The IACLE Contact Lens Course

MODULE 10

Business Aspects of Contact Lens Practice

First Edition

Published in Australia by
The International Association of Contact Lens Educators

First Edition (Revised) 2003

©The International Association of Contact Lens Educators 2002
All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, without the prior permission, in writing, of:

The International Association of Contact Lens Educators
IACLE Secretariat,
PO Box 6328
UNSW
Sydney NSW 1466
AUSTRALIA

Tel: (612) 9385 7466
Fax: (612) 9385 7467
Email: iacle@iacle.org
www.iacle.org

Table of Contents

Page

Acknowledgments iv
Contributors v
Educators' Guide to the IACLE Contact Lens Course vi
Symbols, Abbreviations, and Acronyms Used in the IACLE Contact Lens Course viii
Summary of Module 10: Business Aspects of Contact Lens Practice x
Request for Feedback xi

Unit 10.1 **1**
Course Overview **2**
Lecture 10.1 Building a Successful Contact Lens Practice **3**
Practical 10.1.1 Basic Operational Costs/Income Spreadsheet **35**

Unit 10.2 **55**
Course Overview **56**
Lecture 10.2 Marketing a Contact Lens Practice **57**
Practical 10.2.1 Brainstorming **95**
Practical 10.2.2 Developing an Internal Marketing Plan for a Contact Lens Practice **103**
Practical 10.2.3 Developing an External Marketing Plan for a Contact Lens Practice **113**

Unit 10.3 **123**
Course Overview **124**
Lecture 10.3 Managing a Contact Lens Practice **125**
Practical 10.3.1 Developing a Plan to Manage a Contact Lens Practice **157**

Unit 10.4 **171**
Course Overview **172**
Lecture 10.4 Standards of Practice **173**
Practical 10.4.1 Discussion: Eight Categories of Professional Obligation **201**
Tutorial 10.4.1 Critical Thinking Exercise: In Sickness and in Health **205**
Tutorial 10.4.2 Critical Thinking Exercise: Think About It **209**

Acknowledgments

The IACLE Curriculum Project is the result of a desire to raise the standard of eyecare education, to make contact lens wear safer and more successful, and to develop the contact lens business by creating the educational infrastructure that will produce the teachers, students, and practitioners of the future.

The concept of the world's best educators making available their most creative educational contributions for the common good, without any recompense other than a sense of satisfaction, was born out of IACLE's idealism.

The Curriculum Project could not be successful without the assistance and generosity of a large number of talented and dedicated people. To all those contributors of lectures, laboratory notes, videos, slides, etc., we say *thank you*. Your generosity of spirit will benefit many educators, hundreds of thousands of students, and millions of patients throughout the world.

The Vice President of IACLE, Professor Desmond Fonn, has made a tremendous contribution since the inception of IACLE, and has provided his considerable expertise in the final editing stage of the Curriculum. This project was commenced under Professor Brien Holden's leadership. The original plan and layout for the Curriculum was prepared by Sylvie Sulaiman, the former Director of Education for IACLE. Sylvie's dedication and excellent understanding of practitioner and community requirements, gave the Project focus and depth.

More recently, the IACLE Curriculum Project has benefited from the work of Dr Lewis Williams as Manager, Educational Development. However, it is IACLE's Special Projects Officer Pamela Capaldi who was charged with the responsibility of assembling the module to deal with the Business Aspects of Contact Lens Practice.

Kylie Knox and Peter Fagan have done an excellent job as Project Editors. To complement the efforts of the editors, layout and production coordinators Barry Brown and Shane Parker have done an admirable job. The Cornea and Contact Lens Research Unit (CCLRU) at the University of New South Wales has contributed substantially to this project through the donation of time, resources, and editorial support.

The IACLE Secretariat, including the Special Projects Officer, Pamela Capaldi, has managed expertly the considerable tasks of production and distribution.

No acknowledgement page in an IACLE document would be complete without a reference to its major corporate sponsors Ciba Vision, Johnson & Johnson, and Bausch & Lomb; together with supporting corporate sponsors AMO (formerly Allergan), and Ocular Sciences; corporate contributors Alcon, and CooperVision; and donor Menicon Europe, who have generously supported the development costs of this Module of the IACLE Contact Lens Course.

IACLE is a cooperative effort, and none of its activities are more collective than the Curriculum Project. The IACLE Contact Lens Course that has resulted from this project is provided to assist educators in accredited institutions to impart eyecare and contact lens knowledge. All the contributors deserve recognition for their selflessness and talent and I am proud to be associated with them.

Debbie Sweeney

President of IACLE

Contributors

Desmond Fonn, Dip Optom, MOptom
Associate Professor
School of Optometry
University of Waterloo
Waterloo, Ontario CANADA N2L 3G1

Editor-In-Chief

Pamela Capaldi, BSc
IACLE Secretariat
PO Box 6328
UNSW
Sydney NSW 1466
AUSTRALIA

- **Building a Successful Contact Lens Practice**
- **Marketing a Contact Lens Practice**
- **Managing a Contact Lens Practice**
- **Standards of Practice**

Educators Guide to the IACLE Contact Lens Course

Overview

The IACLE Contact Lens Course is a comprehensive package of educational materials and other resources for teaching the subject of contact lenses. This package was designed to encompass *The IACLE Contact Lens Course Syllabus* and consists of 360 hours of lectures, practicals and tutorials in ten modules. It contains material at basic, intermediate, and advanced levels. The separate document, *The IACLE Contact Lens Course Syllabus,* summarizes the course and includes outlines of Modules 1 to 10.

The teaching resources have been designed for flexibility. They allow the educator to select the materials appropriate to the students' knowledge and the educational requirements of the class, school, institution, or country.

The English language reference used for the IACLE Contact Lens Course is: Brown L (Ed.). *The New Shorter Oxford English Dictionary.* 1993 ed. Clarendon Press, Oxford (UK). The only spelling exception is *mold* and *mould.* The Oxford dictionary suggests *mould* in all contexts. We chose to use *mold* for manufacturing-related matters and *mould* for fungi since both meanings and spellings appear regularly in contact lens literature. This differentiation is based on common usage. Where words are 'borrowed' from a language other than English, they are reproduced in their native form where possible.

Where standards have been ratified by the International Organization for Standardization (ISO), or where draft ISO standards are at an advanced stage, their relevant terminology and symbology are used. Système International (SI) units of measure are used wherever possible.

Many major contact lens textbooks from around the world, and some important journal articles, are referenced in the Course, and copyright illustrations are reproduced with permission of the original publishers and/or copyright owners. The References section at the end of each unit details the information sources used throughout.

Teaching Resources - Module 10

Module 10 of the IACLE Contact Lens Course consists of the following materials:

1. **Contact lens manual**

   The contact lens manual, containing:

   - Course overviews
   - Lecture outlines and notes
   - Practical outlines, exercises and notes*
   - Tutorial exercises and notes*

   * Not all units contain all these sections.

   The recommended allocation of time for the lecture, practical and tutorial components of the module are outlined in the Summary of Module 10 on preface page x. The manual provides recommended activities, references, textbooks, and evaluation techniques in the interests of standardization. Ultimately however, the design and methodology of any teaching programme based on the Course is left to the discretion of the contact lens educator.

2. **Slides for lectures, practicals and tutorials**

   The slides have been numbered according to the sequence in which they appear in each lecture, practical and tutorial. Single or dual slide projection can be accommodated. Each slide has an identification code. This code is based on a cataloguing system in use at the IACLE Secretariat and should be used in any communication with IACLE regarding the slides.

For example:

To re-order this slide please quote its identification code

10L3 02N103-2

Symbols, Abbreviations and Acronyms Used in the IACLE Contact Lens Course

SYMBOLS			
↑	increase, high	{	collectively produced by
↓	decrease, low	}	collectively produces
→	produces, towards	Σ	sum of
←	produced by, from	±	plus or minus the value of
↔	no change, not obvious	+	plus, add, include, and
↑↑	significant/great increase	–	minus, reduce
↓↓	significant/great decrease	≈	approximately
%	percentage	=	equal to, the same as
<	less than, earlier than	&	and, as well as
>	greater than, after	*x*°	degrees: e.g. 45°
≥	equal to or greater than	@	in the meridian of
≤	equal to or less than	D	dioptres
?	unknown, questionable	X	axis: e.g. –1.00 X 175. – 1.00D cylinder, axis in 175° meridian
n, n_{sub}, n_{sub}'	refractive indices	Δ	prism dioptres or difference
∝	proportional		

ABBREVIATIONS			
μg	micrograms (.001 mg)	min	minute, minutes
μL	microlitres (.001 mL)	mL	millilitres (.001L)
μm	micrometre (.001 mm) (<1968: micron)	mm	millimetres
μmol	micromoles, micromolar	mmol	millimole, millimolar
cf.	compared to/with	PD	interpupillary distance
cm	centimetres (.01m)	mOsm	milliosmole
d	day, days	nm	nanometres (10^{-9} m)
e.g.	for example (Latin: *exempli gratia*)	RE	right eye
Endo.	endothelium	Px	patient
Epi.	epithelium	Rx	prescription
h	hour, hours	s	second, seconds
i.e.	that is (Latin: *id est*)	UV	ultraviolet
Inf.	inferior	Sup.	superior
kg	kilograms	*t*	thickness
L	litre		

ACRONYMS			
ADP	adenosine diphosphate	LPS	levator palpebrae superioris
ATP	adenosine triphosphate	NADPH	nicotinamide adenine dinucleotide phosphate
ATR	against-the-rule	NIBUT	non-invasive break-up time
BS	best sphere	OD	right eye (Latin: *oculus dexter*)
BUT	break-up time	OO	orbicularis oculi muscle
CCC	central corneal clouding	OS	left eye (Latin: *oculus sinister)*
CCD	charge-coupled device	OU	both eyes (Latin: *oculus uterque* - each eye, or *oculi uterque* - both eyes)
CL	contact lens	PMMA	poly(methyl methacrylate)
Dk	oxygen permeability	R	right
DW	daily wear	R&L	right and left
EW	extended wear	RGP	rigid gas permeable
GAG	glycosaminoglycan	SCL	soft contact lens
GPC	giant papillary conjunctivitis	SL	spectacle lens
HCL	hard contact lens	TBUT	tear break-up time
HVID	horizontal visible iris diameter	TCA	tricarboxylic acid
K	keratometry result	VA	visual acuity
L	left	VVID	vertical visible iris diameter
LE	left eye	WTR	with-the-rule

Summary of Module 10: Business Aspects of Contact Lens Practice

Course Program

Lecture			Practical Session			Tutorial (Small Group Teaching)		
Title	***Hrs***	***Level****	***Title***	***Hrs***	***Level****	***Title***	***Hrs***	***Level****
L 10.1 Building a Successful Contact Lens Practice	1	1	P 10.1.1 Basic Operational Costs/Income Spreadsheet	1	1			
L 10.2 Marketing a Contact Lens Practice	2	1	P 10.2.1 Brainstorming	1	1			
			P 10.2.2 Developing an Internal Marketing Plan for a Contact Lens Practice	2	1			
			P 10.2.3 Developing an External Marketing Plan for a Contact Lens Practice	2	1			
L 10.3 Managing a Contact Lens Practice	2	1	P 10.3.1 Developing a Plan to Manage a Contact Lens Practice	2	1			
L 10.4 Standards of Practice	1	1	P 10.4.1 Discussion: Eight Categories of Professional Obligation	1	1	T 10.4.1 Critical Thinking Exercise: In Sickness and In Health	1	1
						T 10.4.2 Critical Thinking Exercise: Think About It	1	1

* Level 1 = Basic: essential knowledge

Course Time Allocation

Level	Lecture	Practical (Laboratory)	Tutorial (Small Group Teaching)	Total Hours
Basic	6	9	2	**17**
TOTAL	**6**	**9**	**2**	**17**

Request for Feedback

This is the first edition of the IACLE Contact Lens Course, and it is our intention to revise and update it periodically. To ensure each revision is an improvement on its predecessor, we request your help. We invite you to provide feedback in the form of comments, corrections, or suggestions that you believe will enhance the accuracy or quality of the Course. Such feedback may then be incorporated in subsequent revisions. We are particularly interested in receiving corrections to, and suggestions for improvements in, the text and slides of the lectures.

To facilitate this feedback process, a *pro forma* is included on the next page. This can be photocopied. Please complete your contact details as the team may wish to discuss your suggestions in greater detail, or even seek your assistance with any revision resulting from your input.

The IACLE Contact Lens Course
Feedback / Corrections / Suggestions Form

Name: _____ Date: _____
(dd-mm-yy)

Institution: _____

Address: _____

_____

_____

_____

_____

Module: _____ Unit: _____ Page Number: _____

Slide Code: _____ Section: _____

Comments:

Thank you

Please return this form to:

IACLE Secretariat
PO Box 6328
UNSW
Sydney NSW 1466
AUSTRALIA

Office Use Only:
Response #: _____
Forward to: _____
Action:

Unit 10.1

(1 Hour)

Lecture 10.1: Building a Successful Contact Lens Practice

Course Overview

Lecture 10.1 Building a Successful Contact Lens Practice

I Business for contact lens practitioners
II Contact lens markets
III Your corner of the world
IV What is your time worth?
V Gross and net income targets
VI Purchasing an existing practice
VII The bottom line
VIII Gross revenues
IX Practice expenses
X The main expense categories
XI Your earnings
XII Let's do the number crunching
XIII Track everything and track again
XIV Investments that can't be put off
XV Building a successful contact lens business
XVI Don't just keep your word – exceed it!
XVII Summary
XVIII 90% attitude

Practical 10.1.1: Basic Operational Costs/Income Spreadsheet

Appendix 10.1.1: Method of Appraisal: Capitalization of Excess Earnings

Appendix 10.1.2: IACLE Purchasing Power Parity: Country Tables

Appendix 10.1.3: Earnings for Self-Employed Practitioners by Years in Practice

Lecture 10.1

(1 Hour)

Building a Successful Contact Lens Practice

Table of Contents

I Business For Contact Lens Practitioners 5
II Contact Lens Markets 8
III Your Corner of the World 10
IV What is Your Time Worth? 12
V Gross and Net Income Targets 14
VI Purchasing an Existing Practice 15
VII The Bottom Line 16
VIII Total Revenues 17
IX Practice Expenses 19
X The Main Expense Categories 20
XI Your Earnings 24
XII Let's Do the Number Crunching 26
XIII Track Everything, and Track Again 27
XIV Investments that Can't be Put Off 28
XV Building a Successful Contact Lens Business 29
XVI Don't Just Keep Your Word – Exceed It! 30
XVII Summary 31
XVIII 90% Attitude 32

I Business For Contact Lens Practitioners

1

BUILDING A SUCCESSFUL CONTACT LENS PRACTICE

02N10-1-1S.PPT

10L1 02N101-1

2

INTRODUCTION TO BUSINESS FOR CONTACT LENS PRACTITIONERS

Are you a contact lens practitioner or a business person?

02N10-1-2S.PPT

10L1 02N101-2

Introduction to Business For Contact Lens Practitioners

Are you a contact lens practitioner, or a business person?

3

COMPETITION = YOU MUST BE BOTH!

- That's not me…
- I am a practitioner…
- I chose a health care field rather than a business field…

02N10-1-3S.PPT

10L1 02N101-3

Business Person, or Contact Lens Practitioner?

As a student in an eyecare profession, you may think - I'm not a business person, I'm a practitioner.

However, in today's competitive world, the contact lens practitioner must be both.

4

PREPARE YOURSELF

- To be a successful contact lens practitioner you must be a successful business person.
- These materials will assist you to become one.

02N10-1-4S.PPT

10L1 02N101-4

Prepare Yourself

This business-oriented module will help you prepare for the 'business' world you are about to enter.

You have chosen to become a contact lens practitioner. These lectures will help you appreciate most of the areas of business you need to understand in order to be successful.

When starting out, it is prudent to create a 'business plan', i.e. a plan for how you intend to start out in practice, and how you intend to maintain the viability of your new venture in both the short and long terms. More information on developing a business plan will be presented later in this lecture. Other lectures in this module cover management, marketing, and standards of practice.

5

ENOUGH IS ENOUGH

A STUDENT SHARES HIS POINT OF VIEW…

"How many times have you heard students speak poorly of the business curriculum at their school? Frankly, I'm tired of hearing about it. I wonder if it's ever occurred to any of these chronic complainers to do some learning outside the class – on their own…"

Denton, 1999

02N10-1-5S.PPT

10L1 02N101-5

A Student Voice

The excerpt in the slide opposite, was taken from an editorial written by an optometry student about to start in his first practice. It is probable that his viewpoint is shared by many of the students who will study this module (see Denton 1999).

6

ENOUGH IS ENOUGH

A STUDENT SHARES HIS POINT OF VIEW…

Add more business courses!
But not at the expense of contact lens and ocular disease courses …

TAKE THE INITIATIVE!

Denton, 1999

02N10-1-6S.PPT

10L1 02N10-1-6

A Student Voice

"I agree that optometry schools need to add more business courses to their curricula, but not at the expense of courses in contact lenses and ocular disease. We have plenty of opportunities to sharpen our business acumen. Some of us just don't take the initiative" (Denton 1999).

7

ASK YOURSELF THESE QUESTIONS:

- What are you doing to further your business knowledge?
- Do you give your business classes high priority?
- What do you need to do, to better understand the business aspects?
- What are your goals after graduation?
- If you were hiring a contact lens practitioner, would you hire someone like yourself?
- Do you know how to manage people?

Denton, 1999

02N10-1-7S.PPT

10L1 02N101-7

A Student Voice

"If you disagree with me, ask yourself some questions" (Denton 1999).

Some of Denton's questions are presented in the slide opposite.

8

BE A SELF STARTER!

- Spend extra time outside the classroom
- Get out in the business world
- Visit successful practices
- Attend seminars
- Do extra reading
- Do it NOW!

Denton, 1999

02N10-1-8S.PPT

10L1 02N101-8

Be A Self-Starter

Denton (1999) goes on to describe self-starter methods, some of which are included in the slide opposite.

He emphasizes that waiting until graduation is NOT the time to begin thinking about how you will run your business, rather, do it NOW, before graduation.

9

BUSINESS IDEAS

- Lecture 10.1 will provide ideas to help you get established in your new 'business'
- Ideas are drawn from a variety of sources, and successful practitioners…

02N10-1-9S.PPT

10L1 02N10-1-9

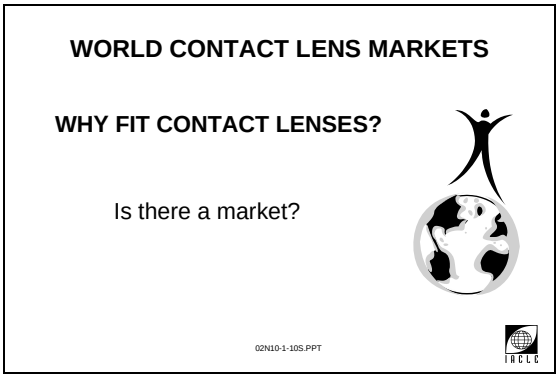
Business Ideas

The following pages contain many ideas to help you establish yourself in business. These are drawn from a variety of sources, and successful contact lens practitioners.

