

Premium IOLs: It's All About Timing

As in the theater, knowing how and when to deliver your lines can make all the difference.

BY MATT JENSEN

Many baby boomers have spent the last few years denying that their gradual loss of vision is impairing their ability to enjoy daily activities. By the time these individuals muster up the nerve to respond to the advice of their primary eye care provider, friends, or family to do something to improve their vision, the last thing on their mind is surgical upgrades. Although patients once simply responded to their doctor's orders, they are now presented with lifestyle lenses, out-of-pocket procedures, and a resulting multitude of decisions to make. In the mind of the consumer, refractive and cataract surgery are complex. Ophthalmologists therefore must use finesse when communicating information to patients about how to reduce their dependence on glasses and/or contact lenses.

EDUCATION AND COMMUNICATION

Communicating the technological merits of a procedure or a particular IOL in your advertising or marketing campaign may be far too much information for patients who are just beginning to consider their options. Conversely, if the vital components of a choice premium IOL are not broached until the time of the doctor/patient discussion, the patient is less likely to understand his options for advanced lens technology. The patient simply has not had enough time to process the information. Timing is critical.

MEMORY

In his book *Physician Success Secrets: How the Best Get Better*, Greg Korneluk states that 50% to 80% of the information provided by clinicians is instantly forgotten by patients¹ and only 50% of their recall is correct. If patients accurately

CONVERSION RATES IN A DOWN ECONOMY

By John F. Doane, MD, and Y. Ralph Chu, MD

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I believe it is wrong to assume that presbyopia-correcting IOLs have to take a huge hit in the current economic climate. The market is in its infancy and thus in a growth or early-adoption period. If we as surgeons were talking about the purchasing of premium radial tires, which could be defined as a mature market, I am certain the numbers of the most expensive tires sold would be off by a double-digit percentage year over year. Granted, discretionary dollars are tight at present, and an elective procedure is, well, optional. It is therefore natural to assume that the total number of presbyopia-correcting IOLs implanted will be flat during the current recession.

The key, I think, is to discuss your IOL offerings, including presbyopia-correcting lenses, with every patient scheduled for cataract surgery and certainly with every patient whose best refractive surgical option is a refractive lens exchange.

Remind patients that financing is available. Your team should also be clear about the value proposition and lifestyle choice of each patient, a decision with benefits they will enjoy for many years to come. Last, I think it is important in tough economic times to put your best foot forward, believe in the value proposition you provide, and do everything in your ability to overdeliver on your results.

Y. RALPH CHU, MD

Premium lenses have constituted about 40% of my refractive cataract surgery practice. Recently, however, my volume has decreased by approximately 10% due to the economic recession in the United States. I am not manipulating my pricing of premium lenses, however. In my opinion, these lenses provide the best vision-correction option and most expanded range of focus for many patients. My colleagues and I are focusing on improving our patient-education process so that patients can make the best possible choice for their lifestyle needs. Educating patients about all of the available IOL

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CONVERSION RATES IN A DOWN ECONOMY (CONTINUED)

options and clearly communicating the benefits and risks of these technologies will allow them to make the best choice. Utilizing in-office DVDs, online educational resources from our Web site (www.chuvision.com), and products from Eymaginations, Inc. (Towson, MD) are some of the strategies we have incorporated to streamline this flow of information to patients. In addition, I think committing to educating staff on the rapidly evolving IOL technologies is critical to building and maintaining a successful premium IOL practice.

These are still exciting times for cataract surgeons. New technologies continue to expand the field. I think that most patients place a high value on their eyesight and even during these difficult economic times will choose the best option to preserve and protect their most important sense.

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remember only 25% of what you tell them in general, imagine how that percentage decreases when the information conveyed has little to do with what they expected to hear. It is no wonder that patients' adoption of refractive IOLs is slower than the demand perceived by industry.

For patients to participate in the decision to restore their vision, the clinical and educational aspects of the process must be memorable or experiential. Like the dynamic structure (Figure 1) of a play, the conversation about a patient's surgical options should be broken into stages. Not all information should be communicated during the initial exposition.

EXPOSITION: THE CATARACT CALL

A new cataract patient calls your office and says, "My doctor mentioned that I have cataracts and that I need to see an ophthalmologist." In most cases, he will be scheduled for a cataract consultation with you or the optometrist, and

he may be informed about paperwork or that his pupils will be dilated. Unless he receives an inkling of the important decisions awaiting him, his dramatic storyline has not begun. He will be far less likely to embrace the idea of advanced IOL technology at the point of service.

What if, as an alternative opening act, when the new patient calls, the staff offers him a cataract consultation but stresses that cataract surgery is a big decision because of the available range of visual options? What would happen if an employee also stressed to the patient the importance of his researching his surgical options before the consultation by visiting the practice's Web site? What if the employee also mentioned that the patient would receive a packet of information on the decision-making process? In my opinion, these steps increase patients' ability to participate meaningfully in their surgical care. Communicating too much information over the phone, however, could overwhelm the patient.

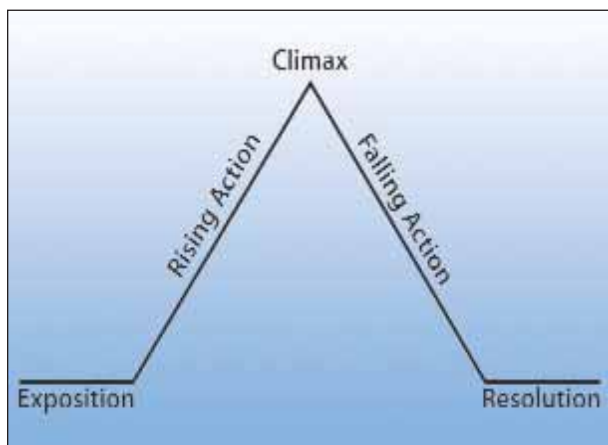


Figure 1. The dynamic structure of theatrical dialogue.

CONCLUSION

The decision to undergo vision-correcting surgery is a big one for patients. The range of technology available can confuse and frustrate them. By staging patients' education like a theatrical production in which their initial interaction with your staff represents the exposition, you and your team can help patients make a quality decision on their care. ■

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1. Korneluk G. Physician Success Secrets: How the Best Get Better. Boca Raton, FL: International Council for Quality Care; 2004.