

#### Session I: The Business of Refractive Cataract Surgery: An Evo- and Revo-lution

Advanced-technology IOL penetration hovers around 18%, but 45% of cataract patients are willing to pay for these implants. This is the opportunity! The question is how to close this gap. This session will detail why you should embrace premium refractive cataract surgery in your practice—and what it takes from the surgeon, staff, and patient to get there.

# 

# **The Advanced Refractive Cataract Practice Experience**

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Panel: Debbie Davis, COE Jaime Johannesen Rich Tipperman, MD

# Disclosures:

# Carrie Jacobs

• No relevant financial disclosures

- Alcon: Consulting, Speaking
- Allergan: Consulting, Research, and Speaking
- Bausch and Lomb: Consulting, Research, & Speaking
- BVI: Consultant/speaker
- Centricity Vision: Consultant
- JNJ: Consulting
- Layerbio: Financial Interest
- LENSAR: Consulting
- Oculus: Speaking
- RxSight: Financial Interest
- · Zeiss: consultant



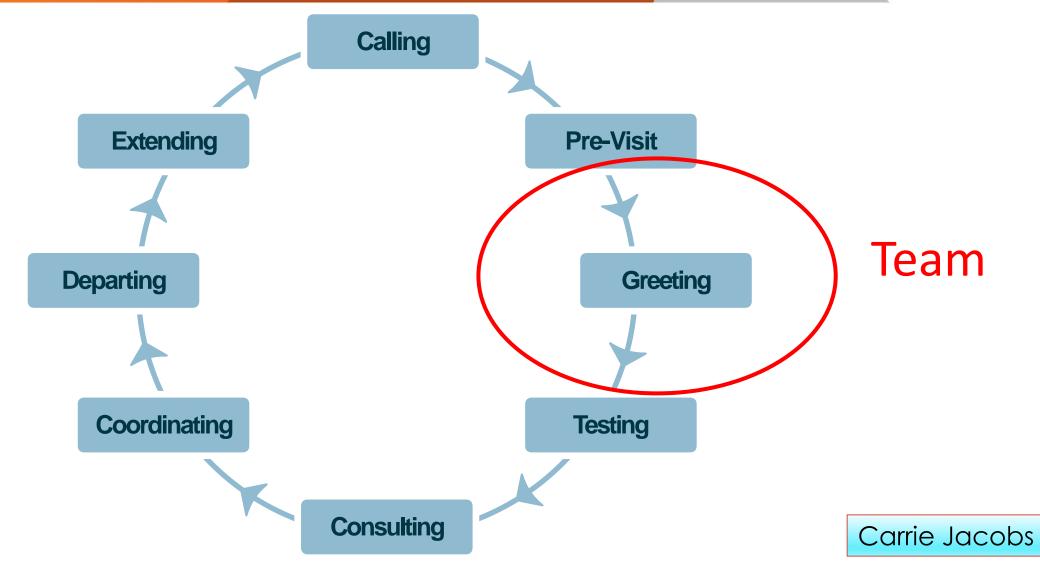
# DOCTOR ROLE RESPONSIBILITIES TEAM ROLE