You will note that, due to the greater availability of source materials, the examples included are largely US-based. The information has been 'internationalized' as much as possible, to increase its relevance to a wider audience.

II Contact Lens Markets

10



10L1 02N101-10

World Contact Lens Markets

Let us first examine the question "Why fit contact lenses?"

Is there a sufficient market for you to make this an important and integral part of your practice?

11

10L1 02N10-1-11

World Contact Lens Market

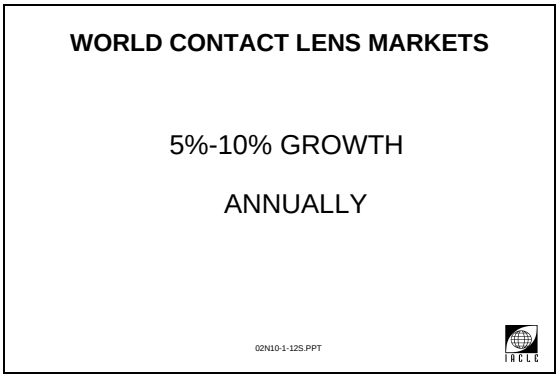
Current estimates show some 87 million contact lens wearers worldwide, a number that is increasing each year.

These wearers are distributed as follows:

North America	35	million
Europe	18	million
Asia	22	million
South America	8	million
Africa	3	million
Australia	0.35-0.5	million

(IACLE, 2002)

12



10L1 02N101-12

Market Growth

Worldwide market growth is estimated at between 5 and 10% annually, depending upon the source, e.g. 6% (Croes, 2002).

13

10L1 02N101-13

Future Growth Areas

The increasing presbyopic population is a strong focus for future contact lens growth.

The availability of varying types of disposable contact lenses should also lead to the development of new options.

New and emerging technologies may also open up new markets with growth potential.

14

WORLD CONTACT LENS MARKETS
POTENTIAL GROWTH AREAS

- Siloxane hydrogels:
  - spherical
  - toric
  - bifocals/PALs
- Cosmetic coloured/tinted lenses
- SCLs:
  - torics
  - bifocals
- RGP contact lenses:
  - Ortho-K

02N10-1-14S.PPT

10L1 02N101-14

15

CONTACT LENS MARKET
BY GENDER

66% FEMALE

34% MALE

Sulaiman, 2000

02N10-1-15S.PPT

10L1 02N101-15

Categorization: By Gender

The contact lens market can be categorized by:

- Gender (approximately):
  - 66% female
  - 34% male (Sulaiman, 2000)

16

CONTACT LENS MARKET
BY AGE

Less than 17 years old	15%
18-25 years old	25%
26-39 years old	39%
More than 40 years old	21%

Sulaiman, 2000

02N10-1-16S.PPT

10L1 02N101-16

Categorization: By Age

The contact lens market can also be categorized by:

- Age (approximately):
  - 15% are less than 17 years old
  - 25% are 18-25 years old
  - 39% are 26-39 years old
  - 21% are more than 40 years old (Sulaiman 2000)

17

WORLD CONTACT LENS MARKET

Strong global contact lens market to tap into…

You can service a portion of this market

02N10-1-17S.PPT

10L1 02N101-17

World Contact Lens Market

When reviewing this type of demographic information, the main points to remember are:

- Globally, there is a strong contact lens market to be tapped.
- With some clinical and business expertise, you can service a portion of this market.

III Your Corner of the World

18

YOUR CORNER OF THE WORLD

Look at the distribution of practice income to access how contact lens fittings are a part of the larger whole in your business plan

- Data varies from country to country
- Model from USA market provided

02N10-1-18S.PPT

10L1 02N101-18

Your Corner Of The World

To assess how contact lens fitting can be a part of your business plan, it is useful to look at the distribution of contact lens practice income.

Data varies widely from country to country.

The model presented here is based on that of the United States, the world's biggest single contact lens market.

19

SOURCES OF INCOME GENERATED
(USA: Optometrical)

Spectacle Dispensing	**49%**
Exam/Professional Fees	**27%**
Contact Lenses	**19%**
Other Services	**5%**

Sulaiman, 2000

02N10-1-19S.PPT

10L1 02N101-19

A Model: USA Optometry

Typically, income generated in a USA Optometrical practice comes from the following practice activities:

49%	Spectacle Dispensing
27%	Examination/Professional Fees
19%	Contact Lenses
5%	Other services (Sulaiman, 2000)

20

SOURCES OF INCOME GENERATED
(USA: Ophthalmological)

Eye Exams	**29%**
All Other Surgery	**29%**
Treatment of Eye Disease	**23%**
Contact Lenses	**9%**
Spectacles	**9%**
Refractive Surgery	**1%**

Sulaiman, 2000

02N10-1-20S.PPT

10L1 02N101-20

A Model: USA Ophthalmology

Typically, USA Ophthalmological practice income is generated in the following ways:

29%	Eye Examinations
29%	Surgery: Non-Refractive
23%	Treatment of Eye Disease
9%	Contact Lenses
9%	Spectacles
1%	Refractive Surgery (Sulaiman, 2000)

21

UNDERSTANDING THE DATA

- Numbers become obsolete quickly - influenced by shifting popularity of procedures and new technology
- Estimates given only as an example to demonstrate breakdown of services

The idea is to consider how service/product income is distributed in a practice.

02N10-1-21S.PPT

10L1 02N101-21

Understanding the Data

Regardless of the type of practice, when reviewing these numbers, it is important to acknowledge the relative contributions each of the practice's activities make to the generation of overall income.

While contact lenses are a large part of a practice, spectacles continue to generate a significant proportion of the practice's income, as do eye examinations, and, where relevant, surgery, and the detection and/or treatment of eye diseases.

22

10L1 02N101-22

Contact Lens Wearers Spend More

A study conducted by a major contact lens company indicated that contact lens patients spent 2.4 times more money than the average patient.

As well as purchasing contact lenses, they purchased lens care products, back-up spectacles, and sunglasses, thereby contributing to practice revenue more broadly. (Sulaiman, 2000)

IV What is Your Time Worth ?

23

WHAT IS YOUR TIME WORTH?

When creating a business plan for a new contact lens practice, there are a few exercises worth doing…

02N10-1-23S.PPT

10L1 02N101-23

What Is Your Time Worth?

When creating a business plan for the establishment of a contact lens practice, there are a few financial exercises worth doing.

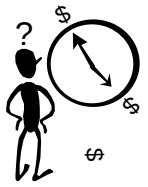
Even if you are practising in a country, or region, that has a set salary for practitioners, you can still determine the relative financial value of your time. While this may not be directly applicable to your earnings, it will give you an understanding of how to attach a financial value to the time you spend with each patient.

24

HOW TO ASSIGN A DOLLAR VALUE TO YOUR TIME

As a new practitioner, you need a simple equation to calculate what your time is worth…

- By the minute
- By the hour
- By the day



02N10-1-24S.PPT

10L1 02N101-24

Assigning a Dollar Value to Your Time

One method of determining the value of your professional time has been presented by Koetting (1992A). It is repeated here.

It is a simple equation to demonstrate how a new practitioner might assign a financial value (in the following example, in dollars) to their time.

25

STEP 1
HOW MANY MINUTES DO YOU HAVE AVAILABLE EACH YEAR?

(Koetting, 1992A)

- Multiply…
- Working days = 250 days a year
- By number of hours each day = 7 hours
- By number of consulting rooms = 2
- By minutes per hour = 60

250 days a year x 7 hours each day x 2 rooms x 60 minutes per hour = 210,000 minutes

02N10-1-25S.PPT

10L1 02N101-25

Step 1

Determine the number of minutes you have available each year.

Simply multiply your working days by the average number of hours you see patients, and again by the number of people you care for at the same time (the number of functional consulting rooms). Multiply again by 60 minutes. For example, say you have two consulting rooms, and work 7 hours a day, 250 days a year.

250 x 7 x 2 x 60 = **210,000 minutes**

26

STEP 2
WHAT IS THE COST PER MINUTE YOU SEE PATIENTS?

(Koetting, 1992A)

- If your annual overhead is about $80,000 and
- Your take-home pay is $88,000 then…

$80,000 + $88,000 = $168,000
$168,000 divided by 210,000 minutes = $0.80 per minute

02N10-1-26S.PPT

10L1 02N101-26

Step 2

Estimate what it costs each minute you see a patient, and add some reasonable net for yourself.

This is another straightforward calculation.

If your annual overhead (exclusive of materials) is $80,000, and you expect to take home about $88,000, it works out this way:

$80,000 + $88,000 = **$168,000**, to be recovered in **210,000** minutes at a rate of **$0.80 per minute**.

27

HOW TO ASSIGN A DOLLAR VALUE TO YOUR TIME

(Koetting, 1992A)

You now need to estimate the amount of time you spend with each patient…

- You can go through a few hundred records for accuracy, looking at the history of your practice or;
- You can estimate the next part of the formula based on reason/logic, and experience…

02N10-1-27S.PPT

10L1 02N101-27

Time With the Patient

The next steps will take a little longer. You will need to review a few hundred clinical records for accuracy, but it will be worth the effort.

An addition to Koetting's comments: If you are a new practitioner, and you do not have a few hundred records to review, an estimate of the next part of the formula can be made based on reason/logic, and average experience in a clinical setting. Once you have a broader patient base with sufficient records to review, you can update your calculations to derive a more accurate figure.

28

STEP 3
HOW MANY MINUTES CHAIR TIME DOES EACH PATIENT REQUIRE?

(Koetting, 1992A)

Determine how many minutes of chair time are consumed by the average patient for certain key procedures

- For example, a 60 minute exam at $0.80 per minute should be billed at no less than $48
- A 20 minute office visit at this rate would be $16

02N10-1-28S.PPT

10L1 02N101-28

Step 3

Determine how many minutes of chair time are consumed by the average patient for certain key procedures (Koetting 1992A).

A 60 minute examination, at $0.80 per minute, ought to be billed at no less than $48. A 20 minute office visit at $0.80 per minute would be $16, etc.

29

STEP 4
NOW TAKE THIS INFORMATION AND CALCULATE A FEE FOR EACH SERVICE

(Koetting, 1992A)

- Use this simple formula to estimate/calculate the fees to be charged for each service
- From your cost per minute, estimate the amount of time you spend on each procedure, and set reasonable fees based on this time estimate

02N10-1-29S.PPT

10L1 02N101-29

Step 4

In his book, Koetting goes on to describe how a practitioner arrives at a fee for a contact lens service agreement.

It is suggested that, initially, the simple formula from Step 3 be used to arrive at fees to be charged for each service. Once estimates of the cost per minute, and the amount of time spent on each procedure (in minutes) are available, a reasonable fee structure can be set.

Service contract fees can be based on the number, and types, of services to be included in the agreement, with some consideration given to the fact that, usually, payment is made well before all services are delivered, i.e. the fees are paid 'up-front'. Eventually, a base of loyal, regular wearers will be established within the practice. Logically, these wearers expect to be rewarded for their loyalty to the practice. Rewards for patient loyalty could take the form of a small reduction in lens care costs, reduced ancillary service fees, or the rendering of small services at no charge. However, no offers that 'discount', or diminish the value of your professional advice and knowledge should be made.

V Gross and Net Income Targets

30

GROSS AND NET INCOME TARGETS

- Simple!
- Calculate for each service/procedure
- A good start…but many other considerations…

02N10-1-30S.PPT

10L1 02N101-30

Gross And Net Income Targets

As a new practitioner, you might think that, by using the steps described previously, you can simply calculate how to charge for an examination, or each service/procedure you perform.

However, there are other financial considerations involved, when starting out to build a new contact lens practice.

The key points are highlighted in the next sections.

VI Purchasing an Existing Practice

31

PURCHASING AN EXISTING PRACTICE

HOW DO YOU APPRAISE THE VALUE OF AN EXISTING PRACTICE TO KNOW WHAT IS A FAIR PRICE TO PAY FOR IT?

Appendix 10.1.1 'Capitalization of Excess Earnings Method of Appraisal'

(Moss, 1999)

02N10-1-31S.PPT

10L1 02N101-31

Purchasing An Existing Practice

How do you appraise the value of an existing practice to know what is a fair price to pay for it?

One answer to this question is presented in Appendix 10.1.1. It is based on Moss' article (1999) *Appraising Your First Practice,* and it uses the 'Capitalization of Excess Earnings Method' of appraisal. This is just one way that valuation experts determine the price of an existing practice.

32

CALCULATING A PRICE

- Arrive at a number that represents practice worth
- You are then able to negotiate

02N10-1-33S.PPT

10L1 02N101-32

Calculating a Price

In summary, the idea is to arrive at a number that represents the worth of the practice. You are then able to negotiate a price with the vendor of the practice (Moss, 1999).

Due to the detailed calculations involved, this example is included as an Appendix (10.1.1).

VII The Bottom Line

33

THE BOTTOM LINE

Simply, your entire business plan revolves around this basic principle:

Total revenues
– Total costs (of doing business)
= Net Income ('profit')

Typically, 'profit' is about 30% in a successful practice

02N10-1-33S.PPT

10L1 02N101-33

The Bottom Line

Whether you purchase an existing practice, or venture out on your own, your ongoing business activities will center on 'the bottom line'. The latter is the total of all practice revenue (sometimes referred to as the gross income) less the total practice expenses for an accounting period (after Anthony, 1988).

Simply, your entire business plan revolves around this basic principle:

Total revenues (or gross income generated), *less* the cost of doing business (i.e. the total expenses of running the practice, paying salaries, etc.), equals the net income (the 'profit' the practice makes).

Total revenues
– Cost of doing business

= Net income (profit)

Typically, this income ('profit') is about 30% in a successful business/practice.

VIII Total Revenues

34

TOTAL REVENUES

- Which services/products are generating revenue?
- What is the level of income each generates?

02N10-1-34S.PPT

10L1 02N101-34

Total Revenues

The first part of the calculation requires an understanding of the flow of money in to, and out of, the practice. Such an understanding is required for a determination of your total revenue or gross income.

It is also helpful to determine what services and products are generating the greatest, and the least, revenue. For example, identifying the level of income generated by each of the following would be useful (Bennett 1993):

- Contact lens examinations.
- Contact lens fitting fees.
- Soft contact lenses.
- RGP contact lenses.
- Disposable contact lenses.
- Specialty lenses.
- Replacement lenses.
- Service agreements.
- Follow-up fees.
- Lens care products/supplies.

35

TOTAL REVENUES

- Tally using a computer, or by hand
- The tally will indicate what IS, and IS NOT, working effectively
- What factors are influencing revenue levels?

02N10-1-35S.PPT

10L1 02N101-35

Total Revenues

To estimate total revenues, a simple database, spreadsheet, or hand tally is useful. The information gathered indicates what IS, and IS NOT, working effectively in the practice.

If there are significant fluctuations in the revenues generated at certain times of the year, the causes of such fluctuations should be sought.

For example, major school holidays might reduce practice revenue for their duration. However, school reopening might result in a surge in the number of students attending the practice for their regular eye examination. This would result in an increase in practice income.

36

TOTAL REVENUES

- Track categories of greatest revenue
- As the practice grows, invest in tracking this information
- KNOW each and every day, what you have earned

02N10-1-36S.PPT

10L1 02N101-36

Total Revenues

It is important to track the categories generating the most revenue. However, in the early stages of the practice's development, neither the time, nor the staff, may be available to do this. Once the practice has grown, income tracking by category can be introduced.

Regardless of the stage of practice development reached, one step that cannot be omitted is determining, each day, what revenue has been generated.

37

TOTAL REVENUES

- Calculate weekly earnings from a daily tally
- Extrapolate weekly earnings to a monthly figure
- Calculate annual earnings from the monthly figure

Ultimately, tallying patient fees daily, creates the 'big picture'

02N10-1-37S.PPT

10L1 02N101-37

Total Revenues

Tally your daily earnings to estimate weekly, monthly, and annual income. Calculate, and graph, monthly figures as they become available.

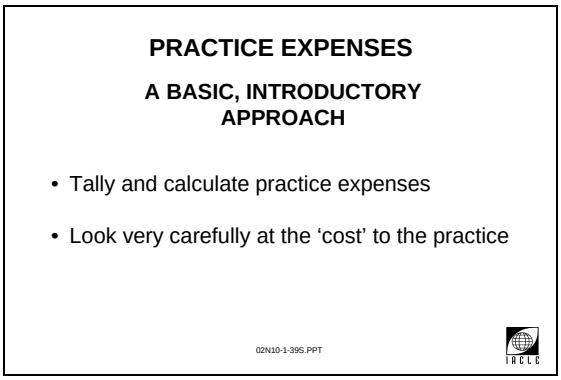
Ultimately, just by adding the patient fees daily, the bigger income picture will become apparent.

IX Practice Expenses

38

10L1 02N101-38

39



10L1 02N101-39

Practice Expenses

Once you understand your total revenues, the costs of actually operating the practice must be tracked.

In reality, tallying and calculating the practice's expenses can be complex. It depends on many factors, including the overall efficiency of management, the level of stock retained on hand, what the jobbing laboratory costs are, and how the production of materials/spectacles/appliances is managed. In this introductory lecture, a simplified approach is used.

A detailed explanation for each category follows. To calculate the exact 'cost' to the practice, each category must be examined in detail.

For example, when calculating the actual 'cost' of staff salaries, not only must the amount paid to the employee be included, but also any benefits, and other 'on costs' that are applicable. Examples might include; employee health insurance, compulsory superannuation, any applicable national, state, or local government taxes, including payroll tax, etc. These constitute a 'hidden' part of the 'true' cost of a salary, and frequently are equal to a significant percentage of the employee's take-home salary.

Major practice expenses are detailed in the following section.

X The Main Expense Categories

40

PRACTICE EXPENSES

THE MAIN ITEMS

1 Rent, or mortgage for your practice space
2 Electricity
3 Heating/Air conditioning
4 Water
5 Telephone line
6 Fax line
7 Internet services

02N10-1-40S.PPT

10L1 02N101-40

The Main Expense Categories

These categories represent the major areas where day-to-day practice expenditure is incurred:

Basic Operation Costs

1 Rent, or mortgage for your practice space.
2 Electricity.
3 Heating/Air conditioning.
4 Water.
5 Telephone line.
6 Fax line.
7 Internet services.

