

Offering Patients the Premium Experience

Increase your IOL conversion rate, patients' satisfaction, and referrals by concentrating on the full experience, not just the lenses.

BY DWAYNE K. LOGAN, MD

During the 4 years that I have been implanting multifocal IOLs, lens technology has improved tremendously. Great IOLs on their own, however, are not enough to boost your conversion rates. Success in this unique new marketplace demands additional investment by a practice and a commitment to offering your presbyopes a truly premium experience.

Just in the past year, my conversion rates have soared so that the majority of my cases are now premium IOLs. This article describes the five steps that led to this shift and that I believe will contribute to the ongoing success of my colleagues' and my practice.

USE THE BEST TECHNOLOGY

I initially favored mixing and matching the ReZoom (Abbott Medical Optics Inc., Santa Ana, CA) and the AcrySof Restor (Alcon Laboratories, Inc., Fort Worth, TX) lenses to take advantage of the strengths and overcome the weaknesses of each.

As the lenses have evolved, nighttime glare and halo have become much less of a problem than they were early on, and the quality of near and intermediate vision has improved. Until recently, however, patients still complained about reading in dim light. With the bilateral implantation of my current multifocal IOL of choice, the Tecnis Multifocal (Abbott Medical Optics Inc.), that complaint has disappeared entirely. My patients see well at all distances (Figure 1) and light levels, with minimal night vision symptoms. Better optics means my patients are happier more quickly postoperatively. They tell their friends, family, and optometrists and thus drive more referrals.

INVEST IN THE TOOLS TO ACHIEVE OPTIMAL OUTCOMES

You really cannot perform premium IOL surgery cheaply. I firmly believe that every dollar spent on new technology will bring a handsome return in outcomes and greater confidence in your results. At a minimum, you

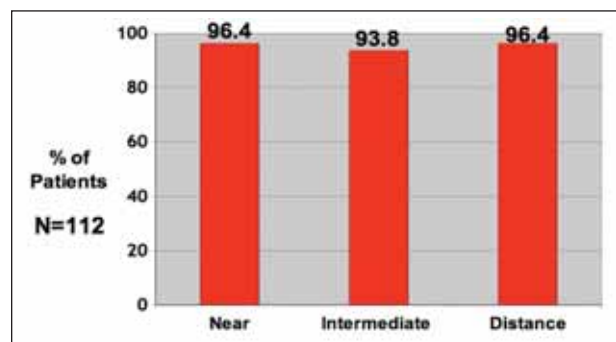


Figure 1. According to US clinical trial results, patients implanted with the Tecnis Multifocal IOL had the ability to function comfortably without glasses 1 year postoperatively.

need to have premium biometry, such as the IOLMaster (Carl Zeiss Meditec, Inc., Dublin, CA), an accurate topographer and optical coherence tomographer, and access to an excimer laser.

Most of the less-than-ideal outcomes in cataract surgery can be fixed simply by wearing glasses. That is not an acceptable answer for the patient who is counting on—and has paid considerably extra for—a reduced dependence on spectacles, so achieving emmetropia is key to success. Three things have been essential to improving my outcomes:

- personalizing the lens A-constants
- improving my skills and comfort level with limbal relaxing incisions (LRIs)
- owning an excimer laser so that I can perform enhancements more economically

TREAT DRY EYE PROACTIVELY

Dry eye ruins the “wow” factor for patients. I treat significant dry eye or blepharitis aggressively with cyclosporine, topical azithromycin, and/or ocular lid hygiene, and I may opt for intraoperative punctal occlusion as well. I also start all patients on artificial tears 1 to 2 weeks prior to their preoperative biometry and topography. This strategy improves both the accuracy of IOL power

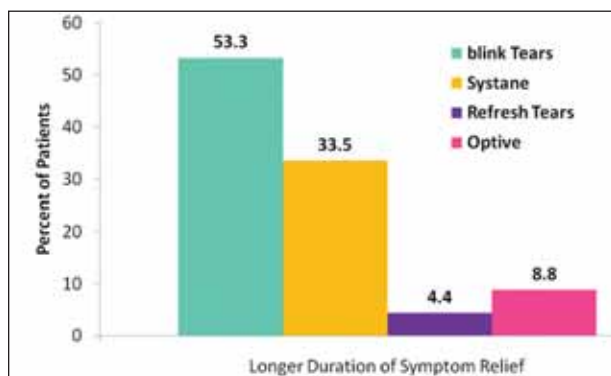


Figure 2. In the author's experience, Blink Tears provides a longer duration of symptomatic relief of dry eye.

selection and the placement of LRIs.

There are many effective artificial tears, but Blink Tears (Abbott Medical Optics Inc.), which contains hyaluronic acid, has decreased my patients' dry eye symptoms for the longest duration (Figure 2). In my experience, Blink Tears used at least four times per day promotes healing of the corneal epithelium, particularly following surgical disruption of the epithelium with LRIs. I tell patients to continue using the artificial tears indefinitely, and I even provide a picture of the recommended tear to reduce the chance of their buying less effective generic substitutes.

With the proactive treatment of their ocular dryness, patients are more comfortable right after surgery, and their visual outcome with a multifocal IOL is not constrained by a poor-quality ocular surface.

INVEST IN REFRACTIVE COUNSELORS

I learned the value of patient counselors the hard way. I thought this type of position, which is common in the refractive surgery arena, would be a waste of money. Why hire a "salesperson" to talk about the technology when he or she does not know it as well as my clinical staff and I do? The reason is that the issue is not one of technology, as I eventually learned. It is about the person's ability to communicate and empathize; his or her ability to "close the deal;" and his or her time to sit down with patients in a relaxed setting, answer all their questions, and help them come to terms with the cost and potential benefits of the surgery. Before I hired my patient counselors, I would spend an additional 30 to 40 minutes with each patient to explain the pros and cons of presbyopia-correcting lenses. Patients were interested, but they would usually end up getting "the regular lens." I was working longer hours without much to show for it.

It does take some time for nonclinical patient counselors to get up to speed, but they are invaluable to my practice. I cannot imagine offering premium IOLs without these staff members on my team.

SOLVE THE MONETARY PROBLEMS

Cost is a big barrier to patients' choosing a multifocal IOL. Many have never thought about paying out of pocket, and they may not be aware of financing options. Sticker shock is a common initial reaction, and it is one that doctors are not really equipped to address.

Patient counselors offer financing to all of my premium IOL patients. These staff members take the time to explain how financing (CareCredit, Inc., Costa Mesa, CA) works and walk patients through the preapproval process. This step alone has done more for my conversion rate than anything else. About half of my patients choose financing.

I also think it is really important for patients to feel that I am treating them fairly—even luxuriously—and that I am not just out to make money off them. To this end, I have tried to eliminate any doubts about the total cost of the procedure. My practice charges one fee that includes surgery, all follow-up care, and any incisional or laser enhancements that are needed during the first 12 months postoperatively. We will work out reduced rates for another year beyond that as well, and all this is explained up front and documented in writing. This package is very reassuring to patients. They know they are not going to get halfway into the process and find they need another expensive surgery. It has made a big impact on referrals as well. Primary eye care providers feel more confident about recommending my practice, because they see that we are doing our best to make every patient happy.

CONCLUSION

The current premium IOL offerings are far better than their predecessors in terms of outcomes and patients' satisfaction. By combining the technology with top-quality biometry and diagnostic equipment, fine-tuned surgical skills, aggressive management of the ocular surface, and an office environment that is conducive to educating and helping patients, your practice can succeed with premium IOLs. ■

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