the list of available topics.	The product encompasses ophthalmology; optometry; ear, nose, and throat; audiology; and cosmetic categories. It offers more than 300 topics covering a broad array of disease and treatment options. Its customized animations and videos can be imported into the available topics list.
Ease of Use in Examination Lane and Counseling Areas	Navigating the system is very intuitive for clinical, counseling, and nonclinical staff. The platform allows for the creation of customized playlists that can be saved under specific names and integrated with existing videos, such as informed consent, making the tool very usable by most staff members.	Navigating the system is very intuitive. It works well as an educational tool for physicians and clinicians. Utilizing the Exam Advisory tool requires a relatively strong knowledge of anatomy and is not optimal for nonclinical staff members. The platform allows for the creation of customized playlists that can be saved under specific names and integrated with existing videos for greater ease of use for nonclinical staff.
Web-based Applications	The platform allows for a direct link to players and allows individual videos and playlists to be isolated and embedded in a specific web page. It also provides for links and mechanisms by which to e-mail specific videos to patients or to post to social media channels.	The platform allows for a direct link to players and allows individual videos and playlists to be isolated and embedded in a specific web page. It also provides for links and mechanisms by which to e-mail specific videos to patients or to post to social media channels.
Lobby Area/Reception Room	The system contains a reception room video loop that can be delivered to patients through a computer or iPad connected to a monitor or flat screen and offers a broad category of educational, entertainment, and specific reception room content. Customized videos and graphics can be added to the player.	The media center contains a large number of educational topics that can be pieced together to provide an educational video loop. Customized graphics or videos can be incorporated into the system. The platform is somewhat lacking in entertainment-related offerings but has several promotional topics.
Overall Comparison	The platform is affordable and easily customized, and it works on multiple devices. The visual simulations are well suited to a refractive, cataract, and optometry practice.	The platform offers the largest breadth of subject matter and is an effective, matter-of-fact, educational tool. The system provides detailed and specific topics that lend themselves to a practice that desires a broad educational focus.
Note: iPad, iTunes, Mac, iPhone, and Apple TV from Apple, Inc.		

additional staff time after treatment. Easily accessible digital media can reduce patients' confusion and provide a low-cost mechanism by which to augment postoperative care.

No. 3. Lost revenue per patient

The opportunity costs or loss of potential revenue associated with fewer patients' opting for elective procedures that enhance their quality of life such as premium lenses or other refractive surgery procedures can add up over time. In my practice, we have learned that improving patients' education gives them a greater understanding of the results that can be achieved with elective procedures, and in turn, we have seen an increase in revenue per patient.

Many surgeons are aware of the vast array of digital media available but have chosen not to take advantage of the offerings. I have listened to my colleagues debate the licensing cost of patient-education tools while, at the same time, they spend hundreds of thousands of dollars on outdated print marketing efforts, advertising in the Yellow Pages, and brochures. My position is that the cost of tools for educating patients is low compared with that of physicians' and the staff's time, noncompliance, and lost revenue. During the past several years, my practice has reallocated much of what was being spent on print media toward tools and software for patients' education.

SIX WAYS TO IMPROVE PATIENTS' EDUCATION

The following are six key areas where my colleagues and I have chosen to use digital media for patients' education.

No. 1. Seminars and community events

We have incorporated videos and animations into our public seminar presentations to allow for more concise and informative discussions of conditions and treatment options. This approach has increased our conversion of seminar attendees to consultations.

No. 2. Website

The most progressive and engaging websites in the ophthalmic industry incorporate a high level of video and digital imagery to easily communicate highly complex subject matter. Our practice is completely reinventing our website to include a prominent learning center and video library, and we are making it more mobile. To complement this Web-based material, we offer free Wi-Fi in our offices and encourage patients to access our site.

> "[Using digital media] we have been able to redistribute much of the surgeons' and clinical staff's time while enhancing the overall experience of patients."

No. 3. E-mail communication

Several years ago, we added customized welcome videos to all of our e-mails confirming appointments. This strategy allows us to prepare our patients for upcoming visits and consultations by explaining general ocular anatomy, specific conditions, and treatment options before they arrive at our office. Postconsultation e-mails can also be a great way to reinforce important points once the patient leaves the office.