41

PRACTICE EXPENSES

EXPENDITURES

8 Equipment
9 Supplies
10 Laboratory costs
11 Contact lens inventory costs
12 Contact lens care regimen costs

02N10-1-41S.PPT

10L1 02N101-41

42

PRACTICE EXPENSES

EXPENDITURES

13 Office supplies
14 Postage/shipping/couriers
15 Cleaning services
16 Equipment maintenance
17 Professional dues
18 Health insurance

02N10-1-42S.PPT

10L1 02N101-42

43

PRACTICE EXPENSES

EXPENDITURES

19 Life insurance
20 Malpractice insurance
21 Accounting fees
22 Legal fees
23 Taxes – Government charges
24 Charitable contributions

02N10-1-43S.PPT

10L1 02N101-43

Expenditures

Any or all of the following expenditures can also be added:

8 Equipment.
9 Supplies.
10 Laboratory costs.
11 Contact lens inventory costs.
12 Contact lens care regimen costs.
13 Office supplies.
14 Postage/shipping/couriers.
15 Cleaning services.
16 Equipment maintenance.
17 Professional dues.
18 Health insurance.
19 Life insurance.
20 Malpractice insurance.
21 Accounting fees.
22 Legal fees.
23 Taxes – Government charges.
24 Charitable contributions.

Items 1 to 24 in Expenditures are ongoing costs.

You may think: “These are my ongoing costs but what about the ‘investment’ needed to purchase equipment and supplies for conducting eye examinations?”

These are real costs as well. However, they are one-time costs that should be incorporated in the initial set-up costs of a practice. The issues involved in setting up a practice are not detailed here as they are beyond the scope of this module. If equipment is leased, the monthly lease fees can be used in this calculation. If payments are made towards equipment purchases, e.g. ‘hire-purchase’, these charges would also be included in expenditures.

In many countries, depreciation of equipment is an allowable tax deduction, i.e. a percentage of the cost of professional equipment can be deducted from taxable income, annually. In effect, this is an allowance for ‘fair wear and tear’, i.e. practice assets are declining in value, and the eventual need

44

PRACTICE EXPENSES

WHAT ABOUT MY INVESTMENT?

- One-time costs
- Calculate in the initial practice set-up
- Monthly lease, or depreciation, needs to be considered
- 'Fair wear and tear' from usage, can be considered

02N10-1-44S.PPT

10L1 02N101-44

for their replacement and/or updating is acknowledged.

To obtain details of the deduction and depreciation schedules applicable in your country, contact your local or national taxation authority.

In countries where practices are subsidized, or established by the government, the one-time costs would be irrelevant, as all equipment and instrumentation is provided. However, it is worth noting that in these circumstances, salary levels may also be lower because, in effect, there is little, or no initial investment by the practitioner.

45

PRACTICE PROMOTION

YOU REAP WHAT YOU SOW

- Track promotional efforts
- Compare cost with new income generated
- Average practice promotion is 5% - 10% of gross practice income

02N10-1-45S.PPT

10L1 02N101-45

Practice Promotion

The next category of expenditure is practice promotion, or practice marketing.

This is a real cost that is overlooked by some practitioners. Generally, you reap what you sow.

Any promotional efforts, and the costs associated with these, need to be tracked. This is important because it enables comparisons to be made between what was spent, and what, if any, additional income was generated.

On average, practice promotional cost can amount to 5 to 10% of the practice's gross income.

More detailed information on effective, and affordable, practice promotion is presented in Lecture 10.2.

46

PRACTICE PROMOTION

TRACK WHAT YOU SPEND ON…

- Advertising
- Direct mailing
- Special events
- Flyers, coupons, brochures, etc.

DETERMINE COST EFFECTIVENESS

02N10-1-46S.PPT

10L1 02N101-46

Practice Promotion: Tracking Expenditure

Expenditure on practice promotion should be tracked, and its effectiveness measured as validly as possible.

Avenues commonly employed include: advertising, direct mailings, special open-house time blocks, coupons, promotional flyers, special offers, etc.

Tracking should aim to separate increases in income attributable directly to practice promotions from all other influences. A tracking system should be in place by the time a promotion commences.

Promotions that are apparently ineffective, should be either modified, or withdrawn. If it is apparent early that a particular promotion is not working, these changes should be made sooner rather than later. However, to keep faith with the target 'audience', any promises/offers made in any withdrawn promotion, should be honoured up to and including any stated expiry date.

Questions to be asked about promotions include:

- Did the programme pay for itself?
- While the initial promotion cost money, would a second mailing (etc.), layered on the first, have been effective/more effective?
- Was any additional income generated immediately after the programme's launch?
- Can any additional income generated be tracked over a longer period of time?

47

STAFF SALARIES

- Greatest single practice expense
- Remember, you are staff too!
- Much of the practice's income will be redistributed as staff salaries, yours and theirs

02N10-1-47S.PPT

10L1 02N101-47

Staff Salaries

Salaries are the greatest single expense of a practice. Remember, your own salary must be included, along with the salaries of your staff.

Much of the practice's income will be redistributed as salaries, yours, and those of your staff.

48

STAFF SALARIES

- Based on training and experience
- An 'average' salary figure is impossible to provide
- No accurate figures in the international arena
- Use benchmarks, or reference points
- Seek advice from professional associations
- Tap the experience of colleagues

02N10-1-48S.PPT

10L1 02N101-48

Staff Salaries

There are many sources of information on a typical contact lens practitioner salary, as well as fair salary levels for staff members based on training, experience, and length of employment.

It is impossible to provide an 'average' to you in this module because there is no ongoing accurate information that applies in the international marketplace.

There is however, a way that we can offer some benchmarks so that, as you graduate and find yourself in your first professional venture, you have a few points of reference.

49

PURCHASING POWER PARITY

IACLE PPP SLIDING SCALE

- Adjusts financial data to give 'equivalent' figures for a given country
- Provides 'best guess', or approximate values

02N10-1-49S.PPT

10L1 02N101-49

Purchasing Power Parity

For the purpose of these exercises, and in an attempt to make them more relevant to a particular country, the concept of 'Purchasing Power Parity' (PPP) is introduced. PPP is an adjustment (a 'doctoring' factor) applied to the uppermost number (US$ in these examples), to 'convert' the US$ values into their equivalent values in various other countries.

IACLE uses a PPP scale when making many of its global calculations (see Appendix 10.1.2).

50

PURCHASING POWER PARITY

UTILIZE IACLE PPP SLIDING SCALE

- No accurate way to present the numbers based on the wide range of international variables
- A starting point…

02N10-1-50S.PPT

10L1 02N10-1-50

Purchasing Power Parity

Examples provided here are in US dollars (US$). Using PPP tables, original figures (e.g. US$) can be modified to derive approximate values relevant to a particular country.

Given the wide range of variables and unknowns internationally, there is no accurate way to present these numbers, i.e. this approach only produces a starting point, or an approximation. However, it demonstrates a concept that is useful, once the PPP data relevant to the country (or state, city, or practice location), is inserted.

51

STAFF SALARY

WHAT IS REASONABLE?

- Approximate values
- Based on experience and training
- What do you expect to pay your staff?

02N10-1-50S.PPT

10L1 02N101-51

What Is A Reasonable Staff Salary?

An hourly-wage survey published in Review of Optometry (Giansante, 1999) yielded the following data:

Position	1999 Median (per hour)
Receptionist	$8.98
Technician	$9.93
Assistant	$9.00
Optician	$11.96
Office manager	$12.51
Part-time staff	$7.50

The job titles used above, and their salaries, reflect the levels of training and experience required to function normally in these roles. To derive useful equivalent local figures, the rates above need to be adjusted by the PPP percentage for the country in question.

Are the results close to what you would expert to pay your own staff? While these figures are only approximate, and other factors probably affect the results, they provide a useful starting point.

52

STAFF SALARY

15%-18% IS CONSIDERED REASONABLE

Experts suggest that staff salaries

should consume approximately 18%

of gross practice revenue

after Hayes cited in Giansante, 1999

02N10-1-52S.PPT

10L1 02N101-52

Staff Salary

Many agree that the percentage of gross practice revenues paid to staff as salary is approximately 18%, e.g. one survey reported 17.6% for 1999 (Giansante, 1999), another author (Hayes, cited in Giansante, 1999) suggested staff compensation, including benefits, should be around 15-18%.

Others have reported ranges as high as 20 to 25%. Generally, this latter range is considered to be high.

53

STAFF SALARY

TOTAL COST = WAGES + BENEFITS

- Weekly wage plus…
- Staff benefits including:
  - holidays
  - sick days
  - bonuses
  - retirement (superannuation)
  - profit sharing
  - incentive programs
  - professional association memberships

02N10-1-53S.PPT

10L1 02N101-53

Staff Salary

Keep in mind when discussing staff salaries that there are additional costs beyond the simple calculation of a weekly wage. The most common staff benefits are presented in the slide opposite.

In this lecture, staff compensation is presented as a part of the larger whole of the gross *versus* net equation.

The location, hire, relocation, and compensation of staff, and the maintenance of their satisfaction levels once they have joined a practice, could be the subject of an entire lecture. This will not be attempted here.

XI Your Earnings

54

YOUR EARNINGS

HOW DO YOU KNOW WHAT SALARY TO SET FOR YOURSELF?

This can be calculated as

a percentage of the

practice's gross income

02N10-1-54S.PPT

10L1 02N101-54

Your Earnings

How do you know what salary to set for yourself?

Your initial salary can be calculated as some percentage of the practice's gross revenue. However, because the amount varies and becomes outdated as the practice grows, a simpler method is to aim for an salary that is approximately 30% of the practice's gross, as this is the figure suggested as being typical in surveys (see below).

The numbers derived are presented only to illustrate the concept of earning income.

In many countries/circumstances, they may be inapplicable as only a set salary is offered by the relevant governing body because the practice is not a 'private enterprise', e.g. a government facility, or is part of a larger enterprise and not truly independent, e.g. part of a chain of practices.

55

YOUR EARNINGS

SURVEYS SHOW…

(after Murphy, 1999)

The gross-to-net margin is approximately

30% of gross practice income

The practitioner's income is related to, but

not the same as, net income

02N10-1-55S.PPT

10L1 02N101-55

Net Income

The survey summarized below was published in *Review of Optometry* (Murphy, 1999) (figures are in US$):

Years Practising	Gross Income	Net Income	Margin
0-10	314,660	92,660	29.4%
11-20	409,920	126,860	30.9%
21-30	417,710	121,630	29.1%
30+	356,320	109,900	30.8%

The complete set of data from this survey can be found in Appendix 10.1.3.

This table shows the practice's net income to be approximately 30% of its gross income, almost regardless of practitioner experience. What varies with experience in the 'marketplace' (years in practice) is the gross income itself.

56

TARGETS: % OF GROSS REVENUE

	Range	Target
Lab/Materials	**28-32%**	**31%**
Staff	**13-17%**	**14%**
Rent/Utilities	**4 - 8%**	**7%**
Other Expenses	**13-18%**	**16%**
Net Income	**31-35%**	**32%**

Bennett, 1993

02N10-1-56S.PPT

10L1 02N101-56

Targets: % of Total Revenue

Murphy's 1999 data is supported by that of Bennett (1993) (opposite).

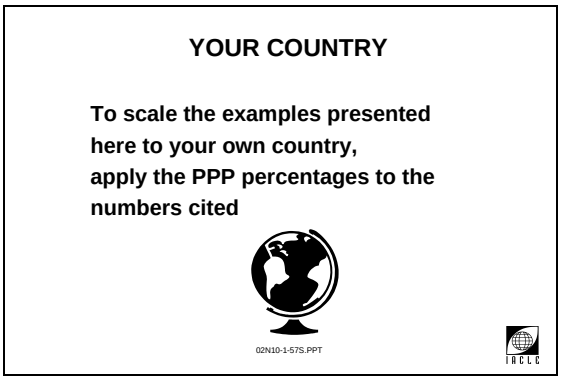
The data presented here combines the overall percentages of gross revenues for optometric practices from various sources including American Optometric Association surveys, professional journals, and professional survey/analyst companies within the ophthalmic optical industry.

The 'target' numbers represent the percentage of the gross income that should be spent in each category.

As an example, this table suggests that Lab/Materials expenditure should fall within the range 28-32%, with a target of approximately 31%. If more than 32% of your total revenue is consumed by this category, it would be prudent to reassess the situation with the aim of reducing costs. Ultimately, once expenditure in each category falls

within the guidelines, a net income of approximately 30% should result after all bills are paid.

57



10L1 02N101-57

Your Country

For these numbers to be useful in the context of your own country, you will need to scale them by applying the local PPP percentages to them.

XII Let's Do the Number Crunching

58

LET'S DO THE NUMBER CRUNCHING

Practical 10.1.1 is included to help make sense of all the numbers and percentages that must be tracked.

The spreadsheet is a simple way to keep an eye on expenses.

02N10-1-58S.PPT

10L1 02N101-58

Let's Do The Number Crunching

Practical 10.1.1 is included to help make sense of all the numbers and percentages that need to be tracked. The spreadsheet provided is a simple example of one way of monitoring expenses.

To obtain approximate numbers, the worksheet included can be used to interview someone already in practice. You could also use this worksheet to estimate figures for your own proposed practice.

59

CONSTANT MONITORING

A better understanding of the gross-to-net profit margin can be acquired by 'mapping' the costs involved in running a practice

02N10-1-59S.PPT

10L1 02N101-59

Constant Monitoring

A better understanding of the gross-to-net profit margin can be acquired by 'mapping' the costs involved in running your practice.

To minimize the expenses, and maximize the profits of your practice, constant monitoring of costs is required.

XIII Track Everything, and Track Again

60

TRACK, AND TRACK AGAIN…

MULTIPLY THE OUTCOME OF EFFORTS

- Track types of services that generate income
- Identify areas of spending
- Keep a watchful eye on all financials
- Pay yourself, and the staff, fairly
- Reinvest in the practice

02N10-1-60S.PPT

10L1 02N101-60

Track Everything, and Track Again

The sample numbers and target percentages presented in this lecture will assist in establishing a financial plan for your practice.

You should:

- Track income each day.
- Track the types of services that generate the most income.
- Track expenditure monthly.
- Identify the areas of highest spending.
- Keep a watchful eye on areas where you might be able to reduce spending.
- Pay your staff, and yourself, fairly.
- Reinvest in the practice.

You will find that monitoring the financial situation carefully is the best way of controlling expenditure and generating new income, thereby multiplying the outcome of your efforts.

XIV Investments that Can't be Put Off

61

INVESTMENTS THAT CAN'T BE PUT OFF

- Have you 'gotten in over your head'?
- Will the income you generate cover all your expenses?
- Don't be reluctant to spend your hard-earned dollars.

TO MAKE MONEY, YOU MUST SPEND MONEY

02N10-1-61S.PPT

10L1 02N101-61

Investments That Can't Be Put Off

You may be thinking that you have over-committed yourself, and 'gotten in over your head'. You may question whether the income you generate will cover all your expenses. With this doubt in mind, there may be a reluctance initially, to spend hard-earned income on the practice. At this point, it must be remembered that to make money, you must spend money.

62

TEN INVESTMENTS THAT CAN'T BE PUT OFF

Koetting, 1992B

The right location	Large inventory
Competent staff	Quality printed materials
Networking	Attractive furnishings
Promotional activity	24 hour phone coverage
High-tech instrumentation	Computer and software

02N10-1-62S.PPT

10L1 02N101-62

Ten Investments That Can't Be Put Off

Koetting (1992B) offered sound advice based on experience when he said:

"There are at least ten things that should not be put off until the practice volume 'justifies' the investment:

1 The right location for your type of practice.
2 Competent staff.
3 Networking at professional meetings.
4 Promotional activity.
5 High-tech instrumentation.
6 A large inventory.
7 Quality printed materials.
8 Attractive furnishings.
9 Twenty-four hour telephone coverage.
10 A computer with suitable software.

63

INVESTMENTS THAT CAN'T BE PUT OFF (after Koetting, 1992B)

- It is obvious why you must invest in these items
- You need to invest in the tangible items required to establish a professional practice
- Invest in yourself

YOU ARE THE KEY TO YOUR OWN SUCCESS

02N10-1-63S.PPT

10L1 02N101-63

Ten Investments That Can't Be Put Off

It is prudent to examine Koetting's list and think about why each of these items was selected as an important practice investment that cannot be put off. The list indicates that you must invest in the tangible items needed to establish a professional practice, especially those items that contribute to its ambience.

You also need to invest in yourself. You are the key to your own success. Investments might include:

- Self-education:
  - business management
  - staff management and training
  - professional continuing education.
- Personal equipment (non-professional):
  - digital diary, or PDA
  - consulting room clothing (uniform?)
  - pocketable programmable calculator
  - cordless phone, or cellular phone.
- Club memberships (non-professional, for networking).

XV Building a Successful Contact Lens Business

64

CHARACTERISTICS OF SMALL BUSINESS OWNERS

after Koetting, 1992C

As the key to your own success, you must think about what characteristics are needed.

Entrepreneurs:

- Work long, but not excessive hours
- Are devoted to business full-time
- Emphasize service over price
- Are self-confident
- Know their product/service
- Secure substantial start-up capital

02N10-1-64S.PPT

10L1 02N101-64

Characteristics Of Small Business Owners

While ophthalmic practice is seen externally as being largely a 'professional' pursuit, it is still very much a real business.

In 1989, accountants Anders, Minkler, and Diehl reported on 3,000 companies that began operations within the preceding three years. They identified the following characteristics in the entrepreneurs running the successful companies in their study:

- They work LONG, but not excessive HOURS. Some 80% of those who worked 60-69 hours per week were still in business at the end of three years. The survival rate was far lower for those who worked fewer hours.
- They devote themselves to their business FULL-TIME. Dissipating their time and energy with a second job reduced their chances of success.
- They emphasize SERVICE OVER PRICE. The survival rate was 82% for those that did *versus* 70% for those who relied on a low-price strategy.
- They are SELF-CONFIDENT. The self-assured were more likely to survive during the first three years of business.
- They KNOW THEIR PRODUCT/SERVICE. Those who had worked with the same product or service in previous jobs, showed an 80% survival rate *versus* 70% for those who had not.
- They SECURE SUBSTANTIAL CAPITAL INVESTMENT. Those starting their companies with investments exceeding $50,000 had a 10% better success rate than those who started with less than $20,000.

  (after Koetting, 1992C)

XVI Don't Just Keep Your Word – Exceed It!

65

DON'T JUST KEEP YOUR WORD – EXCEED IT!

- The idea that a professional practice is very much a business can be daunting to a new practitioner
- Your energy is required for the future of your practice, and the contact lens profession

02N10-1-65S.PPT

10L1 02N101-65

Don't Just Keep Your Word – Exceed It!

Accepting the idea that a professional practice is very much a business can be daunting to a new practitioner just starting out.

Do not be intimidated by these thoughts, and do not let them crush your enthusiasm. Your energy and confidence are required for the future growth of your practice, as well as that of the contact lens profession as a whole.

66

CUSTOMERS FOR LIFE

- Develop a 'customers for life' attitude
- Establish strong bonds with clients/patients
- Make them YOUR customers for life!

02N10-1-66S.PPT

10L1 02N101-66

Customers For Life

In order to succeed in business, you need to develop an attitude that you are establishing 'customers for life'.

This concept, introduced in a book of the same name (Sewall, 1990), encourages practitioners to establish strong bonds with their clients/patients in order to make them customers for life.

67

CUSTOMERS FOR LIFE

- Invest in people
- Think of what they may spend in a lifetime in your practice
- Offer tremendous service so they do not go elsewhere to spend it!

