

Increasing Premium IOL Conversions

The surgeon's role in premium-channel offerings is clear: make an appropriate medical recommendation.

BY JAMES D. DAWES, MHA, CMPE, COE

During my work with the cataract surgeons in my medical group and through my interactions with hundreds of cataract surgeons across the country, I have observed the struggle between the functional and elective nature of cataract surgery with presbyopia-correcting IOLs. Health care reform and continued improvements in medical technology seem to move more and more surgeons to make decisions based on how much emphasis they put on the functional versus the elective procedures they provide in their practices.

Most ophthalmologists are comfortable dealing with medical issues such as cataracts, glaucoma, and other pathology, but many find developing the elective components of their practice (including the premium channel) challenging. The premium channel may include presbyopia-correcting and toric IOLs as well as laser vision correction and oculoplastics. Many ophthalmologists have been unsuccessful at integrating retail products (such as optical, cosmetic, and hearing services) into their practices. I would make the case that, in order to reduce their dependency on Medicare and third-party insurers, ophthalmologists today must diversify their product offerings. This strategy will increase private-pay revenues and provide a greater opportunity for long-term financial success. For this approach to work, the

surgeon must be or become comfortable with the elective and retail side of ophthalmology (Figure 1).

In elective and retail medicine, the surgeon uses his or her best judgment to make a recommendation regarding the procedure or product that is best for the patient's unique needs. The patient then makes a purchasing decision based on that recommendation as well as socioeconomic and lifestyle factors. Ophthalmic surgeons wishing to increase their premium IOL conversions often have mixed feelings about their role in the process. I feel that the surgeon's role is clear and simple:

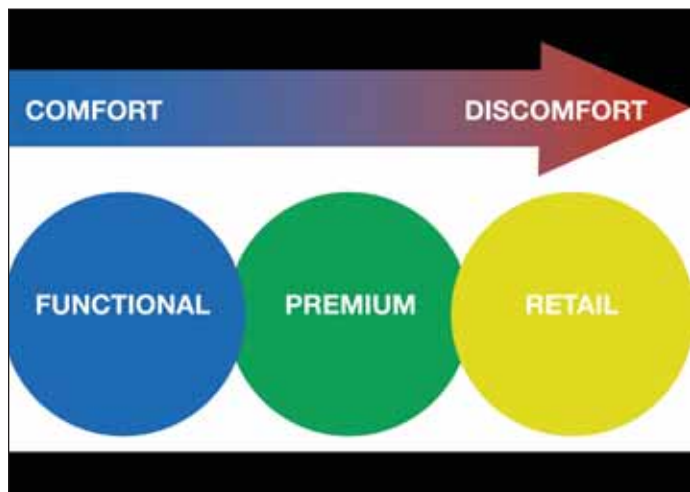


Figure 1. Ophthalmology business diversification.

to make an appropriate medical recommendation to the patient. This assumes that the patient is an educated consumer and that the surgeon and staff have effectively used the practice's resources to guide the patient. This article identifies the two critical questions that must be addressed to ensure that the patient is ready to receive the surgeon's recommendation.

No. 1. HOW DO YOU USE YOUR VISION?

How a patient uses his or her vision is the most important, nonclinical data point the surgeon should gather and analyze before making a medical recommendation. The answer to the question serves two functions. It has patients examine their visual needs based on their lifestyle, and it provides the staff with talking points for educating patients about the features, benefits, and risks associated with a premium procedure.

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There are as many ways to ask the question as there are answers. I have found most effective the use of some type of vision-lifestyle questionnaire or preference sheet that is completed prior to the patient's technical workup. The lifestyle questionnaire should follow the patient through the entire examination. At Center For Sight, we refer to our data collection device as a *shadow sheet* and have assigned areas to be completed by designated staff members during the entire examination, counseling, and scheduling process.

Simply having a questionnaire is not enough. A successful surgeon will use this information-collection tool to facilitate the counseling and educational process. For example, a patient who spends a significant portion of his or her day working on a computer may be better suited for a particular IOL. Someone who frequently drives at night or for long periods (and thus has an intolerance for visual disturbances) might be a candidate for an accommodating IOL technology rather than a multifocal. If the staff learns that the same patient also spends a great deal of time doing needlepoint, the counseling session should be customized to discuss the potential near vision limitations of that technology.

Truly understanding how patients use their vision every day is the first step to ensuring that they are

educated consumers with realistic expectations of their postoperative visual outcomes. This level of education and understanding greatly enhances the likelihood that the patient's needs will match the technology that the surgeon recommends. To ensure an efficient and productive decision-making process for the patient, this vision-lifestyle information must be gathered and reviewed thoroughly before the surgeon sits down with the patient.

No. 2. ARE THE VISION-LIFESTYLE BENEFITS OF THE PREMIUM IOL WORTH THE PRICE?

From the time they first learn about the out-of-pocket expense associated with a premium IOL, patients ask: Is it worth the price?

The patient's vision-lifestyle preferences help the patient and staff work toward an answer. Obviously, a person who desires the benefit of spectacle independence for a specific lifestyle activity will evaluate the cost of that desired benefit. As a patient processes this information, the counseling staff must customize the educational presentation around the emotional connections the patient has with lifestyle benefits.

For example, a patient who sails frequently might value spectacle-free near and intermediate vision for reading navigational devices. Thus, the counseling staff can help the patient visualize himself or herself enjoying that activity spectacle free. The patient can then internalize the reality of “what if.” Helping the patient imagine how his or her life would be after the premium IOL procedure will help him or her answer the question, Is it worth the money?

THE MEDICAL RECOMMENDATION

After the preceding steps, the patient will seek a strong recommendation from the surgeon, and he or she will want assurances that this medical recommendation is the right procedure for his or her vision-lifestyle needs. It is helpful if the surgeon can relate the medical recommendation to the information gleaned from the questionnaire. The surgeon is thus subtly reinforcing his or her familiarity with the patient's unique needs and desires. After all, patients want to know that the recommendation they are receiving is truly customized for them. ■

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