No. 4. Social media

The promulgation of social media has created a tremendous opportunity for patients to act as advocates for ophthalmic practices through online testimonials and recommendations. There are numerous ways to facilitate this online advocacy. Advocates should be well educated about the subject matter, however, and have easy access to educational resources to ensure the correct message is being delivered via social media. For example, during the past few years, our patients have written hundreds of positive online reviews of our surgeons. We are now attempting to help our patient advocates by providing them with links to our YouTube channel and a Web-based video library to share with their social media peers.

No. 5. Lobby areas

We are constantly working to reduce patients' waiting times. That said, when our patients are waiting or browsing our optical display areas, we provide them with an opportunity to learn through our in-office flat-screen displays. We use these devices to deliver a constant stream of education, entertainment, and product promotions.

No. 6. Examination and counseling rooms

One of the greatest opportunities for reducing costs and improving patients' experiences is through disease-specific videos, digital images, and animations in the examination and counseling areas. Through the use of digital media, we have been able to redistribute much of the surgeons' and clinical staff's time while enhancing the overall experience of patients by offering engaging

demonstrations delivered via tablet and flat-screen presentations.

THREE VENUES FOR MUST-SEE EDUCATION

During the past decade, our practice has used various digital educational tools including from Patient Education Concepts, Eyemaginations, Inc., VueCare Media, and AllAboutVision.com as well as public forums such as YouTube and manufacturer-provided videos and DVDs.

The selection of tools for educating patients depends largely on the practice and the purpose. At minimum, one wants to deliver effective digital media for patients' education in the following three areas:

- the patient's home or mobile device (via a website and e-mail communication)
- the lobby and reception areas of the practice (via tablets and flat screens)
- the examination and counseling rooms (via tablets, flat screens, and monitors)

Of the products readily available to ophthalmic and optometric practices, the two most used vendors in the market appear to be Patient Education Concepts and Eyemaginations, Inc. The former provides a number of ways in which practices may develop customized tools for educating patients, including print materials, mobile sites, website design, and social media. The single product that can be used across multiple formats is the company's Sight Selector family of educational products, which offers the online, iPad (Apple, Inc.), iPhone (Apple, Inc.), and practice/enterprise versions. Eyemaginations, Inc., offers a broad array of educational topics that can be customized and delivered in multiple media formats, including in online, iPad, and enterprise versions. The company's comprehensive enterprise solution is the LUMA platform. Herein, I do not attempt to provide a side-by-side comparison of the products available for patients' education. Instead, I aim to encourage surgeons and practice managers to evaluate the best options for their specific needs. The table offers a general overview of my experience with both the Patient Education Concepts' Sight Selector Family of products and the Eyemaginations LUMA system.

STEPS TO GETTING THE BEST RETURN ON INVESTMENT FROM DIGITAL MEDIA

I recommend determining where the practice has the greatest opportunity to improve communication with patients and reduce ineffective, repetitive conversations. For example, I found early on in our practice that we were spending a tremendous amount of time explaining astigmatism. We now use a few digital images to demonstrate astigmatism much more effectively but with significantly less of the staff's time.

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My next tip is to listen to patients' most frequently asked questions. If they are repeating the same questions, maybe the communication lacks clarity. As mentioned previously, patients' lack of understanding can lead to their noncompliance and apprehension. Our practice collected a list of frequently asked questions from our clinical staff, telephone operators, and front office staff. This list helped us to design our new learning center and tablet applications, which will feature educational videos that address many of our patients' common questions.

Finally, it is worth comparing the counseling of patients for elective services to the available digital media tools. After years of trying to verbally explain the lifestyle and visual enhancements offered by premium lenses, our counselors now use a combination of simple illustrative videos and visual simulation digital images. The review of this information takes only a few minutes of the patient's time while delivering a consistent, easy-to-understand demonstration.

CONCLUSION

Surgeons and practice administrators must continually improve their communication with patients. If executed properly, the effective use of digital media can greatly enhance a practice's efficiency. There is no shortage of tools available, and their cost is insignificant when compared with the potentially positive impact on patients' experiences and understanding. When using a smartphone, tablet, or personal computer, one should think of how meaningful educational topics can be addressed with patients. I am confident the tools already exist; practices just need to put them to work! ■

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