02N10-1-67S.PPT

10L1 02N101-67

Customers For Life

Examples from other careers can be helpful. The following passage from Koetting (1992D) discusses the value of investing in people:

"Carl Sewall runs a $250 million-a-year agency in Dallas, and has been called the country's top luxury-car dealer. Like so many top merchandisers, he values each customer by what he thinks they will spend in a lifetime. In this case, he figures each one is worth $332,000 and offers tremendous service to be sure they will go nowhere else".

68

UNDER-PROMISE, AND OVER-DELIVER

"Patients come to us confident we can fulfill their needs. If we face each of them with a dedication to nurturing that emotion into loyalty, they will become our 'customers for life' "

Koetting, 1992D

02N10-1-68S.PPT

10L1 02N101-68

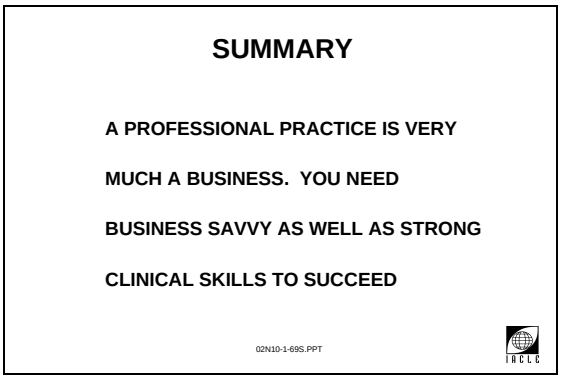
Under Promise, and Over Deliver

In *Customers for Life*, Sewall admits to borrowing and modifying business ideas and suggests that readers do the same (Sewall, 1990). Disney taught him to keep his business premises immaculate, and from Neiman-Marcus (a retailer) he got into the habit of always saying "yes" to customers. The third of his ten commandments sums up his philosophy: "under-promise, and over-deliver", i.e. don't just keep your word, exceed it!

Patients come to us confident we can fulfill their needs. If we face each of them with a dedication to nurturing that emotion into loyalty, they will become our 'customers for life' (Koetting, 1992D).

XVII Summary

69

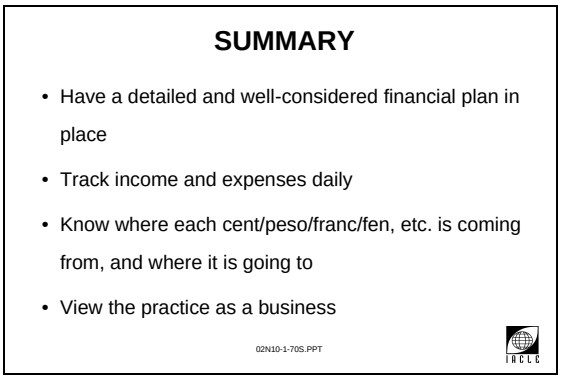


10L1 02N101-69

Summary

A professional practice is very much a business. You need business savvy, as well as strong clinical skills to succeed.

70



10L1 02N101-70

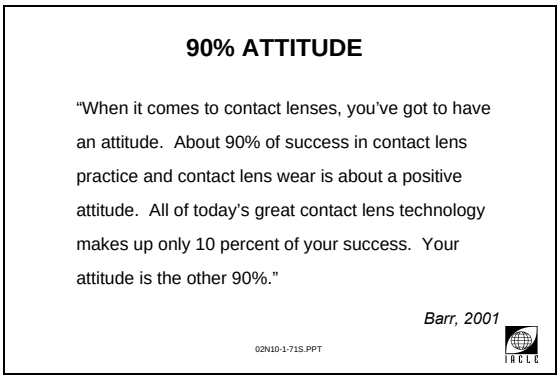
Summary

Remember:

- Have a detailed and well-considered financial plan in place.
- Track your income and expenses daily.
- Know where each cent/peso/franc/pfennig/yen/rouble/centavos/lira /drachmas/fen, etc. is coming from, and where it is going to.
- View the practice as a business

XVIII 90% Attitude

71



10L1 02N101-71

90% Attitude

Barr, the Editor of ***Contact Lens Spectrum*** journal and ***Contact Lenses Today***, an electronic newsletter, commented recently:

"When it comes to contact lenses, you've got to have an attitude. About 90 percent of success in contact lens practice, and contact lens wear, is about a positive attitude. All of today's great contact lens technology makes up only 10 percent of your success. Your attitude is the other 90 percent." (Barr, 2001)

🕮 References

Anthony RN (1988). *Glossary and Index to Essentials of Accounting.* 4th ed. Addison-Wesley Publishing Company, Reading. 42.

Barr J (2001). *Editorial: Contact Lenses Today.* 2001-Jun-24 ed. <www.cltoday.com>.

Bennett I (1993). Chapter 13 *Inter-Office Communications Systems,* 123 – 126. Chapter 14 *Practice Statistics,* 127 – 142. Chapter 15 *Educational Meetings,* 143 – 144. Chapter 16 *Ophthalmic Mechanics: Attention to Detail,* 145 – 150. Chapter 17 *Selecting Frame Suppliers and Laboratories,* 151 – 160. Chapter 18 *Computers for the Optometric Practice,* 161 – 167. In: *Management for the Eyecare Practitioner*. Butterworth-Heinemann, Boston.

Croes K (2002). *Specialty lenses and favorable demographics are driving growth worldwide.* OptiStock Market Watch - Contact Lens Report. 2002-11-18 ed. <*www.optistock.com/mw/2002_11all.htm*>

Denton B (1999). *Enough is Enough.* Optom Mgmt. (Suppl. *New OD*) 34(2): 5.

Giansante H (1999). *The Employer's Vise Squeezes OD's Three Ways.* Rev Optometry. 136(5): 47.

IACLE (2002). *World Contact Lens Market Estimates.* IACLE Secretariat, Sydney.

Koetting R (1992A). *Contact Lens Replacement.* In: *Marketing Managing and Contact Lenses.* Butterworth-Heinemann, Boston. 161 - 172.

Koetting R (1992B). *Investments That Can't Be Put Off.* In: *Marketing Managing and Contact Lenses.* Butterworth-Heinemann, Boston. 12.

Koetting R (1992C). *Are You a Small Business Owner.* In: *Marketing Managing and Contact Lenses.* Butterworth-Heinemann, Boston. 7 - 8.

Koetting R (1992D). *Carnegie's Key Points.* In: *Marketing Managing and Contact Lenses.* Butterworth-Heinemann, Boston. 41.

Moss G (1999). *Appraising Your First Practice.* Optom Mgmt. (Suppl. *New OD*) 34(2): 15 - 19.

Murphy J (1999). *Income at Y2K is A-OK.* Rev Optometry. 136(12): 16 - 18.

Sewall C (1990). *Customers for Life.* Sewall and Brown, New York.

Sulaiman S (2000). *Strategies for Keeping Your Contact Lens Patients.* IACLE Educational Seminars.

Practical 10.1.1

(1 Hour)

Basic Operational Costs/ Income Spreadsheet

Practical 10.1.1

Basic Operational Costs/Income Spreadsheet

Let's do the Number Crunching

Practical Exercise 10.1.1 is included to help make sense of all the financial numbers and percentages, that need to be tracked in a practice. The spreadsheet provided illustrates a simple method for monitoring expenses.

To obtain approximate numbers, this worksheet can be used to interview someone already in practice. You could also use this worksheet to estimate figures for a proposed contact lens practice.

Module 10.1 – Building a Successful Contact Lens Practice

Practical Exercise 10.1.1

BASIC OPERATIONAL COSTS

	Track by month	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	***ANNUAL***
1	Rent/Mortgage													
2	Electricity													
3	Heat/Air Conditioning													
4	Water													
5	Telephone													
6	Fax													
7	Internet Services													
8	Equipment													
9	Supplies													
10	Laboratory Costs													
11	CL Inventory Costs													
12	CL Lens Care Costs													
13	Office Supplies													
14	Postage													
15	Cleaning Services													
16	Equipment Maintenance													
17	Professional Dues													
18	Health Insurance													
19	Life Insurance													
20	Malpractice Insurance													
21	Accounting Fees													
22	Legal Fees													
23	Taxes - Government Costs													
24	Charitable Contributions													

Module 10.1 – Building a Successful Contact Lens Practice

Practical Exercise 10.1.1

BASIC OPERATIONAL COSTS

Track by month		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	*ANNUAL*
25	Practice Promotion													
	Advertising													
	Direct Mailing													
	Printing Costs													
	Events													
	Coupons													
	Flyers													
	Newsletter													
	Sub Total													
26	Staff Salaries													
	Hourly Pay													
	Holiday/Sick Days													
	Benefits													
	Retirement (Superannuation)													
	Incentive Programmes													
	Association Memberships													
	Taxes													
	Bonuses/Profit Sharing													
	Sub Total													
27	Practitioner/Owner Salary													
	Hourly Pay													
	Holiday/Sick Days													
	Benefits													
	Retirement (Superannuation)													
	Association Memberships													
	Taxes													
	Bonuses													
	Sub Total													

Module 10.1 – Building a Successful Contact Lens Practice

Practical Exercise 10.1.1

WEEKLY/MONTHLY INCOME

Track by month	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	*ANNUAL*
Week 1													
Week 2													
Week 3													
Week 4													

Appendix 10.1.1

Method of Appraisal: Capitalization of Excess Earnings

Appendix 10.1.1

Method of Appraisal: Capitalization of Excess Earnings

From: Moss G (1999). *Appraising your first practice.* Optom Mgmt. (Suppl. *New OD*) 34(2): 15 - 19.

The following method illustrates one way of valuing a practice under consideration for purchase – the excess earnings method.

The excess earnings method combines elements of both income, and asset-based approaches. This is one of the reasons for its popularity.

Excess earnings are the earnings attributable to goodwill, and other *intangible* assets.

Intangible assets include goodwill, lease value, telephone number, practice name, income producing ability, and quality of patient records – all factors that should help minimize patient attrition (loss of patients from the patient base) during, and after, a transition to a new owner.

Tangible assets include equipment, machinery, instruments, furnishings, leasehold improvements, supplies and inventory, and bricks and mortar if the building belongs to the practice and is to be included in the purchase. The methods used to value tangible assets are either fair market value (using comparable sales data, and price listings), or 'book value' determined from the depreciated values obtained from the seller's recent tax returns.

Courts have defined goodwill as 'the favor or advantage, by way of custom that a business has acquired in earning power, beyond a mere value of its tangible assets'. This implies that any amount paid beyond the fair market value of the tangible assets of a practice, is considered payment for its 'goodwill'.

An alternative definition of goodwill is 'the ability of a new owner to maintain continuity of the practice's cash flow'. This suggests that the expected future earnings should influence the present value of a practice. In the capitalization of excess earnings method of appraisal discussed here, the appraiser takes both definitions of goodwill into account. The seven steps of such an appraisal follow.

STEP 1: Determine the adjusted net fair market value of tangible assets, by adding the values of all tangible assets, and subtracting the liabilities.

Equipment	$45,000
Furnishings	$10,000
Frame Inventory	$15,000
Unopened contact lenses, etc	$ 5,000
Total	$75,000
Less Liabilities	$15,000
Adjusted net fair market value of tangible assets:	**$60,000**

STEP 2: Estimate annual earning potential of the adjusted net tangible assets (from Step 1) in an alternative investment, i.e. if such a sum of money was invested in a bank, fund, or bonds. To do that, multiply the asset value by an interest rate that is a few points (%) higher than the cost of borrowed funds, e.g. in this case, add 2 percentage points to the 10% that the owner pays on his bank loan. This gives you a rate of 12%.
$60,000 x 0.12 = $7,200. This is the *earning potential of the tangible assets*.

Appendix 10.1.1

Method of Appraisal: Capitalization of Excess Earnings

STEP 3: Ascertain the average salary of a practitioner in the area, e.g. - **$70,000.**

STEP 4: Determine the annual net earnings of the business by adding the owner's adjusted salary, the practice's net profit, and any other personal financial gains the owner received (all before taxes).

$85,000 + $15,000 + $4,000 (superannuation/pension) **= $104,000** ***net earnings***

STEP 5: Determine the excess earning power of the practice by subtracting the sums arrived at in Steps 2 and 3, from Step 4.

$104,000 - $7,200 - $70,000 = $26,800 in ***excess earnings***

STEP 6: Determine the value of the practice's intangible assets by choosing an appropriate capitalization rate (an average figure of 19.2% was calculated, and presented subsequently, by the author) to apply to the excess earnings (Step 5).

$26,800 divided by 0.192 = $139,583 in ***intangible assets***

STEP 7: Determine the value of the practice by adding the value of the tangible assets (Step 1), and the value of the intangible assets (Step 6).

$60,000 + $139,583 = $199,583 ***practice value***

Appendix 10.1.2

IACLE Purchasing Power Parity: Country Tables

Appendix 10.1.2

IACLE Purchasing Power Parity: Country Tables

HOW TO USE THESE TABLES

IACLE utilizes a 5-group structure to adjust costs, based on purchasing power parity. These percentages can be used to make 'estimates', and to adjust the numbers in this lecture, to suit a particular country.

GROUP 1 Adjustments made using 10% of the total

GROUP 2 Adjustments made using 40% of the total

GROUP 3 Adjustments made using 60% of the total

GROUP 4 Adjustments made using 85% of the total

GROUP 5 No adjustments made, i.e. 100% of the total is applicable

COUNTRY AND REGIONAL LISTING
BASED ON PURCHASING POWER PARITY (PPP)

GROUP 1			
ASIA PACIFIC	**LATIN AMERICA**	**EUROPE**	**AFRICA/MIDDLE EAST**
Bangladesh	Belize	Malta	Afghanistan
Bhutan	Bolivia	Romania	Angola
China	Dominica		Azerbaijan
India	El Salvador		Benin
Indonesia	Grenada		Burkina Faso
Laos	Guyana		Burundi
Maldives	Haiti		Cameroon
Mongolia	Honduras		Cape Verde Island
Myanmar	Jamaica		Central African Republic
Nepal	Nicaragua		Chad
Pakistan	St Lucia		Comoros
Papua New Guinea	St Vincent		Congo
Philippines			Djibouti
Solomon Islands			Ethiopia
Sri Lanka			Gambia
Vanuatu			Ghana
Vietnam			Guinea
Western Samoa			Guinea-Bissau
			Iraq
			Ivory Coast
			Kenya
			Lebanon
			Lesotho
			Madagascar
			Malawi
			Mali
			Mauritania
			Morocco
			Mozambique
			Niger
			Nigeria
			Rwanda
			Senegal
			Seychelles
			Sierra Leone
			Somalia
			Sudan
			Swaziland
			Tanzania
			Togo
			Uganda
			Yemen
			Zaire
			Zambia
			Zimbabwe

COUNTRY AND REGIONAL LISTING
BASED ON PURCHASING POWER PARITY (PPP)

GROUP 2			
ASIA PACIFIC	**LATIN AMERICA**	**EUROPE**	**AFRICA/MIDDLE EAST**
Fiji South Korea Tonga	Brazil Colombia Costa Rica Dominican Republic Ecuador Paraguay Peru Suriname	Belarus Bulgaria Poland Russia	Algeria Botswana Egypt Iran Jordan Mauritius South Africa Syria Tunisia Turkey

COUNTRY AND REGIONAL LISTING
BASED ON PURCHASING POWER PARITY (PPP)

GROUP 3			
ASIA PACIFIC	**LATIN AMERICA**	**EUROPE**	**AFRICA/MIDDLE EAST**
Malaysia Thailand	Argentina Chile Guatemala Mexico Panama Puerto Rico Trinidad and Tobago Uruguay Venezuela	Cyprus Czech Republic Hungary Slovak Republic Slovenia Ukraine	

COUNTRY AND REGIONAL LISTING
BASED ON PURCHASING POWER PARITY (PPP)

GROUP 4			
ASIA PACIFIC	**LATIN AMERICA**	**EUROPE**	**AFRICA/MIDDLE EAST**
	Barbados	Greece	Oman

COUNTRY AND REGIONAL LISTING
BASED ON PURCHASING POWER PARITY (PPP)

GROUP 5				
ASIA PACIFIC	**LATIN AMERICA**	**NORTH AMERICA**	**EUROPE**	**AFRICA/ MIDDLE EAST**
Australia Hong Kong Japan New Zealand Singapore Taiwan	Bahamas	Canada USA	Austria Belgium Denmark Finland France Germany Iceland Ireland Israel Italy Luxembourg Netherlands Norway Portugal Spain Sweden Switzerland United Kingdom	Bahrain Kuwait Saudi Arabia Qatar United Arab Emirates

Appendix 10.1.3

Earnings of Self-Employed Practitioners by Years in Practice

Appendix 10.1.3

Earnings for Self-Employed Practitioners By Years In Practice

Years in Practice	Sample Size	GROSS			NET			MARGIN		
		Average	High	Low	Average	High	Low	Average	High	Low
0 to 10	18	314,660	635,000	50,000	92,660	180,000	25,000	29.4%	50%	19%
11 to 20	64	409,920	1,100,000	100,000	126,860	440,000	20,000	30.9%	67%	14%
21 to 30	49	417,710	1,000,000	85,000	121,630	350,000	40,000	29.1%	51%	12%
30+	22	356,320	760,000	75,000	109,900	300,000	36,000	30.8%	44%	12%

Figures presented in **US$ Dollars**

Reprinted from: Murphy J (1999). *Income at Y2K is A-OK.* Rev Optometry. 136(12): 17.

Unit 10.2

(2 Hours)

Lecture 10.2: Marketing a Contact Lens Practice

Course Overview

Lecture 10.2: Marketing a Contact Lens Practice

I Marketing a contact lens practice
II Developing an internal marketing plan for a contact lens practice
III Developing an external marketing plan for a contact lens practice
IV Summary

Practical 10.2.1: Brainstorming

Practical 10.2.2: Developing an Internal Marketing Plan for a Contact Lens Practice

Practical 10.2.3: Developing an External Marketing Plan for a Contact Lens Practice

Appendix 10.2.1: Question and Answer Newspaper Column Sample

Appendix 10.2.2: Stuffer Sample

Lecture 10.2

(2 hours)

Marketing a Contact Lens Practice

Table of Contents

I Marketing a Contact Lens Practice 59
II Developing an Internal Marketing Plan for a Contact Lens Practice 63
III Developing an External Marketing Plan for a Contact Lens Practice 81
IV Summary 92

I Marketing a Contact Lens Practice

1

MARKETING A CONTACT LENS PRACTICE

02N10-2-1S.PPT

10L2 02N102-1

2

MARKETING A CONTACT LENS PRACTICE

- Self-teaching guide to developing a Marketing Plan
- Workbook included
- Discuss Marketing Plan with instructor

02N10-2-2S.PPT

10L2 02N102-2

Marketing a Contact Lens Practice

This material can be delivered as a self-guided, self-paced exercise for students. Students can read the material, and develop an abbreviated Marketing Plan as a practical exercise. To facilitate the creation of a Marketing Plan, various relevant aspects are included as handouts.