#### THE PATIENT EXPERIENCE CYCLE (DEVELOPED BY VANCE THOMPSON, MD)

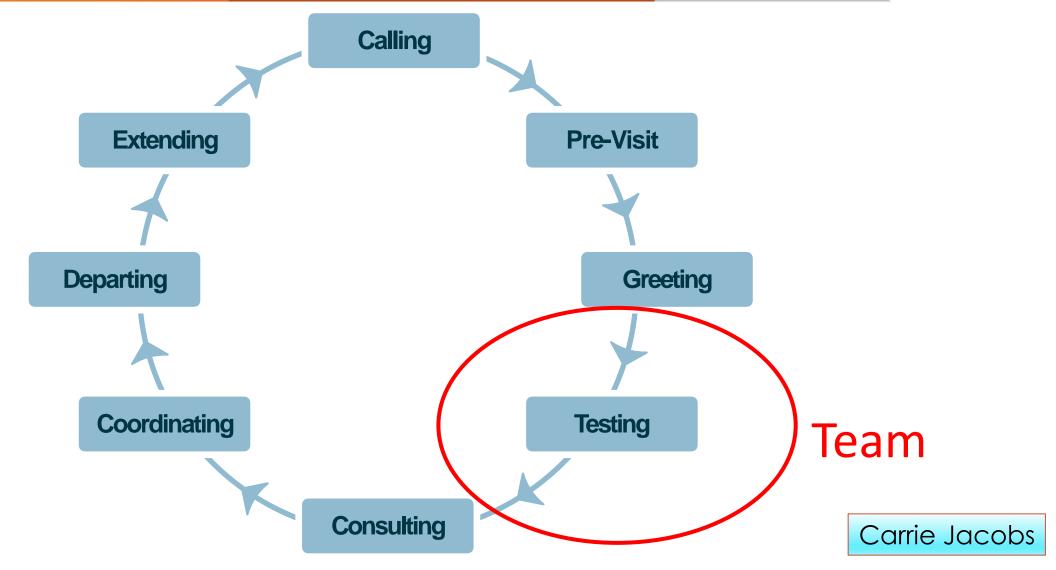




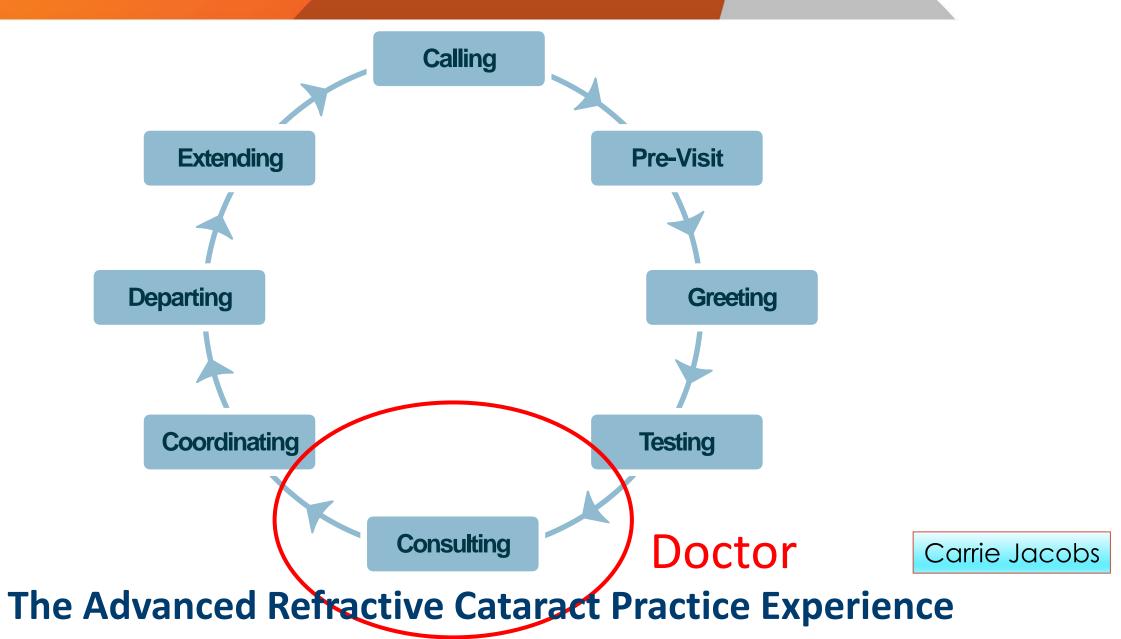








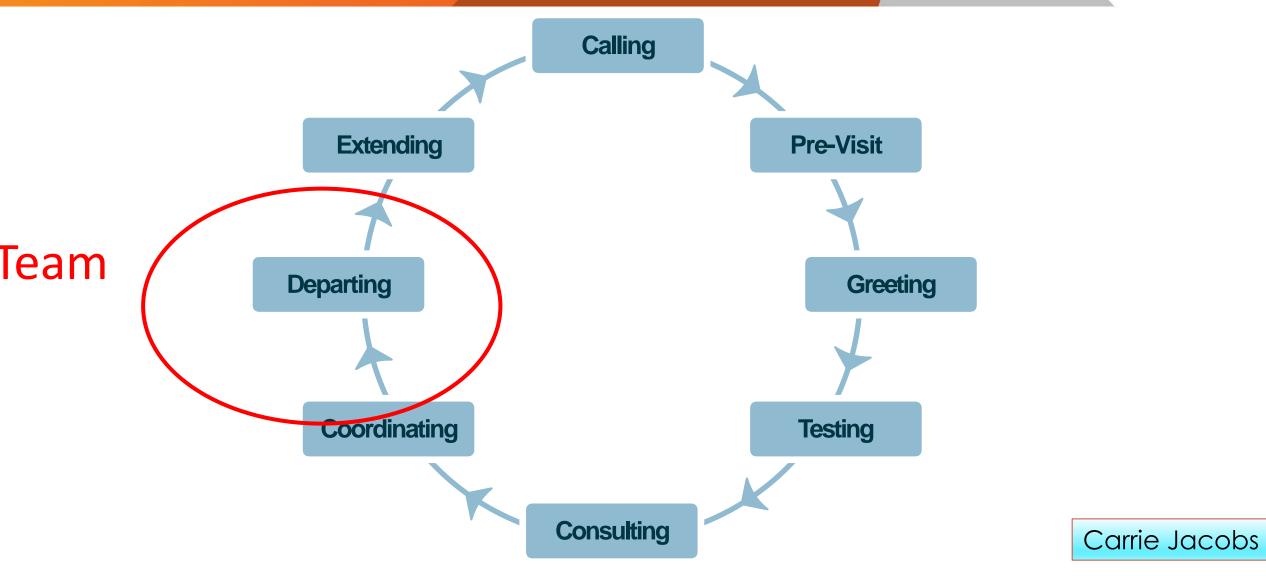




