

TAKING THE OPPORTUNITY TO BE GREAT

How does your practice reflect a patient-first attitude?

BY JOEL GASLIN



May 3, 2015, marked the 10 years of patient-shared billing (PSB) for the correction of presbyopia during cataract surgery. This milestone went by without much fanfare. When PSB was introduced, some surgeons saw this new law as an opportunity, and others saw it as a way to prey upon patients and increase their own incomes. In my experience, physicians' outcomes with PSB are a reflection of their attitude. After all, as Henry Ford once quipped, "Whether you believe you can or cannot, either way you are right."

I had the privilege of being part of a group of sales representatives that launched the first presbyopia-correcting IOL, the Crystalens from Eyeonics. We were fortunate to have some early successes. Mostly, though, people were more interested in the concept of presbyopic correction than in actually doing the work necessary, as then-Eyeonics CEO Andy Corley called it, "moving the furniture."

SURGEON-DEPENDENT SUCCESS

We learned quickly that success with a retail component of a surgical procedure depended on the surgeon; those who did well with the implant believed in it and had confidence in the results it could produce. This belief was evident in how they spoke to staff and patients about the opportunity presented by the product. We coached surgeons to use the phrase, "In my opinion, the best option for you is the Crystalens." If they believed that to be true, then acceptance in the practice skyrocketed. I remember visiting a surgeon to whom I offered that tip who told me he "went to medical school to become a doctor, not a salesman." That statement helped me understand the mindset many surgeons have. I still encounter those who come across as the reluctant seller or who talk patients out of something they would happily pay for, because the surgeons are afraid of how they will be perceived.

Today's patient is accustomed to paying for things in a disaggregated manner. It happens to me every time I visit my dentist, for example. Offers are presented without apology, and no one's feelings are hurt if I decline. In my travels around the country with Sightpath Medical, I visit many

practices and find it amazing how many offer a variation of the excuse that their area is different to explain why they have poor premium conversion rates.

No, it is not different. I have found too many exceptions to the rule. Whether they are in inner-city, rural, or suburban markets that are affluent or less than affluent, there are plenty of exceptions, both bad and good. Sometimes, I jump to the conclusion that there is no opportunity in an area only to hear that the practice converts to upgrades at a 45% rate. The opportunity is there, but the practice has to be willing to move the furniture

COMMON ASPECTS OF SUCCESSFUL PRACTICES

In my almost quarter-century in ophthalmology, I have yet to meet a surgeon who does not care about his or her patients. Using myriad methods, all practices claim they put patients first. Where things get interesting and a competitive advantage emerges is in how practices manifest that patient-first attitude in daily activities. There are five tenets of success that can help differentiate your practice and display that can-do attitude to which Henry Ford alluded.

Attitude Coupled With Staff Buy-in

An upgraded surgery program must begin with a meeting where the surgeons let everyone on the team know about their commitment to improvement and how important it is to the future health of the enterprise.

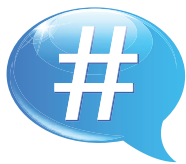
Understand and Know How to Communicate Your "Why"

Market data show fear as the biggest obstacle for patients to any surgical procedure. When surgeons and staff are aligned around a common belief, their actions help patients feel a sense of confidence and calm.

Regular Staff Training and Communication

Each person in the practice should develop and hone his or her ability to communicate the practice's "why" coupled with a personal story he or she can share. This helps to build a connection with patients and gives the staff a "go-to" response.

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WEARABLE TECHNOLOGY

BY BALA AMBATI, MD, PhD, MBA; JOHN F. DOANE, MD;
AND SOMDUTT PRASAD, MS, FRCSEd, FRCOPHTH



BALA AMBATI, MD, PhD, MBA

I am happy to don the mantle of happy curmudgeon when it comes to the topic of wearable technology. Aside from my phone and beeper, I do not have wearable technology, and I do not want any. I am not interested in being tracked or monitored anymore than I already am. As a fan of the *Matrix*, *Terminator*,

Star Trek, and *I, Robot* movies, I have no desire to be constantly connected, plugged in, hacked, replaced, duplicated, assimilated, modified, or installed into a “hive mind” or “Internet of Things.” Call me a dinosaur or call me a Jedi, but I think technology should serve us, not the other way around. The quantified self, artificial intelligence, and biohacker crowd are a bit too enamored with their own creations and not carefully considering the implications, goals, or outcomes of what they are developing.