If this material is to be presented as a lecture, it is recommended that the students familiarize themselves with the material beforehand. The lecturer/facilitator can then emphasize the key points during the lecture, and follow the lecture with a discussion to complete the learning process.

During such discussions, specific questions can be fielded, and the students' Marketing Plans, regardless of their state of completion, can be reviewed.

While much of the content and most of the concepts in this module are applicable to all modes of eyecare practice, the material included in this lecture is contact lens practice specific.

3

THE MARKETING MESSAGE

- All communication is a form of 'marketing'
- Everything done in a practice will influence how the patient perceives that practice

02N10-2-3S.PPT

10L2 02N102-3

The Marketing Message

Marketing is just one aspect, albeit an important one, of conducting business in a contact lens practice. All communications between a practitioner and a patient are a form of 'marketing'. Regardless of whether they are a current or a prospective patient, all aspects of a practice convey some message to them about the practice, and about the practitioner. This messaging is essentially how the practitioner 'markets' themselves, and their practice.

Largely, the practitioner determines how the patient perceives them, their clinical skills, their staff, and their practice as a whole. They also influence a patient's decision to return, and/or the patient's decision to refer their friends and family. All aspects of a practice influence the image that is projected to the patient: the letterhead, the way in which services are charged for, the appearance and courteousness of the staff, even the signage that adorns the office, and/or the practice windows inside and out.

All of these aspects of a practice convey a message and are legitimate parts of 'marketing' a practice.

4

HOW MUCH ACTIVE MARKETING SHOULD YOU DO?

- Take an active role
- Choose a direction
- Your marketing is a reflection of you
- Balance productivity, professionalism, profit

02N10-2-4S.PPT

10L2 02N102-4

5

HOW MUCH ACTIVE MARKETING DO YOU DO?

- Flamboyant *vs* conservative
- Commercialism *vs* professionalism
- Learn-as-you-go process
- Think about the direction to be pursued

02N10-2-5S.PPT

10L2 02N102-5

6

THINKING ABOUT YOU: HOW DO I GET STARTED?

- What image do I want to convey?
- How will I position the scope of my clinical skills?
- How do I promote contact lenses in my practice?
- What are my goals and objectives?
- What is my plan to reach them?
- How do I communicate with my patients and expand my patient base?
- Where do I begin?

02N10-2-6S.PPT

10L2 02N102-6

How Much Active Marketing Should You Do?

In a professional practice, the image you want to convey must be determined beforehand.

Only you can determine the 'type' of practice you want to establish. Each practice is as individual as the practitioner/owner who consults within. Rather than allowing your image to 'happen', i.e. evolve by itself without your input, you should take an active role in creating and shaping how your patients perceive both you, and your practice.

With careful and thoughtful planning, you should be able to create the type of practice you will enjoy working in. You can influence directly, the way in which you deliver eyecare, as well as how your (contact lens) practice grows. All the while, you should be striving to create a rewarding situation for yourself, and those around you.

How much active marketing should you do? This depends on your personal attitudes and opinions, and requires a decision based on how you wish to balance productivity, professionalism, and profit.

Obviously, some individuals approach these issue with flair and flamboyance, while others take a more conservative, low-profile approach. Commercialism *versus* professionalism is just one issue you will need to evaluate.

This module will offer a brief foundation for establishing a professional contact lens practice that is profitable. The intention is to provide an initial framework within which to start a practice.

While much of practice marketing is a 'learn-as-you-go' process, it is important to think about the direction and style you wish to pursue, beforehand. Failure to plan can result in early stumbles, and/or the pursuit of inefficient, or ineffective, goals.

The references presented at the conclusion of this lecture provide information for a more in-depth study of practice marketing. The contact lens industry also provides support materials and tools to help you communicate with your patients. Not all of these materials are necessarily contact lens-specific, an acknowledgement that few practices are contact lens-only ventures, and that an holistic approach to comprehensive eyecare is required. These tools are helpful at practice start-up, and retain their usefulness as your practice grows.

The First Step: Thinking About You

As a new practitioner, you will need to answer the questions in slide 6.

7

INTERNAL AND EXTERNAL MARKETING

- **Two parallel paths to be addressed simultaneously**
- **Professional practice: market from the inside out**

02N10-2-7S.PPT

10L2 02N102-7

Internal and External Marketing

The evolution of a professional practice requires that two marketing aspects be pursued in tandem. These are *internal* marketing and *external* marketing.

Internal marketing affects everything you do *inside* your practice and relates largely to how you and your staff present yourselves and the practice to patients, while *external* marketing deals with the ways you publicize and promote your practice. Arguably, while both forms of marketing are important when establishing a general practice, they are more important when establishing a contact lens practice because of the greater personal interaction with the contact lens wearer.

Internal marketing is more involved, and requires greater effort than *external* marketing.

Generally, in a professional practice, marketing is done from the inside out, i.e. the marketing efforts are biased towards the 'presentation' to the patient once they are in the practice. Many different aspects warrant consideration.

8

THE *INTERNAL* MARKETING PLAN

Internal Step 1 - Practice name
Internal Step 2 - Slogan and logo
Internal Step 3 - Practice scope
Internal Step 4 - Definition of image
Internal Step 5 - Targeting patient base
Internal Step 6 - Role of staff
Internal Step 7 - Office procedures

02N10-2-8S.PPT

10L2 02N102-8

Your Marketing Plan

In this module, you will complete a Marketing Plan.

The steps for the first half of your plan address the *internal* marketing aspects of practice and are presented in slide 8.

These steps are followed by the requirements of an *external* marketing Plan which are detailed in slide 9.

9

THE *EXTERNAL* MARKETING PLAN

External Step 1 – Advertising/written communication
External Step 2 - Voice communication
External Step 3 - Press releases/publications
External Step 4 - Role in the community
External Step 5 - Creating special events
External Step 6 - Measuring results

02N10-2-9S.PPT

10L2 02N102-9

10

CONSIDERATIONS:
COST AND PRACTICALITY

- Position yourself
- You cannot be all things to all patients
- Define and target efforts

02N10-2-10S.PPT

10L2 02N102-10

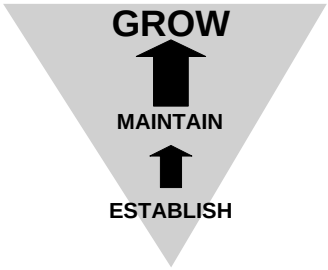
Considerations: Cost and Practicality

Cost and practicality influence the type of marketing plan you set into motion. You cannot be all things to all patients. You will need to 'position' yourself.

To ensure your investments in time and resources produce the desired outcomes, you must define and target your efforts. A practice is a business, and as such, you must determine how quickly you want it to grow, and in what direction that growth is to occur.

11

THE BOTTOM LINE:
THE PATIENT BASE



02N10-2-11S.PPT

10L2 02N102-11

The Bottom Line: The Patient Base

The bottom line for all marketing in a professional practice is to accomplish the following:

- Establish a patient base.
- Maintain a loyal patient base.
- Expand the patient base.
- Establish a scope of practice that provides quality patient care.
- Maintain a scope of practice you enjoy practicing within each day.
- Provide income.

As a new contact lens practitioner, you may be starting with literally no patients. Alternatively, you may be employed by another practitioner or optical entity (e.g. practice chain, optical shop) that has established one or more practices. In all cases, without patients, you have no practice.

If you are working in a practice with an established patient base, you need to maintain it while continuing to grow patient numbers by patient referrals (word of mouth), and marketing initiatives. If you commence a solo practice from the ground up, you will need to implement an active marketing plan, i.e. a way of finding patients.

All the techniques described here are applicable to finding, and expanding, that patient base. This growth needs to be balanced by the quality of care you provide, and the resources you have available. You will also need to decide how you want your day-to-day routine to evolve.

Can you afford to hire another staff member? While this may increase your capacity by say 10 patients per week, how much will the additional staff member generate and how much will it cost you to employ them? Is a steady pace preferable to the more pressured path of double booking patients in the event one does not show? Would you consider evening and weekend hours to make the practice more accessible? Would you rather have weekends to yourself, giving you more time with your family?

While learning the techniques of establishing and growing a practice, you must also balance their active pursuit with your quality of care, and your quality of life.

12

YOU NEED PATIENTS!

- No patients = No practice
- How do you find them?
- Balance between:
  - patient growth
  - quality of care
  - quality of life

02N10-2-12S.PPT

10L2 02N102-12

13

THE BOTTOM LINE:
YOUR SATISFACTION

- **Quality care**
- **Lifestyle**
- **Income**

02N10-2-13S.PPT

10L2 02N102-13

II Developing an Internal Marketing Plan for a Contact Lens Practice

14

NAMING THE PRACTICE

- Intangible impression
- No 'right' way
- Clear message
- Positive perception

02N10-2-14S.PPT

10L2 02N10-14

15

DEVELOPING A SLOGAN

- 'By-line' that describes what you do
- Further develops the image
- Consistent message

02N10-2-15S.PPT

10L2 02N102-15

16

DEVELOPING A SLOGAN

- *'We care for you, and your eyes'*
- *'Professional care for your eyes'*
- *'Focused on you'*
- *'Contact lens services just for you'*
- *'Contact lenses just for you'*

02N10-2-16S.PPT

10L2 02N102-16

Naming the Practice

Your message to the patient must be clear and consistent. The 'impression' a practice conveys is an intangible and, depending on the views, preferences, and 'lifestyle' of the particular patient, the message may be positive, neutral, or negative. While perceptions can be conveyed in many different ways, one of the most important is also one of the first – the name of the practice.

What will your practice's name be? Will it be *The Contact Lens Professionals?, Express Contact Lenses?, Discount Contacts?, We-R-Contact Lenses?, Contact Lenses 4 Sharp Sight?, Contact Lenses.com?, Anytown Contacts?, The Contact Lens Site?, Cutting Edge Contact Lenses?, Dr. Samantha Thompkins? Black, Green, and Brown: Contact Lens Practitioners?, Dr. Black and Associates?*

Each of these names conveys a different message. There is no 'right' way of naming your practice. Care must be taken to 'blend' into the area or district in which the practice is located, e.g. *Dr Black and Associates* may not sit well with customers of a fashion district catering for 18-25 year olds, whereas *Express Contact Lenses* might fit well.

Once you have selected a name, you must decide if you want to use a slogan or catch phrase.

A slogan is a catchy, attention-getting, succinct statement that describes what you, and your practice are about. Examples of this are:

- We care for you, and your eyes
- Professional care for your eyes
- Focused on you
- Contact lens services just for you.
- Contact lenses just for you

These two marketing plan factors, i.e. practice name, and slogan, are important because, not only do they convey the 'image' you are trying to develop, but they also lead logically to the next step in tangible planning. Using your practice name and slogan, you must now develop stationery, a business card, and written communications form letters you will use, e.g. follow-up letters, patient recall postcards, or a practice newsletter).

17

A PICTURE IS WORTH A THOUSAND WORDS

- Consistent
- Crisp and clean
- Unique
- Easy to identify
- Ageless
- Sizes well
- Reproduces well
- One dominant element

A GOOD LOGO IS

(Sachs, 1986A)

02N10-2-17S.PPT

10L2 02N102-17

A Picture is Worth A Thousand Words

In all visual 'communications', it is a common practice to accompany a practice name and slogan with an eye-catching logo. Although the perfect logo is impossible to define, it is largely a matter of personal preference. There are guidelines that can be followed when designing/creating the graphic image that will represent your practice:

A good logo is:

- Consistent with the image of the practice.
- Crisp and clean.
- Unique, and easy to identify.
- Ageless.

It should also:

- Be easy to read.
- Look good in different sizes.
- Reproduce well.
- Have one dominant element (Sachs, 1986A).

18

WHAT DO YOU DO?

- Does the practice name reflect who you are?
- Does the slogan reflect the scope of care?

TELL THE PATIENT CONSISTENTLY WHO YOU ARE, AND WHAT YOU DO

02N10-2-18S.PPT

10L2 02N102-18

What Do You Do?

Now that you have a 'direction', the scope of your practice is your next consideration. Does the name reflect what you do accurately?

Establishing a contact lens practice affords you a great many opportunities. There are many factors that contribute to the success of a contact lens practice. Some of these include:

- Capitalizing on your clinical expertise to increase business.
- Offering specialty services such as fitting RGP, soft toric, and presbyopic contact lenses.
- Expanding the patient base by:
  - fitting children
  - fitting presbyopes
  - accepting post-refractive surgery referrals.

In competent hands, contact lenses are a reliable practice builder. Some practitioners position contact lenses as a 'specialty' pursuit within their practice. However, for decades others have considered them to be a routine part of a general eyecare practice.

Given the breakthroughs in technology, design, and affordability, most patients can now wear contact lenses. Because of their almost universal utility, most patients should be made aware of the contact lens option when faced with a choice of the form of their vision correction. Except where the practitioner determines that there is a barrier to the fitting of contact lenses, contact lenses can be offered to all patients.

19

GREAT OPPORTUNITIES

CONTACT LENS PRACTITIONERS WHO ARE SUCCESSFUL:

- Capitalize on clinical expertise to increase business
- Offer specialty services
- Expand the patient base by fitting children and presbyopes
- Expand the practice by accepting post-refractive surgery referrals

02N10-2-19S.PPT

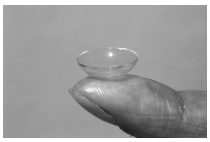
10L2 02N102-19

20

PRACTICE BUILDER

Almost all patients can wear contact lenses due to:

- Breakthroughs in technology
- New designs
- Affordability



02N10-2-20S.PPT

10L2 02N102-20

21

PRESENT THE CHOICES

Your job is to present the choice and options for:

- Correcting refractive error
- Providing optimum vision
- Correcting presbyopia
- Convenience with disposability
- Changing eye color
- Convenience in sports

02N10-2-21S.PPT

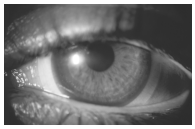
10L2 02N102-21

22

ADVANTAGES OF CONTACT LENSES

COSMETIC ADVANTAGES

- Appearance is the #1 reason
- Fashion sunglasses now possible
- Ability to change eye colour
- Enhance light eye colour



02N10-2-22S.PPT

10L2 02N102-22

Practice Builder

Your role as a contact lens practitioner is to make ALL patients aware of all the options available to them currently. A patient may not realize that contact lenses are available:

- For general vision correction including theirs.
- For astigmatism.
- For presbyopia.
- For sport.
- To enhance, or change, eye colour.
- To create theatrical effects.
- To assist those with colour vision defects.
- In convenient disposable form.
- For Extended Wear, or Flexible Wear.

In the era of refractive surgery as a highly publicized vision correction option, many patients come to the practice with questions about the viability and likely success with this option. One approach is to suggest that the patient try contact lenses *first.*

In this way you can present the pros and cons of refractive surgery, and demonstrate that contact lenses can be a successful alternative that provides the same end result, i.e. clear vision, without the possible complications arising from performing surgery on healthy ocular tissue.

Most patients simply want to abandon their glasses when they inquire about refractive surgery. Offering contact lenses to each and every patient pro-actively, will direct many of these patients to contact lenses as an alternative way of achieving good corrected visual acuity.

Successful contact lens practitioners simply add one question to the patient interview, “Have you considered contact lenses?”

It is in your best interest to make patients aware of their wide range of options. The list of contact lens ‘advantages’ included here can be presented to a patient in the form of a quick review. This process can be woven into a conversation between the fitter and the patient, or with another staff member at some advantageous time.

Advantages Of Contact Lens Wear

Review these advantages with the patient when presenting contact lenses as an option:

Cosmetic Advantages

- Appearance is the number one reason people choose contact lenses.
- Normal fashion sunglasses can be worn in conjunction with all contact lenses.

23

ADVANTAGES OF CONTACT LENSES
VISUAL ADVANTAGES

- No spectacle frame
- Wider field-of-view
- Fewer aberrations
- No image jump
- Vision more natural in size (conditions apply)
- High myopes - less minification
- High hyperopes - less magnification
- Better depth perception

02N10-2-23S.PPT

10L2 02N102-23

- The ability to change eye colour.
- The ability to enhance a light eye colour.

Visual Advantages

Refer to Module 2, Lecture 2.3, slides 32 – 65, and 87 - 90 for more details of the issues summarized here.

- No spectacle frame ‘obstructing’ the face.
- Wider field of view.
- Fewer aberrations than with spectacle lenses.
- Elimination of image jump (prism-induced image displacement with spectacles).
- Vision is more natural in size (depending on the aetiology of the ametropia, i.e. refractive, axial, or a combination of both, see Lecture 2.3).
- For the high myope, there is less minification (See Lecture 2.3).
- For the high hyperope and aphake, there is usually less magnification (See Lecture 2.3).
- Potentially better depth perception, especially with high Rxs.

24

ADVANTAGES OF CONTACT LENSES
QUALITY OF LIFE ADVANTAGES

- More ‘natural’, spectacle-free vision
- Preferred by active people
- No bouncing of spectacles during sports
- No sliding
- No fogging, collection of perspiration/condensation
- No fingerprints, streaking, drops on surface

02N10-2-24S.PPT

10L2 02N102-24

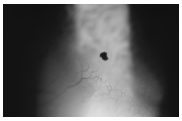
Quality of Life Advantages

- More ‘natural’, spectacle-free vision.
- Preferred by active people.
- Greater comfort while playing sport, and during exercise.
- No distracting bouncing spectacles during jogging, tennis, and other active sports.
- Nothing to slide down the nose when active.
- No fogging from perspiration, or condensation.
- No fingerprints, streaks, or raindrops on the lens surface.

25

ADVANTAGES OF CONTACT LENSES
MEDICAL ADVANTAGES

- Can protect cornea from serious injury
- Can prevent foreign body entering cornea
- Bandage lenses
- Delivery of therapeutics



02N10-2-25S.PPT

10L2 02N102-25

Medical Advantages

- Can shield the cornea from potentially serious corneal injury.
- Can prevent foreign bodies from gaining access to the cornea.
- Bandage lenses.
- Delivery system for time-release, ocular medications.

26

OCCUPATIONS IN WHICH CONTACT LENS WEAR IS IDEAL

- Entertainment
- Sales
- Athletics
- Outdoor
- Photographic
- Aircraft/airline
- Medical/surgical
- Law enforcement

02N10-2-26S.PPT

10L2 02N102-26

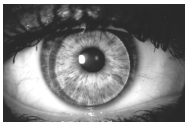
Occupations Where Contact Lens Wear Is Ideal

Those who require good vision with an enhanced personal appearance are good candidates for contact lens wear as are occupations requiring the use of equipment/instrument eyepieces. These include: entertainment professionals, salespeople, photographers, surgeons, microscopists, police officers, pilots (very low cockpit relative humidity may be a problem however), professional athletes, and those in outdoor occupations. Generally, those in people-oriented professions requiring enhanced appearance can benefit from contact lens wear.

27

WHAT IS THE DIFFERENCE?
RGP LENS ADVANTAGES

- Clear, sharp vision
- Long-term comfort
- Stability and durability
- Ease of care
- Good ocular health
- Corrects small to moderate amounts of corneal astigmatism



02N10-2-27S.PPT

10L2 02N102-27

What Is the Difference?

