

What Is Holding Back the Premium IOL Channel's Growth?

A major factor is physicians' own hesitation.

BY STEPHEN DAILY, NEWS EDITOR

With each passing week, the benefits of presbyopia- and astigmatism-correcting IOLs become better known and documented. Although choosing a lens depends on the individual patient's needs, a large proportion of ophthalmologists agree that these premium IOLs in general offer better visual function, greater spectacle independence, and lower levels of astigmatism (using toric IOLs) than standard monofocal lenses. Despite their success rates, the adoption rate of premium lenses remains relatively low at roughly 14.8% of all IOL implants (Figure), according to a September 2011 survey of US IOL surgeons by Market Scope, LLC (St. Louis, MO).

Why the apparent drag in conversion rates? According to several leading ophthalmologists and industry watchers, the cause is multifactorial, and it may take a new technology—the femtosecond laser for cataract surgery—to fully realize the benefits of a premium lens. Those interviewed for this story identified several potential causes of the slow adoption rate, including the economy, physician-patient communication, and technological limitations. This article reviews those ideas and offers advice from cataract surgeons with successful premium IOL practices on how to increase the number of these lenses that you implant.

ECONOMIC EFFECT

Whenever a patient, or any consumer for that matter, is asked to pay an extra charge for a service or product in which the standard of care is covered by the US government, he or she is going to hesitate. The economic recession of the past 5 years has exacerbated that reaction. As a result, many cataract surgeons, about 25% according to Market Scope, do not even offer presbyopia- or astigmatism-correcting IOLs. Considering the economic forces that have affected many of the aging baby boomers, ophthalmic practices that do offer premium lenses may be holding back on promoting them.

"It has to do with consumerism," Samuel Masket, MD, told *Cataract & Refractive Surgery Today* at the American

Academy of Ophthalmology's (AAO) annual meeting in Orlando, Florida. Dr. Masket is a clinical professor at the David Geffen School of Medicine, UCLA. "Once the patient has to reach into his or her pocket and pay for a product, the relationship between the physician or surgeon and patient changes to one where the patient now is a consumer. This places demands on the practitioner to explain the technology and to properly implement it."

Viewing a patient as a consumer has been a major stumbling block for many surgeons, Dr. Masket said, but the issue is not as simple as dollars and cents. Although up to \$4,000 per eye for a premium lens is a hefty price tag for many, informing the patient of the value of the investment is key, many ophthalmologists advised.

"I think one of the reasons that premium IOLs have been slow to be adopted is that patients may not necessarily understand the value of the lenses and some physicians for that matter as well," Bret Fisher, MD, medical director of The Eye Center of North Florida in Panama City, told *CRSToday* at the AAO meeting. "The lenses really are, in my mind, an incredible value, an incredible technology, and I think, if more patients were educated about the value that they bring to their lives, they would be more interested and more willing to have a premium IOL."

Shareef Mahdavi, president of SM2 Strategic in Pleasanton, California, acknowledged that the economy has had some effect on the slow adoption rate, but he believes it is more of an excuse for practices than an actual cause.

"We know this because there are practices that routinely convert [to premium IOLs] 30% to 50% of interested and eligible candidates," Mr. Mahdavi wrote in an e-mail to *CRSToday*. "Our research shows that 80% of cataract patients are interested in a glasses-free solution that helps them see their best, and fully one in four says that money is no object."

Of the 279 patients who completed an online survey for SM2 Strategic, a majority said they would like unaided vision for all distances, and nearly half (47%) reported a willingness to pay at least \$1,000 more per eye for this outcome.¹

