

Date published online: October 2015

**NEWS &
OPINION****Integrating premium services into practice**

by Michelle Dalton EyeWorld Contributing Writer

"Cataract surgery is a once-in-a-lifetime event that determines their vision for the rest of their life; an investment in their quality of vision is something that most patients are very ready and willing to do."

—Eric Donnenfeld,
MD

Here's how two busy practices get patients interested in these procedures

As more and more practices look to grow revenue by means other than increasing their patient base, premium lenses and cosmetic procedures sound appealing. Premium lenses have shown slow but steady growth over the last several years, with the majority of the growth occurring in toric IOLs, said Eric D. Donnenfeld, MD, Ophthalmic Consultants of Long Island, Rockville Centre, N.Y., and clinical professor of ophthalmology, New York University Medical School, New York.

"The quality of vision is dramatically improved with the new multifocal lenses compared to the previous generation," he said, and while the multifocal IOL market has been "fairly slack" for the last few years, "it's poised for growth."

For surgeons who have not yet embraced the newer technology lenses, Dr. Donnenfeld recommends first offering toric lenses.

"Studies have shown that approximately 40% of the patients who come in for cataract surgery have 1 D of astigmatism, which is the number where we start thinking very strongly about implanting a toric lens," he said.

Premium lenses are not the only service that can command a high dollar. For Cynthia Matossian, MD, founder, Matossian Eye Associates, patient education about premium services begins at the moment of arrival. The office staff has every patient fill out a questionnaire where additional services (including cosmetic procedures) are noted.

"So if the patient has noticed crow's feet or droopy eyelids, they can request more information," she said, and that opens the door for all cosmetic procedures to be discussed. If the patient shows interest, he/she is referred to the oculoplastic specialist to determine if the patient is truly a good candidate, she said.

For cosmetic-only procedures (such as fillers or blepharoplasty), Dr. Matossian said the pendulum has swung back from 4–5 years ago; people are "willing to spend money on themselves again."

Managing these patients' expectations is crucial, she said.

"Cosmetic patients—especially those who initially came in for a cataract consult—need to understand their eyelids are not going to look like they did in their 20s, and their vision is not going to be like it was in their youth," she said.

Growing the business

Both physicians said all potential candidates should be told about all technologies, even if the surgeon does not provide them him- or herself.

"We want to increase the overall market share for cataract patients, including premium lens patients," Dr. Matossian said, adding that a surprising percentage of patients are not eligible for premium lens technology because of ocular or systemic comorbidities.

Dr. Donnenfeld views these interactions as a means of educating the patient about astigmatism and age-related vision changes.

"The key concept here is that patients need to be informed, and part of the informed consent process is education about all options for all patients having cataract surgery," he said. "At least 25% of patients who are eligible are going to end up electing to have a toric IOL because the benefits are so significant."

Dr. Matossian breaks it down to two choices: the standard lens, "and I let patients know it means they are going to need glasses all the time," she said. "Option 2 (the premium lens option) substantially reduces the amount of time they'll need to wear glasses, but does have an out-of-pocket component." She prefers limbal relaxing incisions for astigmatism of less than 1 D, but a toric for symmetrical astigmatism above that level.

When it comes to cataract surgery, financing these options is often not at the forefront of the patient's mind, Dr. Donnenfeld added. And patients may already know what the cost is (see sidebar).

"Cataract surgery is a once-in-a-lifetime event that determines their vision for the rest of their life; an investment in their quality of vision is something that most patients are very



ready and willing to do," Dr. Donnenfeld said. "The cost associated with premium lenses is insignificant in light of the benefits that they will gain."

Even within the toric technologies, Dr. Matossian breaks it down—where one company's lens can provide distance and intermediate, and the "standard" toric will require glasses for computer and near work. When she discusses pricing, it's with the caveat that patients are buying crisper vision with the more expensive lenses as both the astigmatism and refractive error are being corrected, so "they're paying for two separate technologies, in essence. They have to first grasp what it is that they are being asked to pay for out-of-pocket."

That noted, surgeons must be prepared to spend more time with their premium patients, before and after surgery to ensure expectations have been met or exceeded. That, in turn, will create "ambassadors" for the practice, Dr. Donnenfeld said. These ambassadors will promote both the premium technology and the practice providing them the excellent service, he said.

"It's rare that once someone understands the concept of what the technology can give them, they opt not to have it because of finances," Dr. Matossian said.

"Once good accommodating lenses arrive, that will supersede everything and we will have a whole new level of interest in premium IOLs. It's not right around the corner, but it is certainly is coming," Dr. Donnenfeld said.

Editors' note: *The physicians have financial interests with Abbott Medical Optics (Abbott Park, Ill.), Alcon (Fort Worth, Texas), and Bausch + Lomb (Bridgewater, N.J.).*

Contact information

Donnenfeld: ericdonnenfeld@gmail.com

Matossian: cmatossian@matossianeve.com