Once you have reviewed the benefits of contact lens wear, well-informed patients may ask you for an explanation of the differences between rigid and soft contact lenses. When reviewing the different types of lenses, this simple listing may assist your explanation of why a particular lens type is the lens of choice for them.

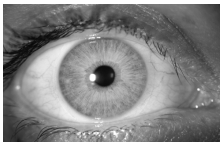
Rigid Gas Permeable Advantages

- Clear, sharp vision.
- Long-term comfort.
- Stability and durability.
- Ease of lens care.
- Good ocular health.
- Correct small and large amounts of corneal astigmatism.

28

WHAT IS THE DIFFERENCE?
SOFT CONTACT LENS ADVANTAGES

- Excellent comfort
- Variable wearing time
- Occasional wear
- No foreign body sensation
- Good ocular health
- Ability to change eye color
- Simple lens care
- Daily disposable, disposable, and extended wear options



02N10-2-28S.PPT

10L2 02N102-28

Soft Contact Lens Advantages

- Excellent initial comfort.
- Variable wearing time.
- Suitable for occasional wear.
- No foreign body sensation.
- Good ocular health (esp. siloxane hydrogels).
- Ability to change eye colour.
- Simple lens care.
- Daily disposable, disposable, and extended wear options.

29

IT IS UP TO YOU

- Offer contact lenses to EVERY patient
- Educate patients about the features, benefits, and advantages of contact lens wear
- Good starting point to turn ‘potentials’ into patients

02N10-2-29S.PPT

10L2 02N102-29

It is up to you, the practitioner, to treat almost every patient as a potential contact lens wearer.

Offer contact lenses to EVERY patient.

Educating patients about the features and benefits of contact lens wear is a good starting point that can lead to a contact lens fitting. As a contact lens practitioner, you have access to, and therefore a great opportunity to influence, a broad population of people who can benefit from your specialized clinical skills.

30

INTERNAL MARKETING PLAN REVIEW

IMP Step 1	Naming the practice
IMP Step 2	Developing a slogan and logo
IMP Step 3	Determining the scope of the practice

02N10-2-30S.PPT

10L2 02N102-30

Internal Marketing Plan (IMP) Review

To review your marketing plan up to this point, examine the areas in which you have made decisions.

By way of an example, use a new graduate who is starting from scratch. Here is a sample of working through the internal marketing plan:

IMP Step 1

Naming the Practice

Dr. Samantha Thompkins, Contact Lens Specialist

IMP Step 2

Developing a Practice Slogan and Logo

Simply the Best in Contact Lens Care

IMP Step 3

Determining the Scope of the Practice

The practice is to provide primary eyecare, and fit all types of contact lenses. Contact lens services are to be promoted actively to establish the practice as the number one practice for contact lens fitting and care within a 100 kilometre (or mile) radius. All patients are to be treated with the greatest of respect, and as lifelong friends.

31

MOVING ON TO IMP STEP 4
DEFINING THE IMAGE YOU PROJECT

"Haven't I already determined what image will be projected by my name, slogan, and services?"

02N10-2-31S.PPT

10L2 02N102-31

IMP Step 4

Defining the Image You Project

You may think, "Haven't I already determined what image will be projected by my name, slogan and services?" Yes, but only up to a point. These three items are only part of the larger marketing plan.

We know that the image you project will be one of professionalism but so too do most other contact lens practitioners. How can the level of professionalism be varied in your practice to differentiate it from those of others?

In her book, *Do It Yourself Marketing for the Professional Practice*, Sachs (1986) offers some insight into, and examples of, considerations that need to be addressed.

32

VARIATIONS IN PROFESSIONALISM

Sachs, 1986B

- Costliness
- Formality
- Rigidity
- Sense of humor

VARIATIONS CAN BE POSITIVE ATTRIBUTES!

02N10-2-32S.PPT

10L2 02N102-32

"Let's see how variations in these areas can be positive for different practitioners:

Costliness: Part of a professional's image is how their clients perceive their fees and services. Kmart and Bloomingdale's both have satisfied customers who think their money is well spent. (Kmart is a discount department store, while Bloomingdale's is a high-end, high-priced, department store). Likewise, a professional can also convey successfully, an image ranging from the utmost in economy to lavish services, as long as the chosen image is carried through consistently and is appropriate to the style, and expectations of their clients.

Formality: Do you introduce yourself by your first name, or will clients of thirty years still call you Mr., Ms., or Dr. Smith (according to local custom and/or qualifications)? This is an aspect of formality. Professionals can (within obvious limits) decide for themselves how formally, or informally, they choose to deal with both staff and clients.

Rigidity: Some practitioners convey the image that they run a highly disciplined practice while others, equally successfully, seem to run a less structured organization that is more responsive to events as they unfold. Pursuing either extreme, or some compromise position in between, can work as long as you are usually on time for appointments and have control of your practice.

Sense of Humor: Barring offensive jokes or excessive buffoonery, making clients laugh is usually an asset, but unless you lack this skill, or are uncomfortable using it in your practice, there is no reason you can't succeed" (Sachs, 1986B).

33

DOES IMAGE EQUAL PRICE?

- Patients will pay for good service
- Patients want the BEST VALUE

02N10-2-33S.PPT

10L2 02N102-33

Does Image Equal Price?

Once you have determined the image you want to project, be *consistent*. This is important because how you are perceived is directly tied to the prices you will charge for your services, and the value attached to those services.

Keeping in mind that patients will pay for good service, how do you determine your fees for services? Except for commodity items, most patients realize they are not simply purchasing a ‘product’. Typically, patients are not interested in the ‘best price’ but want the ‘best value’.

As a contact lens specialist, you will be providing quality care and superior service as well as a variety of products, i.e. in addition to the contact lenses, you are selling yourself and your practice.

34

WHAT DO YOU HAVE TO SELL?

“*Outstanding service* is what keeps patients coming back, especially so when service is really the only thing we have to sell.”

Koetting, 1992A

02N10-2-34S.PPT

10L2 02N102-34

What Do You Have To Sell?

In his book, *Marketing, Managing and Contact Lenses*, Koetting (1992A) states that, "Outstanding service is what keeps patients coming back, especially so when service is really the only thing we have to sell".

He continues:

"Most people feel that the doctor's quality and worth are based on patient care, thus good service results in word-of-mouth referrals. Because it costs many times as much to win a new patient as to keep an old one, it is certainly worth finding out what patients want and need, and developing a strategy to meet their expectations." (Koetting, 1992A).

It has been estimated that it takes six to ten times more time, effort, and cost to attract a new patient than to retain a current patient. Satisfied patients will refer new patients and that is the best and most effective way to expand a practice.

35

WHAT DO PATIENTS WANT?
THE TOP FIVE CHARACTERISTICS PATIENTS DEMAND

MSI data cited in Koetting, 1992A

- Reliability
- Responsiveness
- Assurance
- Empathy
- Tangibles

02N10-2-35S.PPT

10L2 02N102-35

36

THE COST OF ATTRACTING A NEW PATIENT

Practice management professionals have estimated that it takes 6 to 10 times more time, effort, and expense to attract a **new** *patient, than to retain a* **current** *patient*

02N10-2-36S.PPT

10L2 02N102-36

37

SERVICE BEGINS WITH A GOOD FIRST IMPRESSION BUT IT DOES NOT STOP THERE

02N10-2-37S.PPT

10L2 02N102-37

What Do Patients Want?

Finally, when you are considering the practice image, keep in mind that research by the *Marketing Science Institute* identified the top five characteristics that patients demand in a practitioner as:

1 **Reliability**. Dependable, accurate, and consistent performance is the number one concern. Always keep promises.

2 **Responsiveness**. Prompt service and a helpful attitude follow closely behind Reliability.

3 **Assurance**. Knowledgeable and courteous employees are also important.

4 **Empathy**. Individualized attention and the willingness to lend a sympathetic ear are essential.

5 **Tangibles**. Good physical facilities and equipment must be staffed by well-groomed people (*MSI* data cited in Koetting, 1992A).

Service begins with a good first impression, but it does not stop there (Koetting, 1992A).

38

IMP STEP 5
TARGETING THE PATIENT BASE

Appeal to patients who are:

- Appearance conscious
- Safety conscious
- Reluctant wearers
- Price conscious
- Medically oriented

02N10-2-38S.PPT

10L2 02N102-38

IMP Step 5: Targeting The Patient Base

Once you have decided on how you want your patients to perceive you and your services, you must then consider how to appeal to those patients who best ‘fit’ your practice’s ‘style’.

There are many types of patients potentially well suited to contact lens wear. They include those who are:

- Appearance conscious.
- Safety conscious.
- Reluctant wearers.
- Price conscious.
- Medically oriented.

39

WHO IS YOUR TARGET PATIENT BASE?
CLEARLY DEFINE YOUR TARGET PATIENT BASE

"Our practice will target families who live within 20 kilometers of our office.
We will actively pursue patients aged 20-45."

02N10-2-39S.PPT

10L2 02N102-39

Who are your targets, and how do you appeal to them as potential contact lens wearers?

In some practices, steps are taken to clearly define the target patient base. This might include a statement such as:

"Our practice will target families who live within 50 kilometers (or miles) of our office. We will actively pursue patients aged 20-45."

Once you have determined who you are appealing to, you can select tools with which to approach them.

There are literally hundreds of ideas that can be used to prompt a creative marketing approach. Some of these ideas are offered in Practical Exercise 10.2.1 to help you 'brainstorm' ideas that might work best for your practice. A summary of ideas from four sources are presented in list form.

40

BRAINSTORMING

- Hundreds of ideas
- Creative marketing approach
- What will work best for you?
- Select ideas after considering all the options

02N10-2-40S.PPT

10L2 02N102-40

Brainstorming Ideas

When reviewing these lists, you will note that just about everything you do relates to 'marketing' in some way. Read through the lists, and absorb the options. Then, continue with this lecture, reserving selection of items you will implement in your practice until the end of the lecture.

This exercise is just to provoke your thoughts!

41

IMP STEP 6
THE ROLE OF STAFF

Select staff members who:

- Are motivated
- Are caring
- Are efficient
- Have a positive attitude
- Will influence a positive office atmosphere

02N10-2-41S.PPT

10L2 02N102-41

IMP Step 6: The Role Of Staff

Efficient, enthusiastic, capable staff members are the best internal marketing tools you can invest in.

Appropriate staff members will build the practice through positive patient exchange and influence on the ambient atmosphere of the office. Look for people with a contagious enthusiasm and a positive disposition. A professional attitude to all is a must.

Select staff members who are motivated, caring and efficient. These characteristics are as important as (if not more important than) any technical knowledge a person must also have. Generally, staff members will need some in-office training regardless of their own background and previous experience. Therefore, motivation to learn is one of the key personality traits required.

42

IMP STEP 6
THE ROLE OF STAFF

Select staff members who:

- Have contagious enthusiasm
- Have a professional attitude
- Are willing to learn
- Have potential

02N10-2-42S.PPT

10L2 02N102-42

Office staff have much more patient contact than the practitioner and will, therefore, need training to be part of a top-notch team.

Once you have identified an individual with potential, you have the task of providing them with training and relevant materials. During this training, you should outline to each employee what is expected of them. They need to be given the procedures to follow, or need to participate actively in the development of them.

43

THE RIGHT PERSON

- Motivated
- Positive
- Willing to learn

TECHNICAL SKILLS CAN BE LEARNED

02N10-2-43S.PPT

10L2 02N102-43

44

PROVIDE A STAFF TRAINING PROGRAMME

- Outline what is expected
- Provide procedures to follow
- Provide technical materials to study
- Set a time schedule

02N10-2-44S.PPT

10L2 02N102-44

45

SUGGESTED TRAINING PROGRAMME

- Provide one article, or chapter of a technical book, per week
- Allow the employee one hour each week, in office time, to read and study
- Hold a staff meeting to discuss the material

02N10-2-45S.PPT

10L2 02N102-45

46

WHAT DOES STAFF TRAINING ACCOMPLISH?

- Investment in employees
- Facilitates learning
- Emphasizes importance of knowledge

YOU BECOME A TEAM!

02N10-2-46S.PPT

10L2 02N102-46

You need to develop an in-office training programme that includes the technical materials you expect the staff to study. A system of teaching needs to be put into place and time set aside for it.

Here is a suggested training programme that could be implemented:

- Select the most professional, enthusiastic individuals.
- Provide one article, or chapter of a technical book, per week.
- Allow the employee one hour each week, in office time, to read and study.
- Hold a staff meeting at the end of each week to discuss the article, or other material assigned. Address any questions arising.

This simple method of learning accomplishes many things. The employee will know that you are 'investing' in them as part of the team, as well as offering your expertise to facilitate learning. By offering office time to help the employee find the time to study, you will be clearly emphasizing the importance of developing the staff's technical knowledge.

47

FINDING THE TIME

HOW DO I FIND THE TIME TO CONDUCT A STAFF TRAINING PROGRAMME?

- Make the time!
- Use lunch hours
- Use after office hours
- Use staff meetings

INVEST IN INDIVIDUALS WHO ARE WILLING TO INVEST IN YOUR PRACTICE

02N10-2-47S.PPT

10L2 02N102-47

Finding The Time

But how do you find the time to do this? It is critical that you make the time.

Perhaps towards the end of a week, the lunch hour or staff meeting can be extended to include a technical lesson. Perhaps an hour at the end of a day each week can be blocked off to make time for this important pursuit. The time that you invest in nurturing an enthusiastic employee will pay off. Staff turn-over can be quite high if their satisfaction levels are not managed, and you may find yourself repeatedly starting training over and over. Invest in the individuals who are investing in growing your practice.

Koetting (1992B) sums it up well by saying that, "As far as patients are concerned, your employees ARE your office".

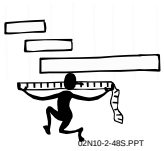
Bennett (1993) also discusses these staffing issues.

48

IMP STEP 7

OFFICE POLICIES AND PROCEDURES

Your ongoing success and growth depends on how your office runs day to day



02N10-2-48S.PPT

10L2 02N102-48

IMP Step 7: Office Policies And Procedures

The actual procedures that you put into place in your practice are important to the ongoing success and growth of the practice. These procedures are, in fact, ongoing internal marketing tools.

The most important areas are summarized in this lecture. More detailed information is presented in Lecture 10.3, *Management of the Contact Lens Practice*.

49

THE TELEPHONE

EACH TIME THE TELEPHONE RINGS IT IS OPPORTUNITY CALLING!

- First point of communication
- Assign the task to knowledgeable, friendly staff
- At least 2 phone lines needed
- No busy signals for the patient
- Add more lines if all your phones are often engaged

02N10-2-49S.PPT

10L2 02N102-49

The Telephone and Initial Patient Interaction

Each time the telephone rings it is an ‘opportunity calling’. In most cases, the telephone is the first point of communication with a practice. The important task of answering the phone should be assigned to a knowledgeable, friendly staff member. This will save the unnecessary ringing that occurs when staff members think another member of staff will answer the phone. Arguably, all other staff members should be competent at fulfilling the answering role should the assigned person be unavailable for any reason, e.g. already dealing with a patient. The telephone should be answered after no more than 2-3 ring tones are heard.

Every contact lens practice should consider having at least two phone lines. A potential new patient should never encounter a busy signal when telephoning the practice office. If two lines are kept busy on a daily basis, more should be added.

50

THE TELEPHONE

DEFINE AN INITIAL GREETING

- All employees to use the standard greeting
- Assign one person the task of answering the phone
- Answer no later than 2nd or 3rd ring

02N10-2-50S.PPT

10L2 02N102-50

A standardized initial greeting should be defined. Each employee should use this standard greeting when answering the phone, e.g. a simple, "Good morning, Contact Lens Consultants - This is [insert name]" could begin the greeting. This should be followed with "How may I help you?" or "How may I be of service/help?"

51

THE TELEPHONE

- First impressions are critical
- Efficiency, care, and competency are needed

The initial contact paves the way for the potential patient to become a returning and referring patient

02N10-2-51S.PPT

10L2 02N102-51

52

TELEPHONE INQUIRIES

DEVELOP SCRIPTS TO USE AS GUIDES

- Use scripts to emphasize key points
- 'Refer to' rather than read verbatim
- Develop for commonly asked questions (FAQs)
- Role play to polish skills
- Consistent replies reflect professional opinions and scope of care provided

02N10-2-52S.PPT

10L2 02N102-52

53

TELEPHONE INQUIRIES

HOW MUCH ARE CONTACT LENSES?

- You have called the right place!
- We offer a wide variety of contact lenses
- Although almost everyone can now wear contact lenses, let me ask you a few questions to learn more about the types of lenses that might suit you and your lifestyle
- We would welcome the opportunity to examine your eyes
- Together we can select the best and healthiest lenses for you

Capaldi, 1999

02N10-2-53S.PPT

10L2 02N102-53

Telephone Inquiries

The initial contact a patient has with your office carries with it the potential for them to become not only a patient of your practice, but also a returning and a referring patient. First impressions are critical. Initial impressions of efficiency, care, and competency are what need to be conveyed.

Frequently, patients will telephone an office and begin with the question, "How much are contact lenses?" How staff members answer these types of inquiries is important to ensuring practice-wide consistency, as well as conveying the impression the practice is competent to meet all their needs.

In this situation, a script can be very useful and scripts covering most likely scenarios should be available, and their essential elements understood by all staff. When answering questions, the script should not be read verbatim, rather it should be referred to for its key points. In the internet age, this concept should be familiar to both the practice staff and the inquirer because many websites take a similar approach and include FAQs (Frequently Asked Questions) as a way of communicating information succinctly.

These scripts should reflect your professional opinions, and the scope of care you provide. Role-playing with staff members is a good way of polishing the quality and consistency of staff replies.

54

TELEPHONE INQUIRIES

IF CALLER PRESSES FOR AN ACTUAL COST...

- The reply should demonstrate there is more than price involved in getting contact lenses
- Provide a range of costs
- Keep it simple
- "We offer contact lenses ranging from $$ to $$$, the actual cost depends on the type that best suits your visual, and lifestyle needs"

Capaldi, 1999

02N10-2-54S.PPT

10L2 02N102-54

55

TELEPHONE INQUIRIES

I HAVE ASTIGMATISM. CAN I WEAR CONTACT LENSES?

- Describe astigmatism simply
- A soccer ball shape *versus* a football shape
- People with astigmatism can definitely wear contact lenses
- Many designs and options are available

Capaldi, 1999

02N10-2-55S.PPT

10L2 02N102-55

56

TELEPHONE INQUIRIES

I WEAR BIFOCALS. IF I WEAR CONTACT LENSES, WILL I STILL BE ABLE TO READ?

Capaldi, 1999

- Several ways to fit bifocal wearers with contact lenses
- Monovision option
- Bifocal contact lens options
- Several designs are available
- Together we can determine the best for you

02N10-2-56S.PPT

10L2 02N102-56

Here are some sample scripts to get you started:

"How much are contact lenses?"

