

How to Attract Young Patients to Laser Vision Correction

By focusing marketing efforts on Generation Y, refractive practices have an opportunity to increase volume.

BY KATHRYN M. HATCH, MD

In the mid-to-late 90s, more laser vision correction (LVC) procedures were performed than they are today, despite advances in laser technology. Interestingly, the average age (39) of patients undergoing LVC has not changed, but the demographics have. In the 90s, the baby boomers were the primary candidates for LVC. Most baby boomers are now in their late 50s or early 60s and are developing cataracts and presbyopia. By 2020, the average age of the baby boomer generation will be 65. Members of Generation Y (Gen Y), which includes individuals born between 1977 and 1995, range in age from 20 to 35. In 2020, the average age of those comprising Gen Y will be 35, making this generation now, and over the next 10 years, prime candidates for LVC.

The economy has also affected the LVC market. According to Market Scope, LVC procedures depend on consumers' confidence, which plummeted in 2007 and 2008. The question remains, how can refractive practices attract young patients to LVC? The answer is to reach Gen Y, our next potential group of young candidates.

HOW TO PIQUE INTEREST

Approximately 80 million Americans comprise Gen Y, making this generation equivalent in size to the baby boomer generation. In terms of volume alone, there is potential for busy LVC practices to emerge. In order to peak young people's interest in LVC, refractive practices must understand how these patients are influenced. Gen Y patients do not respond to traditional styles of mass media marketing. Growing up with com-

puters, smartphones, and social media, this population is typically technology savvy.¹ Gen Y patients are also well educated; approximately 60% to 64% attend college after high school.² They generally like to do their own research and will seek information from multiple sources before making decisions. Most of them know someone, such as a parent, who underwent LVC.

Digital Outlets and Social Media Networks

The most direct way to market to Gen Y patients is through social media networks such as Facebook, Twitter, MySpace, and LinkedIn where patients can read reviews of the practice as well as others' experiences and blogs. The practice's website will also be a source of information for these younger patients, who read doctors' biographies and find out information on their own before stepping into the office. Additionally, practices should have a designated person who responds to emails and provides information through the practice's website. This task should be viewed as important as answering the office's phone.³

Small Group Consultations

LVC practices should also consider small group consultations for patients.³ In general, Gen Y seeks a sense of community and feels safe in numbers. Convenience is always desirable, so having flexible hours to accommodate young patients' busy lifestyles will be key.

Reach Out to Current Patients

It is also important to make LVC more familiar to this patient population. Many from Gen Y grew up

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with LVC because their parents (baby boomers) underwent refractive surgery themselves. Gen Y'ers are family oriented and relies heavily on their parents for advice.^{1,3} Reaching out to parents, therefore, would be an additional way to capture Gen Y patients' attention. Given that many members of Gen Y are likely patients in the practice already for glasses or contact lenses, LVC practices could begin reaching out to these individuals.⁴ They could also offer tours of the office and the LVC suite to pique interest and increase familiarity and comfort with the process. Additionally, because Gen Y members like to do their own research, these individuals would likely be receptive to receiving a list of other patients who have undergone LVC, whom they could contact directly. These consumers appreciate the customization and personalization provided by offering additional resources.

CONCLUSION

Based on my experience, LVC does not yet seem to be a rite of passage for Gen Y patients. Refractive practices will benefit by marketing in a way that allows LVC to be more of a familiar and common procedure for this high-volume group of surgical candidates. The potential for another wave of busy LVC practices is real. The question remains as to whether refractive practices can change their strategies to target and ultimately capture Gen Y members for LVC. ■

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