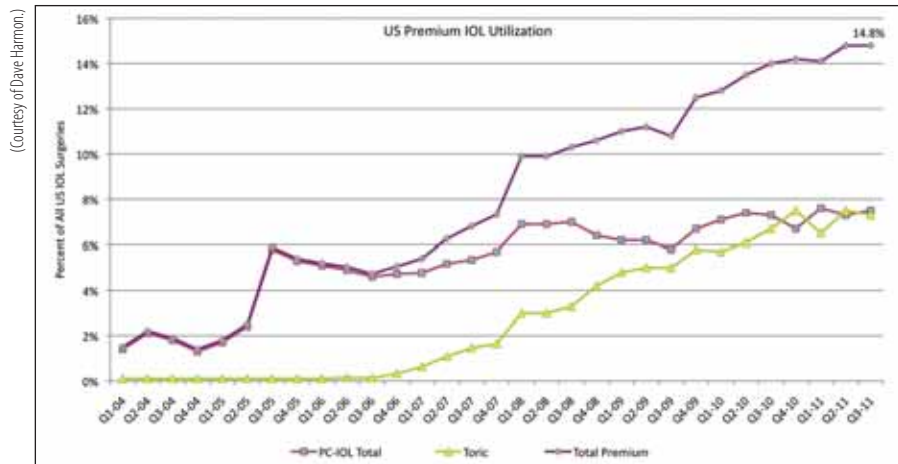


Figure. Market Scope, LLC, quarterly surveys of US IOL surgeons first quarter 2004 to third quarter 2011. Abbreviation: PC-IOL, presbyopia-correcting IOL.

PHYSICIAN-PATIENT COMMUNICATION

If convincing patients that premium IOLs are more cost-effective in the long run than conventional IOLs is necessary, then knowing the best method to communicate options to your patients is crucial.

“I think that some surgeons may be uncomfortable talking to patients about certain aspects of the lenses—you know, the pluses, the minuses, the limitations of the technologies, and the benefits,” said Dr. Fisher. “It is important to discuss these honestly and make sure the patients understand. And, even things like talking about price I think is hard for some physicians and may present a barrier, but I think that is something we can all kind of get through with a little bit of effort and desire.”

It may not just be a lack of interest in communicating the benefits of premium IOLs to patients. It could also be a lack of skill.

Mitchell A. Jackson, MD, is the founder and director of Jacksoneye in Lake Villa, Illinois. He said a strategy that he implements when selling premium IOLs is to minimize the options and make it simple for patients to understand. Depending on their evaluation, Dr. Jackson provides the following three options to his patients.

First is the “standard option” or the “government option,” because the government or insurance companies pay for it. It includes standard phacoemulsification and no upgrades of any type (LASIK, limbal relaxing incisions, etc.). With this option, Dr. Jackson guarantees his patients that they will need to wear glasses full time after surgery for any level of vision. Second is the “driving option” or the “toric IOL tier.” In this option, Dr. Jackson talks to his patients about the goals of providing driving vision and seeing at distance. The patient signs an Advanced Beneficiary Notice statement

guaranteeing a refractive outcome to be able to drive at the legal level without spectacles. A middle-tier pricing upgrade is charged. Third is the “forever young option,” wording that Dr. Jackson prefers to “presbyopia-correcting,” because most patients do not understand what the term *presbyopia* means. In this option, there is no guarantee, but a reduced dependency on spectacles at all levels of vision is the goal. Dr. Jackson charges a top-tier upgrade.

Daniel S. Durrie, MD, the director of Durrie Vision in Overland Park, Kansas, brings a

different perspective to the topic. Because his business operates as a refractive surgery practice, 98.7% of his patients receive premium IOLs. Based on his experience, the problem is not resistance from the patients to the lenses or even their cost; it is a lack of confidence on the part of the physician.

“The real lack of penetration comes from the fact that a lot of our doctors don’t feel like they can deliver the promise that they are going to give to the patient,” Dr. Durrie said. “If they say, ‘We are going to do a presbyopia-correcting IOL, and we are going to give you near and distance vision without glasses for a lifetime,’ a lot of doctors aren’t willing to say that, because they are afraid they won’t deliver—because of the accuracy of their IOL calculations, the equipment that they are using, or even just their overall confidence.”

Dr. Durrie added, “I think the growth in the premium channel of IOLs is being limited by the doctors’ not feeling like they have the tools or the IOLs or the delivery system to be able to give what the patient wants.”