"Well, you've started by calling the right place! We offer a wide variety of contact lenses and our practitioners will determine which ones would best suit your needs.

Let me ask you a few questions to learn more about the type of lenses you're interested in. (Then lead the patient through questioning, describing the options.)

There are many new types of lenses available. Just about everyone can wear contact lenses now. We would welcome the opportunity to examine your eyes and select the lenses best suited to your eyes and your lifestyle."

This script demonstrates to the patient that there is much more than just price involved when seeking contact lenses (Capaldi, 1999).

If the caller presses for an actual cost, the staff member should provide a range of costs, depending upon lens type, and the services required. The responses should be simple. A reply of "$129 to $300 depending on the type of lenses that best suit your visual and lifestyle needs" will generally satisfy most callers.

"I have astigmatism. Can I wear contact lenses?"

"Astigmatism is an optical irregularity of the shape of the eye. A non-astigmatic eye is shaped like a soccer ball or a sphere. An astigmatic eye is shaped more like a football or an egg. People with astigmatism can definitely wear contact lenses, and many designs are available" (Capaldi, 1999).

"I wear bifocals. Can I wear contact lenses and still be able to read?

"There are several different ways to fit bifocal wearers with contact lenses. One successful method is monovision. In this, the practitioner fits one eye with a prescription to see far away and the other eye with a prescription to see up close. Another way is to fit bifocal contact lenses. Several designs are on the market, and our practitioners can determine which would work best for you" (Capaldi, 1999).

57

TELEPHONE INQUIRIES

WHAT ARE DISPOSABLE LENSES?

Capaldi, 1999

- Daily disposable lenses are special soft lenses that are worn once and then discarded
- Also offer disposable and frequent replacement lenses that are replaced at 2 weeks, 1 or 3 months
- Replacing lenses frequently improves comfort levels, visual acuity, and corneal health

02N10-2-57S.PPT

10L2 02N102-57

"What are disposable lenses?"

"Daily disposable contact lenses are special soft contact lenses that are worn once only and then discarded after they have been removed. We also offer disposable or frequent replacement lenses. Usually, such lenses are worn on a daily wear basis and are discarded after two weeks, one month, or three months, depending on the lens type. Replacing your contact lenses frequently improves your comfort levels, visual acuity, and eye health" (Capaldi, 1999).

58

SCHEDULING

APPOINTMENT SCHEDULING AND KEEPING TO THE SCHEDULE

- Important aspect of smooth running practice
- Makes a memorable first impression
- Chance to gain a lifelong patient
- Set the first appointment within the same week
- Keep the momentum going
- Designate times in the appointment book for new patients only

02N10-2-58S.PPT

10L2 02N102-58

Appointment Scheduling and Keeping to the Schedule

The scheduling of appointments and keeping to the schedule will be discussed in greater detail in the next lecture. Scheduling is an important aspect of the day-to-day operations of a smooth running practice.

As far as marketing your practice is concerned, setting the initial appointment, and the in-practice preparations leading up to the first appointment, can make a memorable impression. This is a great opportunity to gain a lifelong patient.

If possible, set the appointment within the week that first telephone contact is made. If the appointment is set for later than that, you run the risk of the patient's schedule changing, a loss in interest, or a conflicting commitment.

It is good to keep the momentum going. Designate times in your appointment book for new examinations and leave those spaces open to accommodate new callers.

59

SCHEDULING

MAKE A GOOD FIRST IMPRESSION

- Fax a map and directions to the office
- E-mail a note welcoming them
- E-mail suggestion they view your website
- Complete the health history over the telephone before the visit
- Telephone to confirm appointment 1- 2 days before

02N10-2-59S.PPT

10L2 02N102-59

There are other things you can do that will make a good first impression on patients. A list of suggestions is offered here.

Once the appointment has been set you can:

- Fax the patient a map and directions to the office.
- Mail or fax an office brochure describing your practice.
- E-mail the patient a note welcoming them.
- E-mail the patient suggesting they view your website.
- Have a suitably qualified staff member telephone the patient to complete their health history over the telephone.

60

SCHEDULING

KEEP THE PRACTICE BUSY

- Efficient management of the appointment book is the key to keeping the practice busy from day to day
- Ensure the patient comes in for their first appointment
- Take steps to consolidate the patient's interest and their investment in your practice

02N10-2-60S.PPT

10L2 02N102-60

You can adopt any or all of these suggestions provided they suit your practice. In all cases however, the patient should be contacted one or two days before the scheduled visit, to confirm they can still keep their appointment. This will remind them, as well as provide an opportunity to re-schedule the appointment should this be necessary.

61

SCHEDULING

BE ON TIME !

- Keep to the schedule to keep patients
- Patients are too busy to be kept waiting
- Begin the eye examination on time
- If delayed, utilize staff members to engage the patient's attention
- The moment the patient walks through your office door, your time is theirs

02N10-2-61S.PPT

10L2 02N102-61

Efficient management of the appointment book is a key element in keeping the practice busy from day to day. As with telephone answering, responsibility for managing the appointment book, and endeavouring to keep it full should be assigned to one person.

These suggestions are aimed at ensuring the patient comes in for their first appointment, and to make them realize they have already invested something in becoming your patient.

For example, if the patient spends five minutes on the telephone with a clinical assistant running through a background questionnaire before attending the practice, to some extent they will feel as if you 'already have their clinical records'.

The positive role appointments play in internal marketing can be diminished significantly if the practice does not run punctually, i.e. if the appointment book is more a work of fiction than an accurate timeline of its operation. Keeping to the schedule is essential to keeping patients. While time is a valuable commodity to your practice, patients are too busy to be kept waiting. If a patient is scheduled for a 9:00 appointment, the exam should begin at 9:00. From the moment the patient walks through your office door, your time is theirs.

Regardless of what transpires at the scheduled time, steps should be taken to engage the patient's attention and make them feel as though the appointment began on time.

For example, if you are seeing an ocular emergency and cannot begin the new examination scheduled for 9:00 until say 9:15, a clinical assistant can commence procedures by conducting some preliminary testing. If you are to perform all the clinical aspects yourself, some quick thinking may be required to maintain the appearance that all the processes are still flowing smoothly, e.g. the patient could be moved to the consulting room and provided with information about the eyecare provided in the practice, what eyecare entails, the advantages of contact lenses, etc. In this way, the impression is conveyed that at least some part of the patient examination was started on time.

62

FEES
SETTING AND PRESENTING FEES

- Patients buy services and benefits
- Fees reflect time, care, and professional competency
- Fees are not just contact lens product costs
- Most patients understand this

02N10-2-62S.PPT

10L2 02N102-62

63

FEES
SETTING AND PRESENTING FEES

- Provide a breakdown of services
- Patients are interested in the BEST VALUE
- Set competitive professional fees
- Do not price yourself out of your target market
- Compare professional fees in your area

02N10-2-63S.PPT

10L2 02N102-63

64

FEES
SETTING AND PRESENTING FEES

- Patients want good value, not just the lowest price
- Set competitive professional fees

02N10-2-64S.PPT

10L2 02N102-64

Setting and Presenting Fees

In a professional contact lens practice, patients buy services and benefits - not just contact lens products. As such, the fees you set reflect your time, care, and professional competency - not just a charge for the contact lenses.

Most patients understand this. You need to provide an itemized breakdown of your services so that the patient understands the derivation of the final sum they are charged. Patients are not necessarily interested in the best (lowest) price. They are interested in the **best value**. You need to demonstrate to them solid value for the care, services, and products they are paying for.

Set competitive professional fees. Your chair time has a dollar value. However, you must not price yourself out of the reach of your target market.

Normally, the amount patients expect to pay for goods and services fall within a range they view as typical. To ensure your fees and charges are competitive, gather some market intelligence in your local area, and note the levels of service and care on offer as well.

Compare your professional service fees with those of your local competitors as well as those of other local professions. For example, patients would not see value if you set your fee at the $175 per hour rate that a local legal practitioner charges while your $75 examination fee may compare favorably with that of the local dentist.

65

FOLLOW-UP AND REFERRALS

One satisfied patient can refer 10 new patients through 'word-of-mouth' marketing

One dissatisfied patient can do great damage

02N10-2-65S.PPT

10L2 02N102-65

66

FOLLOW-UP AND REFERRALS

- Ensures patients will return
- Ensures patients will refer others
- Call the patient 2-3 days after dispensing lenses
- Contact demonstrates your care and interest
- Your attention will please them and be welcomed

02N10-2-66S.PPT

10L2 02N102-66

67

FOLLOW-UP AND REFERRALS

- Reinforce the need for follow-up care
- Contact lens patients are prone to thinking that there is no need for a return visit unless problems arise
- Reassure them that, although contact lens wear is simple and convenient, proper maintenance and follow-up are required if complications are to be prevented

02N10-2-67S.PPT

10L2 02N102-67

68

FOLLOW-UP AND REFERRALS

A HAPPY PATIENT REFERS OTHERS

It is important to remember to always say thank you for a patient referral

THIS IS A POWERFUL INTERNAL MARKETING TOOL

02N10-2-68S.PPT

10L2 02N102-68

Follow-Up and Referrals

It is important to note that when marketing your practice, satisfied patients refer others and are the cornerstone of a practice.

Good follow-up care ensures that the patient will return to the practice and will encourage them to refer others. It has been estimated that one satisfied patient may refer up to 10 new patients to a practice through 'word-of-mouth' marketing to their family, friends, and co-workers. Conversely, one dissatisfied patient can dissuade the same number of potential patients. If strongly motivated to be negative, even greater damage is possible.

To ensure that the patient is successful with contact lenses, a staff member should telephone the new contact lens wearer 2-3 days after the lenses are dispensed.

This call should be a friendly inquiry as to how the patient is going with contact lens insertion, removal, and care. A specific question related to the quality of their contact lens vision would also be appropriate. Such inquiries demonstrate a level of care and interest you want them to associate with your practice.

Most patients respond favorably to a practice that takes an interest in their progress, especially in the early stages of contact lens wear. They may be somewhat surprised and pleased that your office took the time to see how they were progressing. This is also a good opportunity to reinforce the importance of follow-up (after-care) visits.

Far too many contact lens wearers are prone to thinking that there is no need for a return visit unless something goes wrong. Reassure them that contact lenses, although simple and convenient to care for, require maintenance and follow-up to reduce the likelihood of complications occurring.

A powerful internal practice-marketing tool is to remember to acknowledge, and thank, patients who refer colleagues, friends, and family members. There are a number of possible ways to do this. These range from a simple thank-you note, to a small gift, or a reduction in service fees. These will be discussed further in the management section of this module. What is central to good internal marketing is to always say thank you in some way.

69

RECALL

- Tap into current patient base
- Several recall systems exist
- Most common is to send a postcard reminder
- Follow reminder with telephone call

02N10-2-69S.PPT

10L2 02N102-69

70

RECALL

IF THE PATIENT DOES NOT RESPOND

- Endeavour to find out why
- Discuss any dissatisfaction expressed
- A call from the practitioner might be in order
- Thank patient for their openness
- Review complaint with office staff to formulate a correction so that the episode is not repeated

02N10-2-70S.PPT

10L2 02N102-70

Recalling Patients

Pursuing patient recalls actively gives you a strong basis for return business. Your long-term success is dependent on serving and managing your existing patient base well.

An effective recall system is one of the most powerful marketing tools a contact lens practitioner can utilize. Tapping into the current patient base can be lucrative and ensures an ongoing patient relationship with the practice.

Several types of recall system exist.

The most common is posting a special printed postcard to remind a patient that a return visit has fallen due. This is followed up with a telephone call from an office staff member to make an appointment or, if a tentative appointment has been allocated to them in the postcard, to confirm or change the allocated time.

If the patient does not confirm a visit, the staff member should endeavour to ascertain why. Discussing why a patient might be dissatisfied with the practice provides valuable information as well as insight into a possible remedy.

A call from the practitioner may be in order to determine if there is anything that can be done to reverse the patient's perceptions, and/or to facilitate their return to the practice. If the patient is not responsive, thank them for their openness and assure them that you are available should they ever wish to return. To avoid recurrences of dissatisfaction, review any information the dissatisfied patient provided, with your staff.

Patient recall is described in greater detail in Lecture 10.3: *Managing the Contact Lens Practice*.

III Developing an External Marketing Plan for a Contact Lens Practice

71

EXTERNAL MARKETING PLAN

MARKETING TOOLS

TO USE FROM THE

'OUTSIDE - IN'

02N10-2-71S.PPT

10L2 02N102-71

External Marketing Plan (EMP)

Thus far, we have presented concepts of marketing your practice from the 'inside out', i.e. internal marketing. There are also *external* marketing tools you can employ to increase your visibility within the community. This is important because it is where your potential local patient base resides.

A discussion of the types of marketing tools that you can use from the 'outside in' follows.

72

EXTERNAL MARKETING
EMP STEP 1: *ADVERTISING*

- Several different types of printed media
- Choose what will fit your budget
- Choose those that will target more closely the patients you want to reach
- Think about what is the 'best investment'

02N10-2-72S.PPT

10L2 02N102-72

EMP Step 1: Advertising/Written Communications

You can advertise your contact lens practice in several different types of print media.

You need to select the one(s) that matches your budget. Look at the costs involved and relate these to the number of potential patients you may reach. In some cases, it might be worthwhile paying more if the advertising targets the profile of your potential patient population more closely.

For example, it may be prudent spending more money on a direct mailing campaign with a pre-selected patient population, than running an advertisement in a newspaper that targets the population more broadly. While more people may see the advertisement in the newspaper, all readers are not necessarily potential patients of your practice because of location, for example. A direct mailing to those in your surrounding area might represent a 'better investment'.

73

EXTERNAL MARKETING
NEWSPAPERS

- Limited life span - a day
- Appeals to general population
- Design should be clear, concise, convey professionalism
- List practice name and location
- List slogan and include logo

02N10-2-73S.PPT

10L2 02N102-73

Newspapers

Newspapers have a short lifespan. Remember that, usually, they are only seen by potential patients for one day. However, you will be appealing to the general population and if your advertisement is 'professional', you may achieve the exposure you desire.

When designing your advertisement, be sure that it is clear, concise and conveys the message you want associated with your practice. Of course your practice name and location will be listed. The slogan you selected for your practice (if any) will be a useful inclusion as well.

Select a newspaper that targets your local area. For example, a small town weekly paper might be more suitable than a much larger metropolitan daily newspaper.

Once you have decided you will use a newspaper as your advertising medium, choose a consistent message that is repeatable. Then, based on your

74

EXTERNAL MARKETING NEWSPAPERS

- Select a local newspaper
- Determine how often the ad will run
- Be consistent
- Creativity will get the ad noticed
- Pleasing graphically, no clutter, provides clear information

02N10-2-74S.PPT

10L2 02N102-74

75

EXTERNAL MARKETING NEWSPAPERS

- Knowledgeable and professional appeal
- Provide information to the patient
- Information source to educate general public

Example:

Frequently asked questions (FAQs) column

02N10-2-75S.PPT

10L2 02N102-75

76

EXTERNAL MARKETING BROCHURES/DIRECT MAIL

- Any ad, notice, or brochure sent to a patient is considered 'direct mail'
- Design a flyer or brochure that is attention getting

THE *DIRECT MARKETING ASSOCIATION* ESTIMATES BILLIONS OF PIECES OF DIRECT MAIL ARE SENT THROUGH THE POSTAL SYSTEM

(in Koetting, 1992C)

02N10-2-76S.PPT

10L2 02N102-76

77

EXTERNAL MARKETING BROCHURES/DIRECT MAIL

The aim is to put a reminder or message about your practice in front of patients, and potential patients, as often as opportunity, and funds, permit

02N10-2-77S.PPT

10L2 02N102-77

marketing budget, determine how often you will run the advertisement. Will you advertise once per week, once per month, twice per year?

Consistency in the type of advertisement you run is important. For example, will you offer a discounted special each time? Will you picture a box of disposable contact lenses? Will you close the ad by suggesting the patient contact the office to schedule a contact lens fitting?

Regardless of the 'angle' or direction selected, and the variations of these used from time to time, the ads should always convey the same consistent message.

For example, the McDonalds™ fast-food chain varies the type of advertisement it runs, but always includes the golden arches and finishes with a consistent slogan.

Creativity in advertising will get your ads noticed. The type of ad required is pleasing graphically, uncluttered, and provides clear information.

Providing patient information in your ads is another way of keeping the message consistent. In this way, you appear knowledgeable and appeal to the patient in a professional way.

An example of this might be to run an advertisement, say once a month, in your local, small town newspaper. One suggestion would be to pose a question that patients frequently ask, and provide an answer within the same frame.

This type of advertisement demonstrates knowledge, conveys a sense of caring, and is an information source for educating the population at large. An example of such an advertisement is shown in Appendix 10.2.1.

Brochures and Direct Mail

Any notice, ad, or brochure sent to a patient, or potential patient, is considered 'direct mail'.

For example, when you are sending the patient a payment statement, you have an opportunity to include a flyer on your practice.

The Direct Marketing Association estimates that in the United States, billions of pieces of third-class mail are sent through the postal system annually. (cited in Koetting, 1992C) It is clear then, that if you advertise using direct mail, you will need to design a flyer or brochure that is attention getting because it is competing with a large volume of other material for the same 'space'.

Direct mailing of literature can be a very useful tool to your practice. The aim is to place a reminder or a message about your practice in front of patients, and potential patients, as often as opportunity, and funds, permit.

78

EXTERNAL MARKETING
BROCHURES/DIRECT MAIL

- Practice brochures
- Promotional flyers
- Newsletters
- Stuffers

02N10-2-78S.PPT

10L2 02N102-78

There are a number of direct mail items that can be created in a practice. These include:

- Practice brochures.
- Promotional flyers.
- Newsletters.
- Stuffers.

79

EXTERNAL MARKETING
PRACTICE BROCHURE

- Slogan
- Logo
- Scope of services
- Office hours
- Location
- Map/directions
- Overview of the practice

02N10-2-79S.PPT

10L2 02N102-79

Practice Brochure: - Includes your slogan/goals, scope of service, office hours, location, map and other information that provide an overview of your practice.

80

EXTERNAL MARKETING
PROMOTIONAL FLYER

- Single page
- Describes a current 'promo'
- Describes a special campaign

02N10-2-80S.PPT

10L2 02N102-80

Promotional flyer: - This can be a single page that informs the patient about a promotion in the office, or a special campaign you are undertaking currently.

81

EXTERNAL MARKETING
NEWSLETTER

- 2 - 4 pages
- Reports on current office activities
- Include photos of events
- What might you include?
  - hiring a new staff member
  - attendance at conference
  - new contact lens products
  - holiday greetings

02N10-2-81S.PPT

10L2 02N102-81

Newsletter: - A newsletter can be as simple as a few pages that report on current activities in the practice. For example, you might report on hiring a new staff member, what has become of popular previous staff members (assuming their departure was amicable, and privacy concerns are addressed), attendance at a conference (not necessarily just the practice principal), a new contact lens product, holiday greetings, etc.

