

Top 10 Pearls for a Successful IOL Practice

An overview of practice management tidbits that can help a practice accomplish several goals.

BY ERIC D. DONNENFELD, MD

In addition to providing superb surgery with excellent clinical outcomes, one of the most valuable skills a surgeon and his staff can develop in the interest of building a successful refractive IOL practice is the ability to educate patients about the benefits of this surgery. At the third annual Refractive IOL Symposium recently held in Las Vegas, Nevada, leading experts in the field of refractive and lenticular surgery disclosed their practice management pearls that can help all surgeons gain more success in this field. Following is a synopsis of their insights.

1. The surgeon and staff must communicate to the patient that they care about him and believe in refractive IOLs. It is extraordinarily important that you offer patients what they want and need rather than try to sell them something. You must have faith in refractive IOL technology and a solid understanding of its benefit. Patients can easily sense doubt when a physician does not truly believe what he is telling them, and they will not be convinced of the merits of the technology. More importantly, surgeons should not recommend a technology that they do not believe in. They should feel comfortable implanting refractive IOLs in their family members' eyes before offering these lenses to their patients.

2. All patients are candidates for premium refractive IOLs until they tell us they are not. Monocular patients with macular degeneration and glaucoma should be informed about multifocal IOLs, although they may not be good candidates. There are several reasons for this strategy. First, telling patients about alternative choices

for their surgical treatment is part of the informed consent process, even if they are not ideal candidates for those procedures. More importantly, a patient should be told why he is not a good candidate for a procedure so that he understands that you are considering his best interests. Additionally, patients whom you implant with a monofocal lens instead will still tell their relatives and friends about alternative treatments that you explained to them.

3. What else do you own that you use every single day and does not devalue over time? This message should be relayed to each patient considering premium refractive IOLs. The ability to improve one's lifestyle and quality of vision is something that does not degrade over time. Refractive IOLs are an investment in future happiness for many patients—something they should consider when seeking a refractive IOL consultation. It is important that we surgeons convey the value of this investment.

4. Your staff's participation in patient education is important to the success of your refractive IOL business. It is not good enough for just the surgeon to believe in refractive IOLs; the staff must acknowledge their importance as well. Only once the staff is convinced of the value of these lenses can they improve efficiency in patient care by becoming better communicators of the value of this technology. Often, ophthalmologists return from a meeting with new ideas for the practice, and the staff listens to the ideas and waits for the physician to return to his old habits. You must convince your staff

that the changes are going to be permanent and then solicit their help in implementing these changes so that integrating refractive IOLs into your practice is seamless.

5. You must set reasonable expectations for the surgery, bond with patients, and help them understand that their surgery is a process. Two tenets of successful patient communication are to form a relationship with the patient and listen to him. Once you understand the patient's needs, it is much easier to recommend appropriate treatments for him. Also, you must explain to all refractive IOL patients that the treatment is a process and that additional surgeries, medications, and therapies may be necessary for them to achieve the full potential of their IOLs. Set this expectation preoperatively and discuss the possibility of postoperative limbal relaxing incisions, excimer laser photoablation, Nd:YAG capsulotomy, and topical medications to improve the tear film.

6. Supply educational handouts, especially before the consultation. It is very helpful for a patient to come into the office with an understanding of what he is going to be told by the ophthalmologist. It is a little overwhelming for a layperson to absorb all of the information that we provide in a short time. Handouts help the patient understand the different options available as well as the risks and benefits of each. Handouts should be provided to patients as early as possible in the consultative process; my staff and I prefer to mail them when the initial consultation is scheduled. Providing this information before their first visit helps patients develop some expectations for the appointment and perhaps a list of questions for the surgeon that they otherwise would not know to ask.

7. Bring family members into the consultation whenever possible. This is an extraordinarily important pearl for all refractive IOL surgeons. Family members are supportive, they ask important questions, and very commonly, they will help the patient make a good informed decision. It is very difficult for a patient to absorb all of the information about refractive IOL surgery on his own, and relatives can help in the educational process. Incidentally, family members will often convince a patient that he deserves the benefit of a premium refractive IOL. It is extremely heartwarming to hear a family member say that this is a gift that he wants to give the patient.

8. Set up a good phone contact system so potential patients are not turned away. Too often, the person answering the phone at a physician's office is the least trained and lowest-paid person in the office. Because an

individual's initial phone call is the first contact he has with an office, the person answering the phone should be positive and reflect the inviting atmosphere in your practice—a preview of what his experience in the practice will be like. In addition to helping to grow a practice, a receptionist with good phone skills can also be influential in setting callers' expectations for their first visit as well as in bringing in patients who need more immediate attention.

9. Give your staff a reward system based on your success. It is advantageous for staff members to benefit from the physician's success. Employees who are well rewarded for their hard work generally continue to perform better than staff members who are on a fixed salary. My administrators and I reward our staff members because we feel that they are an integral part of our success.

10. Improve scheduling and add dedicated times for refractive patients. One of the most difficult concepts for ophthalmologists to understand is that when they introduce new technology and a new patient population to the practice, something else must be given up in its place. The only way to be successful at offering premium refractive IOLs is to dedicate significant time and effort to this area, which requires giving up another part of the practice. The sacrificed service may be glaucoma or general ophthalmology, but success with refractive IOLs demands some type of change in the physician's schedule. I send my postoperative patients who have stable refractions to an associate ophthalmologist or optometrist for routine eye care. However, I make sure that the patient knows that he may always return to me for any ocular problems or additional procedures if necessary.

These 10 pearls for developing a refractive IOL practice are amassed from contributions by the entire faculty of the annual Refractive IOL Symposium run by *Cataract & Refractive Surgery Today*. I believe they represent valid and important concepts for success that practices will want to adopt in the coming years, as refractive IOLs become a more integral part of our routine practices. ■

Eric D. Donnenfeld, MD, is a partner in Ophthalmic Consultants of Long Island and is a trustee of Dartmouth Medical School in Hanover, New Hampshire. Dr. Donnenfeld may be reached at (516) 766-2519; eddoph@aol.com.



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