

THE CLINICAL IMPACT OF OHTS P. 111 • RETINA: TOXOPLASMOSIS CHALLENGES DIAGNOSIS P. 140
THE ENIGMA OF ENDOPHTHALMITIS P. 126 • INTRALASE VS. MICROKERATOME P. 131
FACE-OFF: 4TH GENERATION FLUOROQUINOLONES P. 93 • A NEW ERA FOR NEUROPROTECTION? P. 105

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REVIEW

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Part 1 of 3

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DRY EYE

The Science Beneath The Surface

Studies Yield a Deeper
Understanding of Dry Eye P. 83

Dry Eye: Assessing the
Measurement Tools P. 72

Where Punctal Plugs
Fit in P. 57

Dry-eye Patient Care:
The Role of Communication P. 64

Three Steps to LASIK Surgery

Your LVC team leader can act as traffic cop to keep surgery day seamless.

NEXT TO THE SKILLED SURGEON, THE laser vision coordinator may be the most valuable person in the LASIK-focused ophthalmology practice. Two factors will determine the laser vision correction patient's ultimate satisfaction: her visual outcome and her perception of the professional treatment and customer service she received. The latter area falls under the responsibility of the laser vision coordinator and each of the clinical and surgical staff who touch the patient. In this article, we'll explain how creating a three-

step treatment template can satisfy patient requirements in the areas of both vision correction and customer service.

The Team Leader

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Our primary suggestion to practices making LASIK a priority is to designate a single person as the laser vision flow coordinator or team leader. In our opinion, practices that have someone

in this position, leading the entire process and motivating and tracking the team's actions, have experienced increased patient flow and satisfaction. The LVC coordinator works proactively in all parts of the process, from marketing to surgery day. She's examined the scheduling system with an eye to refractive patients; re-created patient forms, organized color-coded files and introduced up-front payments. (See our article on customer service in Review's September 2004 issue.)

Consultation and Education

We view laser vision correction as a three-step process:

- *Consultation and Education*—determining emotional candidacy and patient motivation.
- *Comprehensive Examination/LASIK Workup*—determining physical candidacy.
- *Surgery*—surgical procedure and follow-up.

In step one, consultation and education, the LVC coordinator determines the patient's motivation to proceed and builds the relationship with



the potential refractive patient that began on the phone.

One-on-one time with the LVC coordinator allows patients to determine whether they are ready to proceed to surgery, without feeling the pressure to commit. During the consultation, the coordinator explains the

We discourage combining steps one and two. Moving a patient directly into the LASIK workup is both inefficient and costly. The real medical value of same-visit LASIK measurements is questionable if, for example, contact lens wearers did not know to discontinue lens wear days or weeks in advance.

Also, doing a LASIK workup on an uncommitted candidate gives away a valuable exam for free. We believe that the LASIK workup, with the included customized diagnostic testing, can be positioned as an added value to

surgery. In the best scenario, the LVC coordinator can deliver the good news to the patient—that she is an excellent candidate for the procedure. The surgery, which had been tentatively scheduled at the consultation, may now be confirmed.

In the few cases where the surgeon determines that the prospective patient is not a good candidate for laser surgery or the patient changes her mind, the LVC coordinator should explain to the possibly disappointed patient that she has received something of value for her \$125 LASIK workup fee. We counsel against a policy of refunding the workup fee if the person turns out to not be a surgical candidate. Through the extensive evaluation that's done in a LASIK workup, we have gained a much better understanding of the patient's vision than we would from a basic exam. It's likely that the findings from this exam will be more accurate than any she's ever had before. We believe giving away the LASIK workup for free devalues that exam in the eyes of the customer. Some practices do apply the workup fee toward the cost of surgery, but this varies depending upon the laser platform and pricing structure of the practice. Rolling over the workup fee into the surgery cost can be decided on an individual basis.