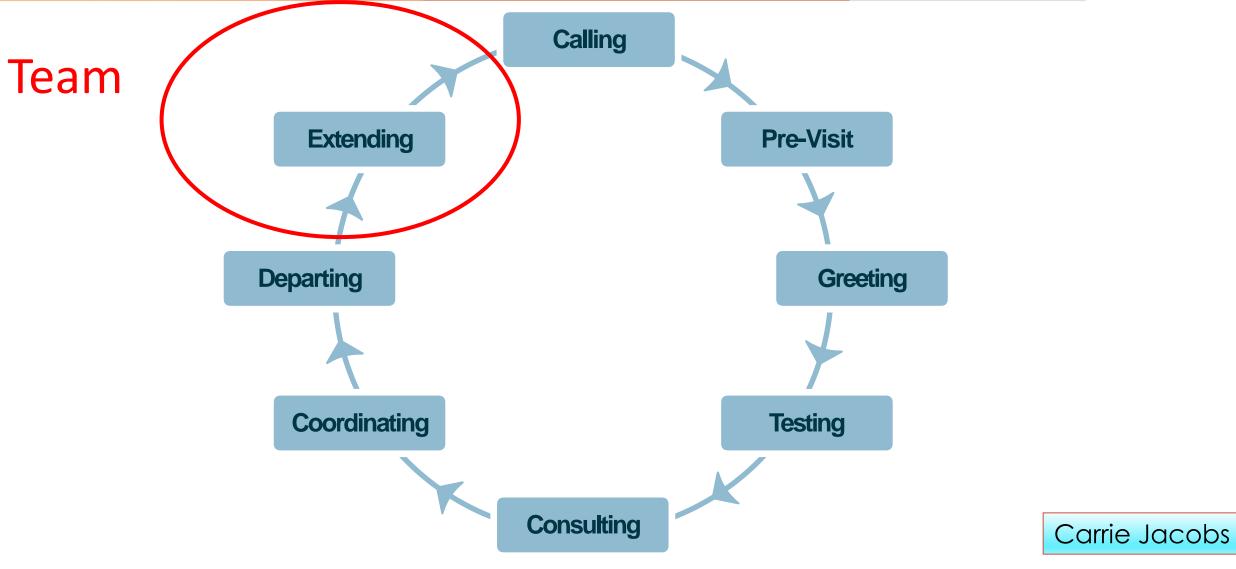












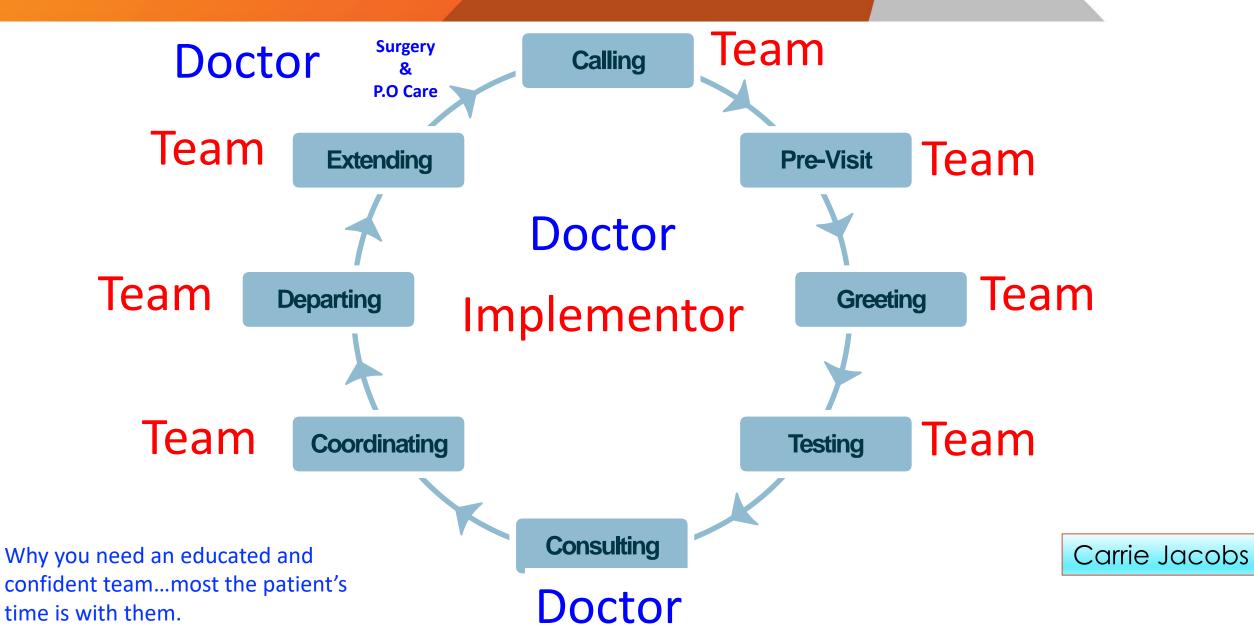
















# Any special steps prior to patient arrival at the practice?



# Let's Get More Granular







Calling **Pre-Visit** Extending Greeting Departing Consult Coordinating Testing Consulting

For the referred patient:

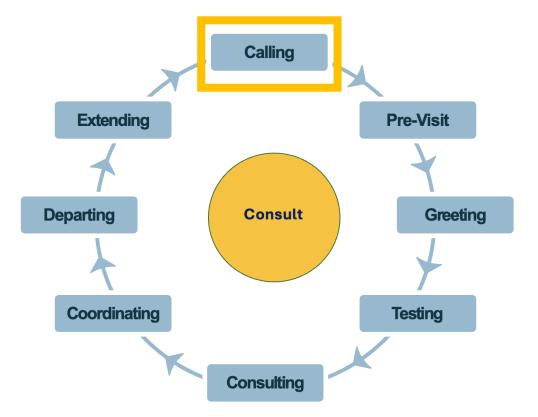
Do you typically empower the OD or MD to make recommendations on the IOL?

