

It's What You Say and How You Say It

Contact lens care compliance message has to be explained

How patients interpret what they've heard or read can be a true mystery. **Polly Hendricks, OD**, recalls a perplexing example of a patient who thought orange juice would be a suitable replacement contact lens care solution—because he had read that his previous lens care solution contained citric acid. These extreme misunderstandings are obviously the outliers, but Dr. Hendricks recalls hearing advice in a lecture that she immediately incorporated into her practice. The lecturer, pointing out that contact lens discomfort might be attributable to the patient having switched contact lens solutions, noted that his first step in dealing with patients who complained of discomfort was to ask about their contact lens solution choice. If they had switched away from his recommended choice, he wanted them to go back to his recommended solution.

"A light bulb turned on when the lecturer said that," Dr. Hendricks says. It made sense. Not all formulations are the same,



Dr. Hendricks

and if her patients were switching to a contact lens solution that was not compatible, it could contribute to irritation or an uncomfortable wearing experience. By having these patients use her recommended solution for a few days, these discomfort issues often were resolved. It had become a more efficient approach than to try to find a replacement contact lens—especially when the lens wasn't the problem.

"People really will do what you recommend, but you can't just tell them. You have to explain why they should do what you said," Dr. Hendricks says.

After discussing her contact lens recommendation, Dr. Hendricks tells her patients that her technician will provide more details on the cleaning routine. She walks the patient to the technician, continuing the conversation on the way. "We're going to give you a care kit, and I really want you to stay with this brand we are recommending. You may be tempted to buy whatever is cheapest when you get a bigger bottle, but not all

Goal: Get Patients to Order Online from You

Dr. Polly Hendricks has started collecting patients' email addresses for two reasons: her staff can create an account to reorder contact lenses before patients leave the office, and she can be in touch with them throughout the year. She also has added a sticker with her web site address to contact lens boxes dispensed from her practice. "Nine times out of 10, patients turn to online retailers because it's easy," Dr. Hendricks says. "If we remind patients they can buy from us, they will because it's even easier." ■

solutions are the same," she warns patients. This conversation takes only a few

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Unmonitored Usage of Contact Lenses Is Public Health Issue

When patients purchase their contact lenses from an online source not affiliated with their practitioners' practices, it increases the chance that they will be wearing those contact lenses with very little oversight and guidance from an eye care professional. That concerns **Barry Weissman, OD, PhD, FAAO**, professor of ophthalmology at the Jules Stein Eye Institute in Los Angeles and adjunct professor at Southern California College of Optometry.

His own and other studies on the topic have shown that the incidence of complications from unmonitored contact lens use is significant. In one study he co-authored¹, the researchers found

that while only 1.5 percent of the 572 patients studied reported subjective problems, 50 percent of the eyes had one or more complications. Most of these complications were not severe, but the researchers emphasized the importance of a "timely and appropriate professional contact lens care schedule."

In some cases, the risk with unmonitored contact lens wear can be very high, as was one patient case detailed in another study.² "Neovascularization, as well as subsequent serious complications, often develop without symptoms until the central cornea is affected.... Routine eye



Dr. Weissman

examinations would have led to both early diagnosis and appropriate intervention," the researchers wrote.

Internet-based sales of contact lenses add to the risk factor, according to a 2008 study from Australia³. Researchers found that the patients who purchased contact lenses via the Internet showed an

incidence of microbial keratitis of 4.76 times higher, higher than any of the other risk factors cited.

Dr. Weissman says the usual safeguards for ensuring that patients are wearing the correct lenses and wearing

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What You Say

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seconds, so Dr. Hendricks says that this message can be included in even the busiest schedule.

In most cases, her recommendation is for Alcon's OPTI-FREE® PureMoist® Multi-Purpose Disinfecting Solution. "I tell my patients that the solution contains a moisturizing agent and their lenses will be more comfortable from morning to night," Dr. Hendricks says. She reminds patients that they will receive a new contact lens case in their kit. "Throw away any old cases you have at home, and rinse and air-dry your lens case every morning because reuse of solution could lead to an infection," she instructs patients.

Since making this change in her routine, Dr. Hendricks is happy to report her patients seem to be sticking with her recommendation. "My patients come back and say, 'I'm still using the OPTI-FREE® PureMoist® cleaning solution because that's what you gave me.' I think changing our message dramatically has increased our patients' compliance with our recommended contact lens solutions." ■

FROM THE PRESIDENT'S DESK



Dr. Gelb

A Call to Action

What's on your to-do list? I encourage you to add attending the ALLDocs Annual Meeting, to be held Nov. 4-9, 2012, at the Le Blanc Spa and Resort in Cancun to that list. If you haven't already made your arrangements, please don't delay any longer. The meeting promises to provide you with an action plan that will improve your practice competitiveness and profitability going forward.

