It's Time to Abandon "Premium" IOLs

Adjectives that identify only price leave out the most important benefit of advanced-technology IOLs—vision.

BY KAY COULSON, MBA

Surgeons' ability to bring technologically advanced lens implants to cataract patients grew significantly 5 years ago when the Centers for Medicare & Medicaid Services decided to allow physicians to offer IOLs that improve vision beyond monofocal distance correction. Surgeons may now correct and charge for two conditions that the Centers for Medicare & Medicaid Services previously did not cover—presbyopia and astigmatism. I believe that ophthalmologists promptly shot themselves in the foot, however, by marketing these lenses as "premium IOLs."

WHAT DOES PREMIUM MEAN?

When used as an adjective, *premium* can mean high quality, but the word is just as likely to be understood as high priced. Consumers purchase premium gasoline, they prefer premium olive oil, and they pay for premium seating. *Premium* in the United States has become less about quality and more about price. In fact, I believe most consumers would say that, if the only adjective you apply to your extra-special product is *premium*, you may suffer from a lack of imagination and a penchant for trickery.

DISCUSSION

By Shareef Mahdavi

As editor of *Cataract & Refractive Surgery Today*'s *Premium Practice Today* section, as well as founder of the Premium Experience Network, I am in a good position to comment on Ms. Coulson's article. I believe that words do matter, and *premium* is a fine description for this category of IOLs. It accurately defines the technology as well as the benefit and the price paid by surgeons and patients for access to the technology. I agree that *premium* is a term that should be used internally in our profession rather than externally with our customers. The problem, as she points out, is that it has spilled over on to surgeons' Web sites and into consultations. I can think of better words to describe this category of IOLs with patients, including *advanced*, *super*, *optimal*, and *high-tech*. The word *lifestyle* and the others mentioned are also fine and yet equally imperfect. As with *premium*, the word *lifestyle* is subject to misinterpretation (you can use your imagination here). No single word is perfect, and no alternative has emerged to cause surgeons to unify around it as the term everyone should use. Even if there were that perfect term, some surgeons would shy away from it for fear of not being able to differentiate their version of this category.

Ms. Coulson and I are in absolute agreement about the need to create a desire in patients to choose this option over the standard one. It is a once-in-a-lifetime decision, and unlike LASIK and other elective procedures, it cannot be chosen at another time. Creating this desire—by learning about the lifestyle of the patient and educating him or her on the benefits of the advanced IOL technology—falls to the surgeon, his or her staff, and the processes they put into place to make sure that every patient is given the opportunity to learn and appreciate the gravitas of the choice. The fact that only 6% to 7% of all cataract patients are choosing premium IOLs is not the fault of the technology, as evidenced by practices where the majority of patients are choosing to pay out of pocket for a presbyopia-correcting or toric implant. In truth, words matter. What matters more is how well the surgeon has structured his or her practice so that it revolves around the paying customer rather than the providing surgeon. Ms. Coulson's boot camp, *Premium Practice Today*, and www.premiumexperiencenetwork.com are just a few of the resources available to surgeons to help grow this "premium/lifestyle/thank goodness we have this to offer patients" category!

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Where is the word *vision* in the description of these lenses? Isn't the real promise of presbyopia- and astigmatism-correcting lenses found in the increased range of vision they provide? Isn't the choice of lenses that surgeons are offering to their patients more about the vision patients would like to enjoy every day for the rest of their lives? Isn't this option primarily about patients' living without dependence on spectacles?

LIFESTYLE IOLs

Ophthalmologists will see explosive growth in the adoption of *lifestyle* IOLs when they stop presenting these lens implants as a choice between high price and no price and instead make the selection about a fuller range of vision versus single-range vision. Practitioners who have spent time in examination rooms with patients know that, if they are not motivated to be free of glasses during a majority of their day, they are not going to choose a presbyopia-correcting IOL. If a patient has not felt as though he or she has suffered for years and paid extra for glasses and contact lenses due to astigmatism, he or she is not going to choose a toric IOL. Practitioners should focus the conversation with patients on the real benefit of these IOLs—the vision. When patients believe in the value of the vision that *lifestyle* lenses can provide, their cost will cease to be an issue.

I hope within the year to I no longer see practices' Web sites with *premium* IOL sections. I hope regional meeting agendas and ASCRS lecture topics no longer have *premium* IOLs in the headline, and I hope educational materials for patients are scrubbed of the word *premium*.

NEW VOCABULARY

Surgeons should eliminate *premium*, *upgraded*, *new*, and *non-covered* from their vocabulary. These adjectives describe only price and invite comparisons regarding insurance reimbursement. The way forward in ophthalmology is to focus on technological advances that provide a choice of vision that is independent of insurance reimbursement. Far better terms for educating and counseling patients are *lifestyle IOLs*, *patient-preferred vision*, *full-range vision*, *zoom vision*, *natural-focus vision*, *multifocal vision*, *accommodating vision*, *adjusting vision*, and *progressive vision*.

Surgeons should consider abandoning their premium IOL business before its too late and adopting lifestyle IOLs in order to revolutionize ophthalmic practice. ■

Kay Coulson, MBA, is president of Elective Medical Marketing, a consulting firm based in Boulder, Colorado, that helps surgeons grow their elective vision service lines. Ms. Coulson is teaching Lifestyle IOL Bootcamps for surgeons, administrators, and surgical counselors in cities across the United States in 2010. Visit www.electivemed.com to learn more or contact her at kay@electivemed.com.