Or do you prefer a referral where the options will be discussed after preoperative testing is performed?

> Panel: Debbie Davis, COE Jaime Johannesen Rich Tipperman, MD







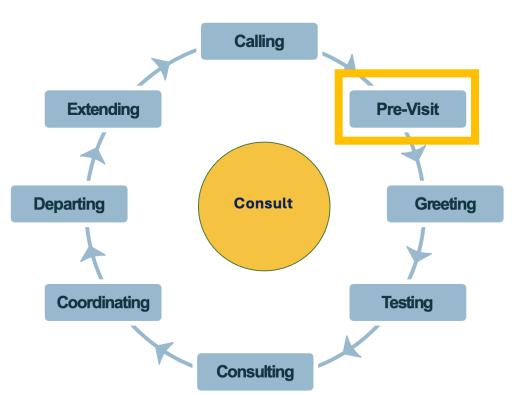
# CALLING:

Once a referral has been received:

**First impressions team** calls the patient to set up an appointment for a cataract evaluation.



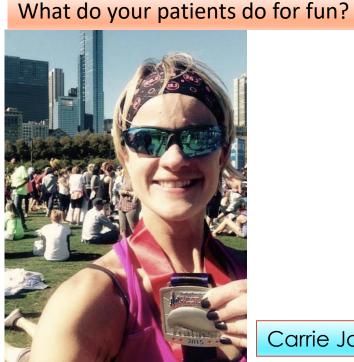




## **Pre-Visit:**

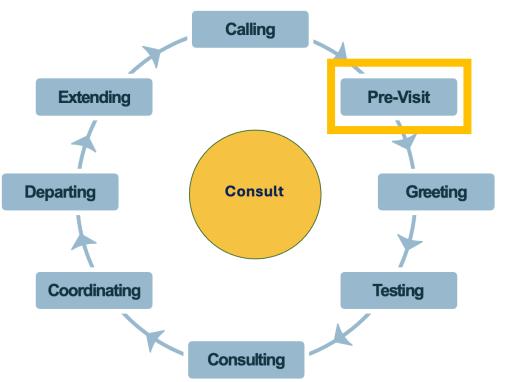
First impressions team will

- 1. Walk patient through the cataract journey
- 2. Schedule consultation
- Information to personalize their visit: 3.
  - F.O.R.D:
    - Family
    - **Occupation**
    - **Recreation**
    - Dreams



Carrie Jacobs





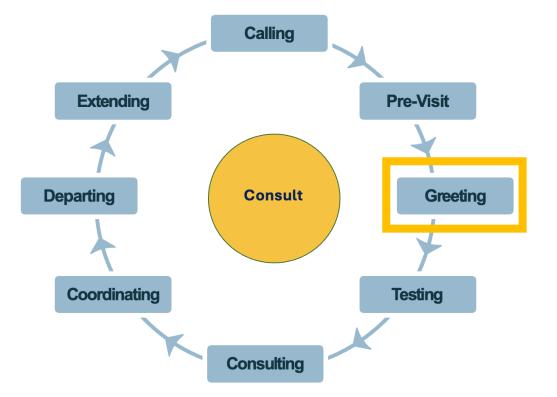
# Once the appointment is booked, does your team send out pre-visit education to your patient?

#### Panel Question:

Debbie Davis, COE Jaime Johannesen Rich Tipperman, MD







# **Check in/ Greeting:**

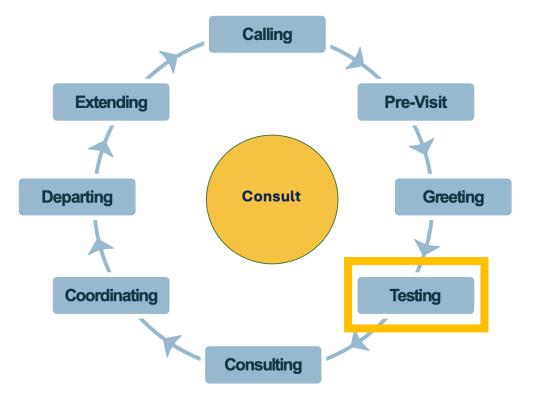
Do you do anything different for cataract/RLE consults compared to other patient visits at check in?