Other stories in this issue should make it to the top of your to-do list, too. Review the advice from Dr. Barry Weissman on the risks patients take purchasing contact lenses over the Internet. Or look at Dr. Polly Hendricks' recommendation to explain the hows and whys of your recommendations to patients. Dr. Melissa Helfrich talks about the ideas she gains from conversations with colleagues—at the ALLDocs Annual Meeting and additional meetings in between.

From marketing strategies to practice management and patient education, consider this issue of ALLDocs your call to action. ■

Kerry Gelb, OD
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SAVE THE DATE

ALLDocs Meeting: Nov. 4-9, 2012

PRACTICE MANAGEMENT TIP OF THE QUARTER

A Bookmark Referral Program

The new Bookmark Referral Program used by ALLDocs President **Kerry M. Gelb, OD**, in his office is a creative marketing success. These bookmarks are handed to patients at all five Contact Lens & Vision locations. The bookmark is designed to

- ◆ drive in new patients to the practice as well as to LensCrafters,
- ◆ serve as a constant reminder for patients to schedule an eye exam,
- ◆ be used as a handy bookmark, and
- ◆ build branding and word-of-mouth promotions.

After an eye exam, patients are asked if they'd be willing to make a referral to the practice by handing out some bookmarks. They spread the word about the great service they received at the practice. Any patient who comes in with a bookmark receives a free mall gift card from Starbucks, Subway or another mall eatery. The co-promotion has been well received by patients and the chosen vendors. Subway, for example, added an extra sandwich and a cookie as part of the deal. Dozens of patients have already come into the office with a bookmark, and they've visited LensCrafters to view the frame offerings there.

To get the bookmark program in your office, contact the ALLDocs marketing guru Ken Zierler at 908.447.1562 or email kzierler@comcast.net. ■

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Public Health Issue

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them appropriately are "thrown out the window" when patients order their contact lenses through an unaffiliated provider. But the challenge for practitioners is to make sure that patients understand why they need to be seen. "Patients should not suspect that the clinician is motivated more by economics than by an interest in their care," he says.

"Neovascularization can be totally silent until it occludes the pupil. Glaucoma doesn't hurt, at least until very late in the disease process. Neither does high blood pressure. Patients need to understand that there are diseases they don't feel that could be harming them," he says. ■

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Share Your Best Ideas

Learning from each other benefits everyone's offices

Melissa Helfrich, OD, has some advice for her optometric colleagues: learn from each other's successes. A leaseholder inside the LensCrafters in Fairview Heights, Ill., Dr. Helfrich has followed this motto for years. Instead of considering other optometrists her competition, she visits doctors' offices across the country to pick up best practices and frequently shares ideas in peer focus groups.

So when she arrived at her first ALLDocs meetings in 2010, she was pleased to experience the camaraderie and friendly, welcoming atmosphere. That meeting fell just two

months after Dr. Helfrich became a LensCrafters leaseholder with nearly 20 years of optometric experience. Yet she was new to this type of practice setting and saw the potential in a focus group just for LensCrafters leaseholders.



Dr. Helfrich

Dr. Helfrich decided to start her third peer focus group, selecting its members from a geographically diverse sample of ALLDocs members. Like in her other groups, they share general practice management and marketing ideas. But there are also many issues that are specific to LensCrafters leaseholders, and Dr. Helfrich wants to address as many as possible.

For example, many doctors depend on the profitability of their contact lens sales, so another initiative of her ALLDocs peer focus group is to develop a strategy for successful contact lens sales. "ALLDocs doctors want to know how they should budget for different items in their type of office," she says. By partnering together and comparing return on investments, the group can determine the best strategies. "I just can't explain how valuable it is."

Through gathering information from each doctor in the group, Dr. Helfrich is determined to make it easier for leaseholders to see where they stand.

"There are not a lot of tools specific to

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COOPERVISION CORNER

A New Option for Presbyopes



Dr. Sylvan

By Harvard Sylvan, OD, Director, Professional Relations, CooperVision

As the average age of the U.S. population is increasing, the market for presbyopic contact lens wearers continues to grow. The introduction of the Proclear® 1 day Multifocal offers another option to help you to tap into that potential market. This lens addresses two trends: the in-

crease in daily disposable contact lenses wearers and the increase in multifocal contact lens fittings. Over the past several years, there has been an 87 percent increase in daily disposable fittings and a 35 percent increase in the usage of multifocal contacts. Many of your one-day lens patients are becoming presbyopic and are accustomed to the convenience, comfort and health benefits of wearing a one-day lens. They are certainly not interested in returning to a two-week or monthly replacement schedule.

Until now, doctors did not have a viable one-day multifocal option for their presbyopic patients. Many fit their patients with monovision one-day lenses or had to fit a two-week or monthly multifocal, even if the patient desired one-day lenses. With the introduction of Proclear 1 day Multifocal, you have the opportunity to provide the comfort, convenience and health benefits of a one-day lens while maintaining depth perception and vision at all distances.