JOHN F. DOANE, MD

I have had several years of experience with wearable technology, mostly for health and fitness. I use the Fitbit Zip (Fitbit). I like that it is worn on a belt versus the wrist. To track steps while I am cycling or spinning, I place it on my cycling shoes. It would be great to receive money off on my insurance for using the

technology. In researching this possibility, I learned that, for my family of four, all of us have to be enrolled in the Health Vitality program. I have found this a challenge for all four of us. On another note, wearable technology for fitness can become an obsession for compulsive individuals. I say this half-jokingly, but to others who do not use the technology, intense usage can be seen as a neurotic behavioral issue.

Regarding software/hardware issues, I have found the Fitbit mobile device application and website to be very robust. I receive notices weekly on my step count versus those of other folks across the country. I have owned my Zip for about 10 months and am on my third Zip device. The other two did not function correctly. I contacted Fitbit, and the company shipped new devices to me at no charge and with no hassle.

From a practice standpoint, wearable technology has been a great incentive to get employees interested in their own health, nutrition, and activity. Almost every week, our fitness coordinator offers an activity for elective involvement. The interest level among the employees has surprised me. Several have significantly improved their health status and trajectory for the long term. A step contest, for instance, is great for all

involved. Employees have gravitated toward achieving health status levels to knock hundreds of dollars per year off their insurance premiums.

Overall, wearable fitness has been a positive experience. The emergence of insurance-based fiscal incentives with the commercialization of digital devices to get fit has been a great symbiotic relationship in my view. Is the wearing of these gadgets with smart technology a passing fad? Perhaps in part, but it appears personalized health insurance plan benefits and reciprocation for personal health responsibility may give this relationship legs for the foreseeable future.



SOMDUTT PRASAD, MS, FRCSEd, FRCOPHTH

Wearable devices are a fascinating area of information technology innovation and have received a considerable amount of attention. These devices can be worn on the body as an accessory and can perform several computing tasks. Wearable devices also come in the form of bracelets, caps, and contact lenses. Here

are some popular wearable devices with which I am familiar.

Mi Band. A water-resistant fitness tracker, the Mi Band (Xiaomi) works with any Android phone. An extremely cheap device (about \$31), the band monitors activity levels, calculates

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calories burned, and tracks walking distances. It can differentiate between a walk and a run. The band also tracks sleep and sleeping habits. It tells users the number of hours they were in bed and how much of that time was spent in light or deep sleep.

NFC Ring. The NFC Ring (McLear) uses near-field communication technology. The device can perform a range of activities such as unlocking a smartphone and sharing contact information. With two NFC sensors, any kind of information can be loaded onto the ring.

Smartwatches. Smartwatches are computing devices worn on wrists. They have similar capabilities to those of smartphones, including surfing the Internet, reading and answering emails, making calls, and messaging. Samsung, Apple, Lenovo, and LG all have smart watches on the market.

Micoach Fit Smart. This wearable device from Adidas provides information about workouts through an accelerometer and heart rate monitor. When paired with the Micoach app

(micoach.adidas.com/apps), the device gives real-time feedback on the intensity of a workout. It also stores 10 hours of fitness metrics such as heart rate, stride rate, pace, and distance. ■

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Develop a Set of Metrics, and Measure the Success of Your Program

An old saying is, "What is measured gets improved." Determine the metrics that will be interesting, define acceptable parameters of the metrics, set goals, track the outcomes, and then discuss and continually devise and adjust strategies to improve.

Have a Staff-Incentive Mindset

A significant part of staff buy-in is to offer your team incentives for their roles in helping to create an upgrade environment. A thoughtful program designed to motivate everyone is an effective tool for achieving established goals.

For any upgraded procedure program to succeed, the surgeon must believe and be involved with charting the course and making adjustments. Three common models that practices can use independent of geography but dependent on the attitude of both the surgeon and the staff are as follows.

MODELS

No. 1. The Surgeon Does the Selling

This is for the surgeon who enjoys selling, educating, or influencing. This model often converts at a higher rate than any other. People trust doctors and when a recommendation is made, it is a rare person who believes they

know better. To watch this in action is a thing of beauty.

No. 2. All-For-One and One-For-All

This is the patient experience model at work. Everyone in the practice knows the strategy, has their own version of a story, and is fully committed to the goals of the practice.

No. 3. The Closer

This model is the most commercial and features a person in the practice whose job it is to close the sale. For surgeons who "don't like to sell," this may feel like a good option. The downside is that one person is responsible for the success of the program.

CONCLUSION

Be mindful of how important it is to bring the people on your staff along with your decision process. Help them understand your "why" and invest in creating a model consistent with how you want your practice to function today and tomorrow. Remember, if you believe you can, then you will be right. ■

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