LIMITATIONS OF THE TECHNOLOGY

Not having the confidence to assure patients of the desired results is, in a way, a reflection of the limits of the improving yet imperfect technology. If surgeons do not fully believe in a technology or if they have experienced inconsistent results with it, they will hesitate to make promises to patients. According to the doctors consulted for this article, the best solution is to be as upfront as possible with a patient about potential side effects.

“I think one of our problems is we don’t have the perfect technology,” said Karl Stonecipher, MD, director of refractive and refractive cataract surgery at Southeastern Eye Center in Greensboro, North Carolina. “Are we work-

WILL THE FEMTOSECOND LASER SPUR VOLUME?

The results of several studies and demonstrations show the precision, control, and efficacy of laser cataract surgery to exceed that of manual incisional techniques, but whether the promise and potential of laser cataract surgery will facilitate an increase in the number of premium IOLs implanted remains to be seen. For a variety of reasons, including the economy, inefficient marketing, and technological limitations, the adoption rate of premium IOLs has been slower than expected.

Is there a financial model that will support charging patients a premium for the laser technology and the advanced-technology lens? Physicians interviewed by *Cataract & Refractive Surgery Today* say the early adopters of femtosecond lasers will likely be practices with a higher rate of premium IOL penetration, because the added fee for presbyopic correction will help offset the cost of the laser. Some ophthalmologists believe that, by creating a perfect capsulorhexis and limbal relaxing incisions, the femtosecond laser will, in effect, level the playing field and allow more surgeons to offer upgraded services, including premium lenses.

Closely monitoring the progress of the laser cataract surgery market are the manufacturers of astigmatism- and presbyopia-correcting IOLs. *CRSToday* contacted officials from three makers of premium IOLs for their responses to why the growth of the premium IOL channel has been slow and what impact laser cataract surgery will have.

Stuart Raetzman, vice president of global marketing and area president for the United States, Alcon Laboratories, Inc., manufacturer of the AcrySof Toric IOL and AcrySof IQ Restor Multifocal IOL

Why has the adoption of premium IOLs been slower than many physicians and industry members anticipated?

Although the adoption of presbyopia-correcting lenses has been flat this year, the launch of extended ranges of toric lenses has provided excellent growth for the entire advanced-technology IOL category. We estimate that almost 12% to 15% of all surgeries currently being done make use of an advanced-technology lens. As more and more baby boomers become cataract candidates, we are excited that this emerging demographic will significantly increase the utilization of this category by taking control of their vision and discussing these options with their surgeon.

What is the potential impact of laser cataract surgery on the premium IOL channel?

There is a tremendous amount of energy and excitement surrounding this new category and the evolving future of cataract surgery. This technology has the opportunity to revolutionize cataract refractive surgery [by] automating many of the most challenging manual steps of the cataract procedure. The femtosecond lasers provide a procedure and patient experience that match the high expectations that patients have for visual performance without glasses.

Robert E. Grant, chief executive officer and president, Global Surgical Business, Bausch + Lomb, manufacturer of the Crystalens

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As with any new technology, the early adopters saw the potential of premium IOLs as beneficial for both patients' outcomes and practice development, while many with a more conservative bent initially stayed on the sidelines. The failure of earlier IOLs to achieve optimal refractive outcomes and a market of continued economic recession were also factors.

In spite of this, adoption of many types of premium IOLs—including multifocal, toric, and accommodating lenses such as our Crystalens AO—has been fairly rapid. While patients can delay LASIK surgery, cataract surgery is a necessity, and most patients want the best possible outcomes, which will impact their every waking moment for the rest of their lives. Premium IOLs have built up many ophthalmic practices, and the majority of patients who elect to receive these technologies are highly satisfied.

What is the potential impact of laser cataract surgery on the premium IOL channel?

The ability of femtosecond laser technology to center an IOL precisely is considered a game-changer that could dramatically improve premium IOL performance. The initial interest in femtosecond systems may in fact come from surgeons heavily involved in premium IOLs.

