

PRACTICE MANAGEMENT

Cataract patients have changed on us

by Yvonne Martin

How fast those baby boomers who demanded disposable diapers for their Children have grown into patients we used to call seniors.

Over the last 2 to 3 years we have experienced a change in patients who are seeing us for cataract evaluations. Many have had radial keratotomy or LASIK, and most want to know what the options are for not needing to wear glasses after cataract surgery.

Some of us find ourselves needing to learn to accommodate the needs of this group of patients. Others were forward thinkers or just baby boomers themselves and were working with the lens companies on the new and improved lens implant.

With all of this comes the need to change many things that we were doing before and many have never really "marketed" the lens itself although most of us in one way or another did market cataracts, we just didn't call it that. When we would tell our Michigan patients not to have their cataract taken out while they were keeping warm in Florida for the winter, well, that is marketing.

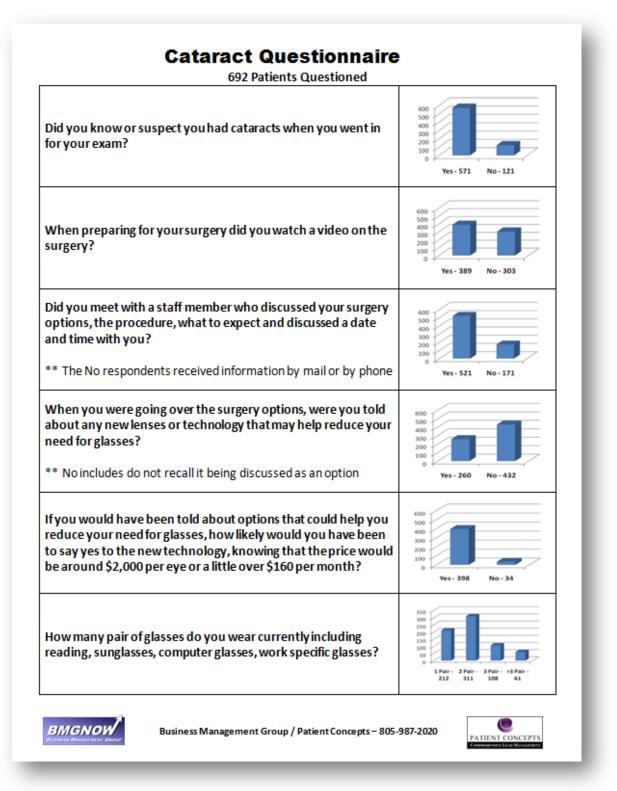
Now we must embrace the new and demanded lenses or we may be left behind. Patients are asking for the lens by name. Research on the internet for medical procedures is for most people, the preferred way to do their homework before having surgery.

Once we embrace the fact that we are offering premium lenses and decide on how pricing and internal procedures such as billing will work, we are not finished. We need to make sure that if we are doing the procedure patients know it is an option and we must educate them to ensure that we meet their expectations or at least that they know what to expect.

Last year, I conducted a survey of patients who I knew were being offered premium lenses. The physicians had embraced them and were offering them to the majority of their patients. The problem was: The patients in the survey almost overwhelmingly did not remember being offered a premium lens and many were not happy about it.

Once we have decided to use premium lenses in our practices, we need to then adapt our offices to make sure that our patients are being educated and know their options. This means on the initial phone call we tell them that information will be given or sent to them on a new lens the practice is offering. On check-in the day of the exam, the front desk person should be told to be sure and talk with the doctor about the new lens/lenses that are offered to cataract patients. Throughout the office information should be available: a video should spell out the options and differences in the lenses. The physician and cataract counselor should help the patient determine their needs, and a presentation should be shown to them on how it can be made affordable if they wish to make payments on the newer procedure. In the study, patients overwhelming said if they could have eliminated the need for glasses most of the time for under \$200 per month, they would have chosen the premium lens. We need to make sure we educate, focus, and help the patient to choose the lens that is right for them.

Happy satisfied patients will refer their friends. That is one thing that has not changed dramatically in the cataract patients of today.





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