Panel Question:

Debbie Davis, COE Jaime Johannesen, Rich Tipperman, MD



#### Testing:



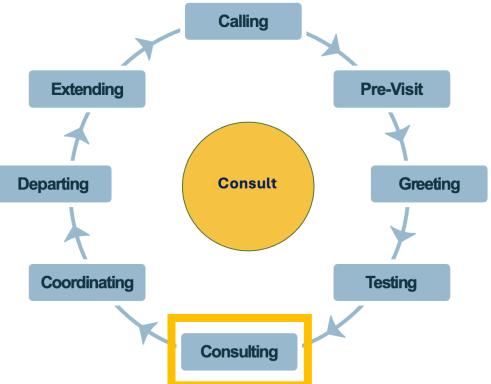
## 1. Do you do comprehensive testing on the first visit prior to evaluation by the surgeon?

2. Besides Biometry, topography & OCT of the macula – do you include any other tests?

# Panel Question:

Debbie Davis, COE Jaime Johannesen, Rich Tipperman, MD





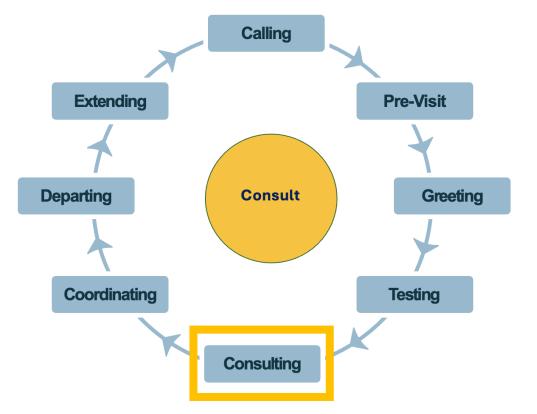
Consulting: Surgeon or other ECP evaluates patient to determine which options are best for the patient.

#### Key step:

Determine whether <u>dry eye/MGD</u> has impacted initial readings, and whether therapy and <u>repeat</u> <u>testing</u> would be beneficial.



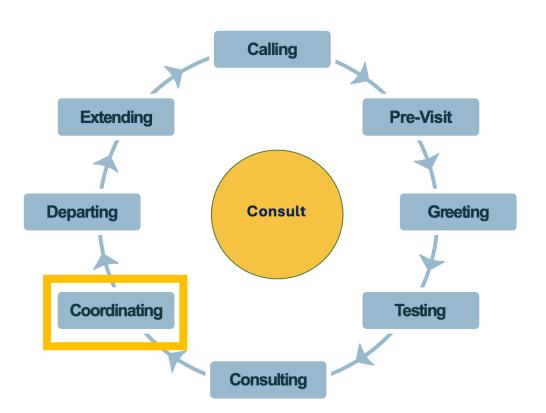




#### **Decision time:**

Make a firm recommendation to the patient on what IOL would provide the most benefit to the patient





#### **Coordinating:**

Surgical counselor will schedule the surgery

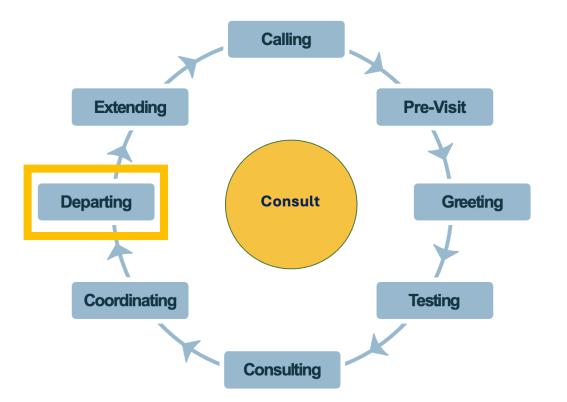
- Guide the patient through the surgical journey
- Ensure patient comfort with elective options and their choice
- Provide details on the investment for the procedure both elective and patient responsible.
  - What is allocated to the office, as well as surgery center

