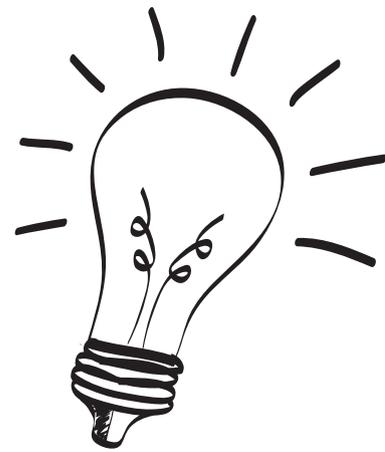


# STRATEGIES

## THAT CAN BRING IN

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Focusing on these three areas can help attract new patients.



BY CYNTHIA MATOSSIAN, MD, FACS

**F**or continued success, every ophthalmic practice must consider how to attract new patients. Although there are many tactics to drive new business growth, the three factors that I believe are the most important are these:

- ▶ No. 1: The information about your practice that you can control—your website;
- ▶ No. 2: The information that you cannot control—online reviews and social media reputation; and
- ▶ No. 3: The integration of new technology.

### **PAY ATTENTION TO YOUR WEBSITE**

Anything that draws attention to your practice's website will help attract new patients. Your website must be easy to navigate, have a clean design, and be easy to read by patients with visual impairments.

It must be consistently updated and maintained because you may

have only a few seconds to attract a new patient. Implement features on the site that engage visitors seeking more information because prospective patients are frequently turning to the internet to find physicians as opposed to the traditional method of getting a recommendation from a primary care physician, friend, or family member. Your website must therefore reflect what your practice represents, the services you offer, and what sets you apart from your competitors.

For example, my practice's website includes a chat feature through which prospective patients can contact our practice during normal business hours. We also plan to allow patients to schedule their own appointments from a predetermined list of available times. We have noticed that many patients no longer want to call an office and be placed on hold. They do not want to speak with a receptionist. In a multispecialty ophthalmology practice like ours, allowing patients to schedule their own appointments can represent a challenge because the provider and length of the office visit may

vary depending on their condition. This service can work, however, for basic types of eye examinations.

### **WHAT ARE PEOPLE SAYING ABOUT YOU?**

You control the information displayed on your practice's website. Your patients, however, can spread information about you and your practice on social media and other review websites. Just one bad review can negatively affect your ability to attract new patients.

One way to protect your online reputation is to invite patients to share their comments online through a customized practice-generated survey before they post a review elsewhere. For example, our patients receive a text message after they leave our office. It is a quick process in which our staff simply asks patients to respond with a thumbs-up or a thumbs-down. If the response is positive, the patients are directed to a variety of websites where they can rate us with stars. If the response is negative, our staff is alerted to call the patient immediately to say,

“We are so sorry you were not happy. Can we discuss the issue?” This gives us a chance to remedy the situation before the patient posts something negative online.

We have developed a specific action plan as to which staff member will contact an unhappy patient. If a patient is angry about a bill, for example, the supervisor of the billing department will call him or her. If it is a problem with the cost of medication or noncoverage by insurance, an ophthalmic assistant will call the patient.

### NEW TECHNOLOGY

Lately I have been active in something I call *tele-diabetes*. We are in the process of installing nonmydriatic fundus cameras in several local primary care offices. When a diabetic patient visits his or her primary care physician, a trained medical assistant captures nondilated fundus images of the patient’s retina. The images are then uploaded via a HIPAA-compliant, proprietary platform to a reading center. The reading center identifies any retinal pathology and notifies the primary care doctor within 24 hours.

Diabetes represents a major health crisis, with diabetic retinopathy as the leading cause of blindness for people 20 to 74 years old. It is important to diagnose this condition early because, in its earliest stage, diabetic retinopathy may be asymptomatic. Patients may have no visual problems yet have small hemorrhages or exudates on their retinas. Not only does this new technology benefit patients, but it also benefits primary care doctors. The National Committee for Quality Assurance’s Healthcare Effectiveness Data and Information Set (HEDIS) includes a set of more than 90 measures across six domains of care, including comprehensive diabetes management, that are used to hold primary care practices accountable for patients’ outcomes. More than 90% of health payers use HEDIS to collect information on the performance of their physicians. Primary care physicians are required to ensure that diabetic patients receive an annual eye examination, or they may be faced with penalties.

Although tele-diabetes will not directly acquaint new patients with our practice, it enables us to develop

relationships with primary care doctors. They are aware that we have retina specialists in our practice who can treat patients with retinal pathologies. Moreover, studies have shown that, about 20% to 30% of the time, patients who have diabetic retinopathy also have coexisting conditions such as glaucoma, macular degeneration, or ocular surface disease. Our practice can provide care for patients with all of these conditions. I therefore expect this technology to help generate new patient referrals for our practice while enabling earlier diagnosis and treatment for patients and higher HEDIS scores for primary care physicians. ■

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