But, as more and more surgeons experience success with premium IOLs and word spreads of the excellent outcomes that can be achieved via femtosecond laser technology, the market for both will broaden.

Bausch + Lomb is committed to playing a leadership role in advancing IOL and femtosecond laser technology by supporting surgeons with education and training in their appropriate use so their patients have access to these latest advances in cataract surgery and the best possible outcomes.

Giulia Newton, head of global strategic marketing, Abbott Medical Optics Inc. (AMO), manufacturer of the Tecnis Multifocal IOL and Synchrony IOL

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The adoption [rate] has grown significantly since presbyopia-correcting IOLs were recognized by the Centers for Medicare & Medicaid Services as providing a refractive benefit (presbyopic correction), therefore allowing cataract patients to pay for that refractive benefit at the time of cataract surgery. This happened in 2005. Before that time, presbyopia-correcting IOLs had penetrated to about 2.5% of the market. AMO invests significantly in IOL innovation, launching the first presbyopia-correcting tech-

WILL THE FEMTOSECOND LASER SPUR VOLUME? (CONTINUED)

nology with AMO's Array multifocal lens that was approved by the FDA in 2001. Since that time, AMO has brought no fewer than five new presbyopia-correcting technologies to market, most recently launching the Synchrony accommodating IOL in Europe.

Over the past 10 years since presbyopia-correcting IOLs have become available in the United States, significant patient- and physician-education programs have been established, growing both the number of practices offering presbyopia-correcting IOLs and the number of patients electing a premium cataract procedure. Today, many surgeons have added a premium procedure offering for their cataract patients in addition to maintaining a standard cataract procedure. The penetration of premium procedures varies based on several factors—patient demographics, practice marketing, and surgeons' indications. However, even in the recently soft econo-

my, there are practices growing their premium lens procedures. There is a segment of baby boomers reaching the age of cataract surgery that want to maintain a spectacle-independent lifestyle and are willing to pay for it.

What is the potential impact of laser cataract surgery on the premium IOL channel?

AMO is in active development of an upgrade to the IntraLase iFS femtosecond platform. Once available, the upgrade will provide the capability to support laser-assisted cataract surgery. IntraLase makes up the largest group of installed femtosecond lasers in the world. The upgrade is being developed to add capsulorhexis and clear corneal incisions to the list of IntraLase capabilities that currently includes LASIK and other corneal procedures. We have also recently received the CE Mark for intrastromal incisions.

ing towards that? Absolutely. Are there a lot of things in the pipeline? Yes. But, the current technology does have limitations. These limitations can cause postoperative side effects, so what we are doing is trying to show patients what those side effects may be so they have a better understanding on the front side. Now, does that help them postoperatively? Absolutely, because they know what to expect and are not surprised with the positive and negative aspects of the technology. It also helps me pick the perfect IOL for that particular patient."

Of the roughly 14.8% of cataract patients who receive premium lens implants, about 7.3% were toric lenses and 7.5% were multifocal and accommodating lenses, according to Market Scope's September 2011 survey of 571 US IOL surgeons. When evaluating the future of toric lenses, some believe growth lies in the release of better imaging tools.

"The [toric IOL] technology is really quite good, but I think we will have better ways of measuring the amount of cylinder and how to properly position the lens with some wonderful imaging tools that are on the market and coming onto the market here in the United States today," Dr. Masket said.

With respect to presbyopia-correcting lenses, Dr. Masket said he is hopeful that the future will bring accommodating lenses that really provide a significant degree of accommodation while at the same time providing some adjustability of the outcome so that the emmetropic target can be reached.

"Most patients really do want to reduce their dependence on spectacles, and not offering these [premium IOL] tools I think is really in some sense disserving the patient," Dr. Masket said. "So, if one takes the time to talk to the patients about reduced spectacle dependence, my sense is that the patients would really want this and would be willing to pay out of pocket for this improvement in their lifestyle." ■

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