# Any keys to success with surgical scheduling?

# Panel Question:

Debbie Davis, COE Jaime Johannesen, Rich Tipperman, MD



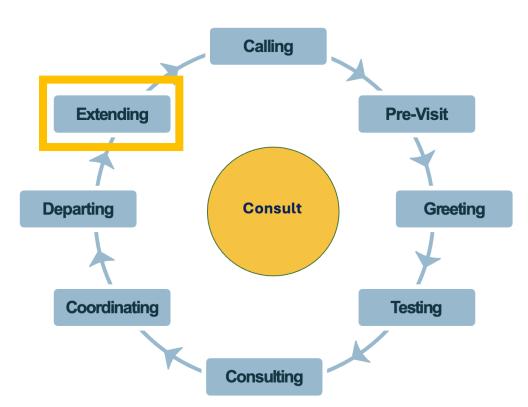


# Departing the center following the initial consultation:

Expectation should be that the patient has been well informed of what to expect with surgery, their IOL choice and visual expectations as well as their financial investment

# **The Advanced Refractive Cataract Practice Experience**





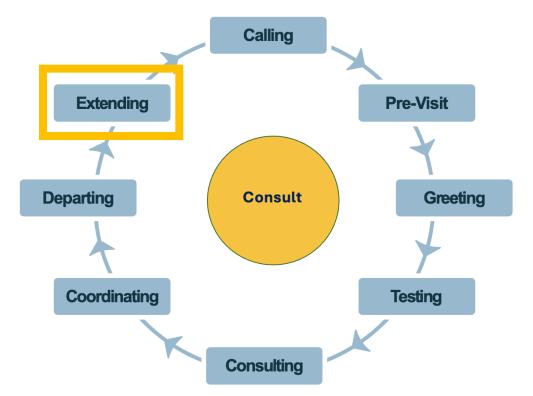
## Extending: Prior to surgery Preop medication schedule clear Postop visits scheduled Surgery scheduler speaks to patient and collects payment prior to surgery

Any other preparation/communication provided to patient prior to surgery?

## Panel Question:

Debbie Davis, COE Jaime Johannesen, Rich Tipperman, MD





#### **Postop:**

Same Day vs day 1 postop visits

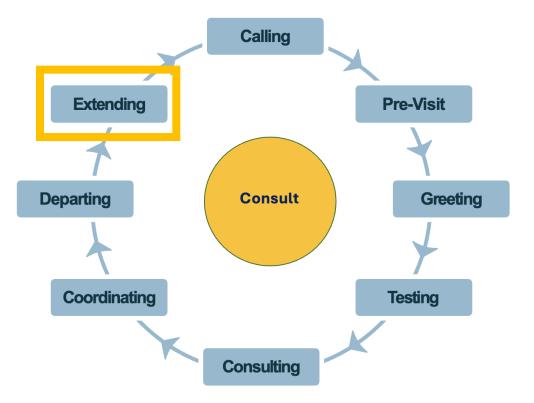
# Any pearls for enhancing the experience during the first few days postop?

#### Panel Question:

Debbie Davis, COE Jaime Johannesen, Rich Tipperman, MD



**Postop Experience:** 



Pearls for enhancing the experience for patients receiving postop care outside of your practice

# Panel Question:

Debbie Davis, COE Jaime Johannesen, Rich Tipperman, MD

# Summary





- Key Takeaways:
  - 1. It takes the entire team to create the patient experience
  - 2. Identify every touch point in the patient journey
  - 3. Train the team and continually strive to enhance the patient experience