LVC Process Step One

Initial Consult—20-30 minutes, no charge

- Complete laser vision questionnaire.
- View educational video.
- Read current Rx or perform auto refraction.
- See doctor if a "closer" is needed (optional).
- Set up appointment for LASIK workup. Explain fee.
- Set tentative surgery date and one-day postop visit.
- Present take-home White Glove Packet.

surgical procedure, scheduling and payment. Offering short introductory appointments with a coordinator rather than a LASIK tech or a doctor creates more time slots outside of "normal" business hours for prospective patients. This brings them in the door sooner, while their interest in the procedure is still high. It's important to explain that this short, first-step consultation is meant only to provide information and that the final determination about surgery can only be made after the testing in step two of the process has been completed.

Goals of Step One

Focus on conversion rate goals for this process. Know your conversion ratios for total calls, calls to consults, consults to exams and exams to surgeries. If a prospective patient fails to convert to a consult, exam or surgery, it's important to stay in touch with her. This patient may need to have continued correspondence with your practice, so when she's ready to proceed, she will remember to choose you.

the patient if it is presented as a separate second step with an associated fee, typically \$125.

Initial consult appointments are important, too, from the evaluation side. If you're finding that patients are getting through to the second step, the LASIK workup, without booking surgery or with too many questions or unrealistic expectations, this could be a sign that your first step is in need of fine-tuning. You may want to review your conversion ratios and adjust your internal processes to encourage surgical bookings. In this way, accountability is built into the system.

LASIK Workup

When the patient has decided to move forward with the procedure and has considered the risks and benefits and the financial commitment, it's time to move her into step two, the LASIK workup.

Customized diagnostic testing and consultation with the surgeon will determine if the prospective patient is a good physical candidate for laser

Surgery Day Flow

- *Rotate roles, not responsibilities.*


Most practices cross-train their surgical technicians so that each knows how to work every piece of surgical equipment: the keratome, the laser, etc. Consequently, it's fine for techs to rotate roles—today one person is the laser tech, but on the next surgery day that same person is the keratome tech.

What's not OK is to switch responsibilities. This means that if a technician is the laser tech for the day, all she does is what she must do as laser tech. She

should not be filling in for other surgery techs or running over to the clinical side to do a refraction. We tell techs, "Concern yourself only with what your responsibilities are for that job, not what is part of another job." Too many times, surgery is delayed because a surgical tech has been called away for an unrelated purpose. If everyone keeps to her own responsibilities, there is ongoing activity and efficiency. If you interrupt one person's activity, everyone else gets backed up. If you create a process where dedicated responsibilities are in place, it's easier to identify areas of weakness or inefficiency and correct them.

• *Choreography.* Choreography is the organization of the kind of multi-tasking described above. Here, the LVC coordinator's title could be choreographer because she sets up the workflow, directing everyone's actions to meet at the end at the same time.

The choreographer needs to be aware of everything that is going on and make adjustments to keep the flow smooth. When scheduled patients walk in, paperwork is completed as, simultaneously, the surgery side gets ready for them. Delays are addressed, the surgery queue is adjusted as needed and charts are double- and triple-checked. The key is that the LVC coordinator is aware of all activity at all times and keeps the process moving.

When laser vision correction is approached as a three-step process, you can ensure that each patient is ready for the surgery emotionally and financially. You can be confident that the surgeon has all the information he will need to perform a successful surgery. You will know that all of your patients are being given the personalized attention necessary for any elective surgical procedure. By creating set processes, you automatically have created accountability. It will make achieving seamless surgery flow a reality. 

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LVC Process Step Two

LASIK Workup—about one hour, fee charged

1) Determine the physical candidacy of the potential patient.

Exams are practice-specific, but generally include:

- Visual acuity exam
- Manifest refraction
- Cycloplegic refraction
- Manual keratometry
- Topography
- Tonometry
- Evaluation of dry eye
- Slit lamp exam (ocular health)
- Ophthalmoscopy (dilated direct/indirect)
- Pupillary exam (mesopic/dilated)
- Central pachymetry reading

2) Finalize surgery date.

3) Take payment for procedure.