There are many candidates for Proclear 1 day Multifocal lenses: current one-day lens wearers who are becoming presbyopic; current presbyopes wearing monovision one-day lenses; current multifocal contact lens wearers who would like to wear a one-day lens; and multifocal spectacle wearers who may want to wear one-day lenses occasionally for social activities, sports or other activities. Made from PC Hydrogel material, these lenses exhibit minimal dehydration and are resistant to protein deposits, minimizing discomfort associated with dry contact lenses. In fact, the U.S. Food and Drug Administration allows only contact lenses from this material to state that they "may provide improved comfort for contact lens wearers who experience mild discomfort or symptoms relating to dryness during lens wear associated with Evaporative Tear Deficiency or Aqueous Tear Deficiency (non-Sjorgen's only)."

Proclear 1 day Multifocal has a center-near, aspheric design. Only one add power is available, which is about a +1.00 to +1.25. Putting the distance Rx in the dominant eye and adding a "near boost" (some additional plus) to the nondominant eye preserves distance vision, maintains binocularity and provides intermediate and near vision. As there is only one add power, you are able to stock these lenses for same-day dispensing, if desired. For more information, please contact your CooperVision sales representative. ■

AVOIDING THE RACE TO ZERO

Diagnose and Treat; Don't Ignore



Dr. Rumpakis

By John Rumpakis, OD, MBA
Practice Resource Management

Does this sound like a familiar scenario? You recently saw a new patient for a general eye examination. You refit the patient in contact lenses, provided an annual supply of contact lenses—and a few weeks later, the patient returns, complaining of discomfort.

What happens in the next few moments can have a tremendous impact on the success of your practice. Let's assume you prescribed what you considered the most appropriate and best contact lenses at the most recent visit. If you did that, this should not be the moment where you begin to second-guess your prescription. If the patient has followed your care and replacement instructions, wearing his or her contact lenses for the schedule you prescribed and using the contact lens solution you recommended, there may be some overlooked factor at work.

Don't overlook it again. We often fall into the trap of making assumptions about our patients. We get so focused on the contact lens aspect of care that we often ignore other areas of the patient care. Many of our contact lens patients have underlying concomitant conditions that can affect their contact lens experience significantly. These include common conditions that ODs encounter regularly: ocular surface disorders such as dry eye syndrome, meibomian gland dysfunction or ocular allergies.

If you think about the overall incidence of these conditions in the general population, they are significant. As many as 40 percent of the U.S. population suffers from allergic conjunctivitis.¹ Ninety-five percent of these patients suffer from seasonal allergic conjunctivitis or perennial allergic conjunctivitis.² Epidemiological studies reveal the incidence of dry eye to range from about 5 percent to more than 35 percent³, and, while there is no current objective measurement for meibomian gland dysfunction, population-based studies have estimated that the prevalence ranges from 3.5 percent to more than 60 percent.⁴ So the chance that your contact lens patient

is affected by one of these conditions is considerable.

Yet even with these numbers staring us in the face, we often jump to the conclusion that the contact lens or the contact lens care products were at fault. The result can be an exercise of tail-chasing caused by trying to treat the symptom rather than actually testing for and diagnosing the problem and prescribing the appropriate treatment protocol.

Make a commitment to yourself and your practice to pause before acting on complaints of contact lens discomfort that you feel are unexpected. Certainly, if it's clear that the patient is not following your instructions, it's appropriate to reiterate instructions or switch to a type of contact lens that suits the patient's lifestyle better. But when a contact lens patient presents with discomfort or other symptoms leading to a reduced wearing experience, be sure to evaluate the complete patient rather than assume that the contact lenses or solutions are at fault. I think you will find that many, if not most, of your patients are suffering from other common and more often concomitant problems that you can diagnose. First and foremost, be the doctor and provide your patients with the care for which you are trained.

Taking this approach will not only change your patients' perception of what you do, but it also will lead to more effective, efficient patient encounters and less chair time chasing the elusive symptoms. Don't treat the symptom—diagnose it and treat it appropriately. ■

Next issue: Plugging the Holes in Your Bucket

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Best Ideas

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leaseholding doctors, but if we develop our own practice metrics, we can compare," Dr. Helfrich says. Once she has her database up and running, she can analyze how each practice does in different areas. The doctors can identify comparative weaknesses as well as share ideas for the areas where they are most successful.

"Some doctors don't know what to expect or if it will be valuable," she says. "We planned a meeting for an hour and spent nearly five hours talking and we still weren't finished. Everyone got a lot more out of the experience than he or she expected."

While Dr. Helfrich connects with many doctors all year round, she still looks forward to attending the ALLDocs meeting. She plans to attend her third one this fall.

She says, "I come home with a notepad full of ideas from courses and casual conversations with other doctors on staffing, marketing and new technology," the latter of which is her favorite part to investigate. "I travel to a lot of national trade shows to see the greatest products out there, and everything from the top of my list was at the ALLDocs meeting." She recently purchased a tonometer and optical coherence tomography unit. ■

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