However, it is easy to underestimate the amount of time and effort required to produce a newsletter regularly, e.g. monthly, especially if the content is to reflect the 'quality' of your practice. Finding suitable material after the first few issues can be difficult.

82

EXTERNAL MARKETING
STUFFER

- Small size (A5, A6, or equivalent)
- Contains a single message
- A single theme
- Is included in other mailings
- For example, 'stuff it in' the envelope of the patient's current financial statement

02N10-2-82S.PPT

10L2 02N102-82

83

EXTERNAL MARKETING
ADVERTISING

- Extensive resources exist for developing printed information for patients
- Follow the three 'C's' when advertising (Koetting, 1992C)
- Always be:
  - continuous
  - consistent
  - comprehensible

02N10-2-83S.PPT

10L2 02N102-83

84

EXTERNAL MARKETING
ADVERTISING
E-MAIL AND THE INTERNET

- Can be perceived as 'leading edge' communication
- Impress patients with your involvement with new technologies

02N10-2-84S.PPT

10L2 02N102-84

Stuffer: - This can be a small piece of paper (A5, A6, or equivalent) containing a single message. A question revolving around a theme is common. For example, "Do you want to change the colour of your eyes?" or 'Back to School' stuffers are common.

A sample stuffer is given in Appendix 10.2.2.

There are volumes written on the development of printed information designed to communicate with patients. It is impossible to provide an extensive discussion of each type of literature in this module. Good sources for more detailed information on developing written communications can be found in the references at the end of this lecture.

In Koetting's *Marketing, Managing and Contact Lenses* there is a section relevant to all types of printed communication. A formula to follow the 'Three C's' is offered. Your advertising needs to be:

- Continuous.
- Consistent.
- Comprehensible.

Continuous - Frequency is the aim of the game. Several small ads are better than one large one. It may take three to four months before they begin to pay off, and you have to do it often enough so that when prospects think of eye care, or contact lenses, they think of you.

Consistent - Maintain uniformity in your presentation.

Comprehensible - Your ads must be clear and easy to understand. They should explain service with a 'you' rather than a 'me' or 'we' approach, always emphasizing benefits. Use punchy verbs and adjectives without exaggerating (Koetting, 1992D).

E-mail and the Internet

If internet access is widespread in your patient base, consider using e-mail rather than a 'paper' copy.

The use of e-mail accomplishes similar goals to printed items in that it puts a message in front of the patient consistently. It may also be perceived as 'leading edge' by many patients who will be impressed by your adoption of e-mail and internet technologies.

Consider establishing a website. A website can be used to display your office brochure, a map and directions to your office, photographs and backgrounds of staff members, and your professional credentials.

Once you have established a website, rather than faxing or mailing the patient a printed brochure or map, an e-mail can be sent to the patient directing them to obtain current information from your website.

When forwarding short notes to patients, e-mail is also an effective way of 'time shifting' in that the

85

EXTERNAL MARKETING
ADVERTISING
ESTABLISH A WEBSITE

Display your office brochure and include:

- A map and directions
- Photographs
- Staff member backgrounds
- Professional credentials
- Direct patients to the website to view current information and promotions

02N10-2-85S.PPT

10L2 02N102-85

86

EXTERNAL MARKETING
ADVERTISING
USE E-MAIL

- Send short notes to patients
- Follow up the dispensing of contact lenses with an e-mail rather than a telephone call
- Establish a 'mailing list' with e-mail addresses
- Send out notices, recalls, greetings with the touch of a key
- Can save much time, effort, and expense

02N10-2-86S.PPT

10L2 02N102-86

87

"You've got e-mail !"

02N10-2-87S.PPT

10L2 02N102-87

88

EXTERNAL MARKETING
EMP STEP 2: *COMMUNICATE BY VOICE*

- Ways to communicate with the patient by voice
  - telephone directory advertising
  - when staff/you call patients
  - when patients call you/the practice

02N10-2-88S.PPT

10L2 02N102-88

recipient does not need to be available when contact is being made, rather they can open the message anytime later. For example, you can send a new contact lens patient an e-mail three days after dispensing their new lenses to inquire about how they are going with them.

This method of communication can be just as effective as a telephone call and may be better accepted than just leaving a message on the patient's voice mail. Unfortunately, it is also a medium that can be ignored just as easily.

A 'mailing list' of patient e-mail addresses needs to be created, i.e. a mailing database. This mailing list can be used to send monthly newsletters, bi-annual notices, recalls, holiday greetings, etc. However, patients should be asked specifically if they wish to be included in your e-mail database, i.e. for communiqués that do not target them specifically ('broadcasting').

The ability to send information to the entire e-mail mailing list at the touch of a button saves much time, effort, and money compared with sending the same volume of information via the postal system.

Using e-mail for specific occasions also offers you an option for 'movement/animation' in your greetings. This can be both fun and memorable for patients!

Despite all the obvious advantages of e-mail, there are also some concerns, and there are increasing pressures on regulators worldwide to reduce the volume of unsolicited, broadcast e-mails (so-called SPAM) individuals receive. Furthermore, as the volume of unwanted communiqués expands, it is becoming increasingly difficult to be 'heard', i.e. it is easy for your message to be lost among the deluge of incoming e-mail.

Therefore, if you plan to utilize electronic communication – an approach that is highly recommended – it should be made clear to patients that the supply of their e-mail address is tacit approval to contact them by this means. In some countries, asking for permission may be a legal necessity.

You should also reassure patients that you will not be abusing their permission to communicate in this way, and that your effect on the volume of their e-mail traffic will be minimal.

Respect the patient's privacy and their choice to receive, or refuse, your information via their e-mail.

EMP Step 2: Communicating With Patients By Voice

Telephone Directory Advertising

All practices need to list their telephone number in the local telephone directory.

If your practice goes by a 'practice name' as well as your individual name, a listing should be obtained for both. Many potential patients will not know the

89

EXTERNAL MARKETING
TELEPHONE DIRECTORY

- List practice name, and individual name, in the local directory
- Keep the ad simple and clear
- List name, address, and telephone number
- If space allows, list logo, slogan

02N10-2-89S.PPT

10L2 02N102-89

90

EXTERNAL MARKETING
TELEPHONE DIRECTORY

- Use bold print
- Use a double-sized listing if possible
- Use a graphic element (lines, a border)
- Obtain an easy-to-remember number

02N10-2-90S.PPT

10L2 02N102-90

91

EXTERNAL MARKETING
TELEPHONE
WHEN THE PATIENT CALLS YOU

- Answer with a friendly, consistent greeting
- It is an opportunity to turn the caller into a patient
- Initial call shows interest - capitalize on this - book an appointment if possible

02N10-2-91S.PPT

10L2 02N102-91

92

EXTERNAL MARKETING
TELEPHONE
WHEN YOU CALL THE PATIENT

- Pro-active advertising
- Take a moment to convey a friendly message to secure patient loyalty
- Solidify the relationship with the patient
- Demonstrate their importance to the practice

02N10-2-92S.PPT

10L2 02N102-92

practice name, but will be referred to you by your family name (surname).

Generally, telephone directory listings leave very little room to include much more than your name, address, and telephone number. Subject to budgetary constraints, you may choose to design a larger listing and place it in the relevant directory.

Keep such ads simple and clear. Give your name, address, and telephone number as well as your practice slogan and logo. Not much more needs to be included. The ad should be designed to draw attention to your practice as a contact lens specialty practice.

A few tips that may be useful when placing your listing in a telephone directory include:

- Use bold print.
- Use a double-sized listing if possible.
- Use your logo, or a graphic element (row-defining lines, a border, etc.).

If possible, obtain an easy-to-remember telephone number. The endings 2020 (for countries that use imperial measures), and 466, 4645, or 4638 (for countries that use the metric system) are obvious examples. Any easy-to-remember numbers can be effective. Repeated numbers, e.g. 2244, or a sequence, e.g. 1234, also add simplicity and are easier to remember than a random combination of numbers.

The next step, which should always be thought through when planning telephone advertising, is what will be said to the patient once they call your practice office.

When Patients Call You

A friendly, consistent greeting should be given. Remember that if a potential patient contacts your office on the basis of a telephone listing, they have little or no information about your practice.

Refer to the earlier section (slides 49 to 57) on telephone techniques to remind yourself of the importance of this first contact. It is your opportunity to turn a caller into a patient. The initial call is a show of interest and that they would like more information. Once they receive the information, they are likely to schedule a visit provided they have been ‘handled’ appropriately, and the telephone conversation has reinforced your practice’s potential role in their eyecare.

When You Call the Patient

You can also utilize the telephone as a form of pro-active advertising. Each time a staff member telephones a patient, it is an opportunity to further solidify the relationship with the patient. Taking a moment to convey a friendly message will go a long way to securing patient loyalty.

93

EXTERNAL MARKETING
TELEPHONE
TELEMARKETING

- Only use when you have a specific message
- Some patients can respond negatively to telemarketing campaigns
- To ensure a positive outcome, only telephone previous patients

02N10-2-93S.PPT

10L2 02N102-93

94

EXTERNAL MARKETING
EMP STEP 3: *PRESS RELEASES*

- Communicate newsworthy information about the practice
- 'Free' print exposure
- Distributed in local newspapers, magazines, radio

02N10-2-94S.PPT

10L2 02N102-94

95

EXTERNAL MARKETING
PRESS RELEASES

- Rarely is your news 'important'
- Write a human interest story, or story on the profession at large
- Must catch the reader's attention in the first few sentences
- Conveys information to the general public

02N10-2-95S.PPT

10L2 02N102-95

96

EXTERNAL MARKETING
PRESS RELEASES

- What can you report?
  - contests
  - office exhibits
  - anniversaries/milestone
  - a local angle
  - new office facilities
  - civic activities/charitable events
  - major new equipment

(after Sachs, 1986C)

02N10-2-96S.PPT

10L2 02N102-96

You can also conduct telemarketing campaigns by telephone. However, this can be perceived negatively by patients of a professional practice and is not a recommended technique unless you have a specific message that needs to be conveyed.

For example, if it is National Vision Care Week and you want to piggyback a campaign of your own on top of the national campaign, you can do so using the telephone. For some basic guidance, imagine yourself in the patients' shoes – would you welcome what you are contemplating doing?

It is recommended that if you choose to telemarket, you only telephone previous patients and have a specific, and significant, reason to call.

For example, on a monthly basis each staff member can be assigned 10 patients who have not returned to your practice. It would be the telemarketing goal of the staff member to either, make a firm appointment, or find out why the patient does not wish to return to the practice. With both goals, you effectively use the telephone for a positive outcome - regaining the patient, or obtaining useful information on the patient's reason, for not returning. Remember to resist anything that conveys, implies, or could be misconstrued as, a form of criticism, no matter how subtle, because many of the reasons offered will be legitimate. Legitimate reasons may include:

- Death (potentially a difficulty arises is such cases because the respondent is probably a relation and you may be resurrecting painful memories. Be prepared for this eventuality).
- Relocation to an area outside your own operation, or now too far away to be practical.
- They have changed jobs and are no longer handy to your practice during the working week.
- They are no longer mobile enough to get out and about (do you, or should you, offer home visits?).
- They are under the care of another practitioner after electing to have refractive surgery.
- Uncommon reasons such as they have married your competitor.

EMP Step 3: Press Releases, Articles and Publications

Press Releases

Press releases are a means of communicating newsworthy information about yourself, your practice, and the optical industry and its advances, to the community at large. A press release takes advantage of 'free' print exposure. Press releases can be distributed to local newspapers, newspaper inserts, local magazines, or radio stations (TV stations are an unlikely outlet because they want material with 'vision'. Unless you are prepared to appear on camera [caution is advised, get some training first], you cannot supply what they seek). If you can determine a 'slow news' period, your

97

EXTERNAL MARKETING
PRESS RELEASES

- What can you report?
  - committee appointment/special projects
  - honours/awards
  - educational activities
  - unusual office hours, policies, décor
  - patient education events
  - new staff
  - research

(after Sachs, 1986C)

02N10-2-97S.PPT

10L2 02N102-97

98

EXTERNAL MARKETING
PUBLICATIONS

- Make duplicates of professional articles, publications to have on-hand in your reception area
- Impress patients with your reputation
- Let patients know you are 'published'!

02N10-2-98S.PPT

10L2 02N102-98

chances of getting into print, or on radio, are enhanced significantly.

Rarely will you have such important news that it requires the media to publish it immediately. Most press releases you write will be about yourself, your staff, or a human-interest story about a patient or the profession at large. The first few sentences of the press release must catch the editor's interest. The article must contain information that is worth conveying to the public, e.g. it is doubtful that many would be interested in the new patternless (does not require a lens shape template to cut and edge a lens) edger you have just installed in your practice workshop. However, a new 30-day, EW contact lens may be of interest to many of your contact lens wearers.

It is common for attendees at major contact lens conferences to be provided with 'standard' press releases by conference organizers and/or exhibiting companies. The practitioner may choose to use these once they return to their practice. Some customizing (often a rewrite to tame the excesses of an over-enthusiastic marketing department) may be prudent before associating your/your practice name with the release.

To maximize the advantage to the practice, ideas, events, products, etc. that are of relevance and benefit to the practice should be the focus of any press release. Generalities, 'motherhood statements', 'feel good' messages, etc. should not feature. These have low or no credibility, are not 'new', and have all been seen before, usually from other sources.

Instead, report on (after Sachs, 1986C):

- Contests.
- Office exhibits.
- Anniversaries - marking a milestone.
- A local angle.
- New office facilities.
- Civic activities and charitable events.
- New equipment (major advances only).
- Appointment to a committee, or special project.
- Honors or awards.
- Educational activities.
- Unusual office hours, policies, décor.
- Patient education events: open-house, tours, lectures, etc.
- New staff.
- Research.

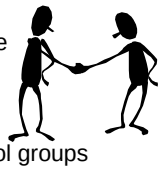
Articles And Publications

If you publish articles in professional journals, or report your own research findings, obtain reprints of the papers and have them on-hand in your reception area. Patients will be impressed to learn that you have an established reputation within your profession.

99

EXTERNAL MARKETING
EMP STEP 4: *COMMUNITY ROLE*

- Create a public image in the community
- Let patients know who you are
- Deliver speeches
- Speak to charitable and school groups



02N10-2-99S.PPT

10L2 02N102-99

100

EXTERNAL MARKETING
COMMUNITY ROLE

- Enhance lectures with slides, pictures, demonstrations
- Make your availability known
- Volunteer for community activities
- Word-of-mouth will spread awareness of professional skills/generous nature

02N10-2-100S.PPT

10L2 02N102-100

101

EXTERNAL MARKETING
EMP STEP 5: *SPECIAL EVENTS*

- Be creative!
- Will depend upon time and budget
- Draw people together for a special activity
- Builds your image in the community

02N10-2-101S.PPT

10L2 02N102-101

102

EXTERNAL MARKETING
SPECIAL EVENTS

(Sachs, 1986D)

- Open-house
- Office tours
- Patient-appreciation days
- Health fairs
- Art shows/openings
- Concerts
- Book donations
- Displays in public places
- Scholarships/awards

02N10-2-102S.PPT

10L2 02N102-102

You can also take advantage of the opportunities that arise following the successful publication of a scientific journal article by letting your patients know of your success through your newsletter, website, press release, etc.

EMP Step 4: Your Role In the Community

The public image and community profile you create for yourself help potential patients to get to know who, and what, you are. Delivering public lectures about eyecare (or contact lenses specifically) will give you an opportunity to speak to potential patients directly (try to create an open forum, try to break down the barriers to open communications).

Community, charitable and school groups are always looking for good speakers who can educate the public in health-related areas. If you develop a reputation in your area as an expert, you will draw more patients, and be considered for further speaking engagements as the opportunities arise.

Select a broadly interesting topic or a strategic time of year to start your exposure as a speaker. For example, during Senior Citizens Week you could give a speech to a local senior citizens group. Once you have chosen the topic, enhance the lecture with slides, pictures, or a demonstration. However, avoid the temptation to give a live patient demonstration.

Let your patients know that you are available to give a lecture to their civic groups, their child's school, their church group, etc. You can also send letters directly to each organization and inform them of your availability.

As time allows, continue to develop your reputation in the community by volunteering for various activities. The more your patients see you in a wider context within the community, the more word-of-mouth will spread about your professional skills, and your generous nature.

EMP Step 5: Creating Special Events

Many opportunities await a contact lens practitioner whose approach to publicity is perhaps somewhat unconventional.

How many ‘special events’ you can involve yourself in will depend on the availability of time and budgetary considerations.

Special events are anything and everything you do to bring people together to participate in a special activity. Special events can be ongoing, a once-only occasion, or an outside activity in which you participate. In all cases, these types of activities help you build your image in the community.

Some examples of ‘special events’ might include (after Sachs, 1986D):

- An open-house.
- An office tour.
- Patient appreciation days, etc.

103

EXTERNAL MARKETING
SPECIAL EVENTS

- Declare your own holiday
- Sponsor a children's sport team
- Sponsor/donate to other activities
- Raise funds for charity
- Activity books for teachers
- Career programme
- Contests
- Unusual office décor

(Sachs, 1986D)

02N10-2-103S.PPT

10L2 02N102-103

104

EXTERNAL MARKETING
SPECIAL EVENTS
WHATEVER YOU DREAM UP

Be sure to take steps to draw the local media's attention and gain good publicity

02N10-2-104S.PPT

10L2 02N102-104

105

EXTERNAL MARKETING
EMP STEP 6: *MEASURING RESULTS*

- Gather information on what is working and what is not
- Repeat effective approaches
- Eliminate those not bringing patients to the practice

02N10-2-105S.PPT

10L2 02N102-105

106

EXTERNAL MARKETING
MEASURING RESULTS
PATIENT SURVEY

Ascertain:

- What appeals
- What they find unique
- What is the best way to communicate with them

Tabulate information, extract trends

02N10-2-106S.PPT

10L2 02N102-106

- Participation in a health fair.
- An art show or opening.
- A concert.
- Book donations.
- Displays in public places.
- Scholarships and awards.
- Declare your own holiday.
- Sponsor a children's sports team.
- Become a sponsor or donor in other ways.
- Raise funds for charity.
- Send colouring and activity books to teachers.
- A career program.
- Contests.
- Unusual office décor, or other attractions.

Whatever 'event' you dream up, ensure you take steps to generate good publicity, and local media coverage.

EMP Step 6: Measuring Results

Surveys, Collecting Data, Focus Groups

These methods provide an opportunity for the contact lens practitioner to gather information about what marketing is working and what is not. Armed with such information, the parts of the marketing plan that are most effective can be repeated, and those that have proved to be ineffective can be either modified or terminated. Not only might the latter be ineffective, they might also be costing the practice marketing dollars.

Some ways to collect useful information follow.

Develop A Patient Survey

Ask patients what aspects of your practice they find unique, what appeals to them, what the best way to communicate with them is, etc. In the interests of brevity and simplicity, surveys should be of the 'tick box' style, and kept relatively short.

Assess How the Patient Came to be One of Your Patients

A question to this effect should be included in the patient information sheet.

Were they referred by a friend, or family member? Did they find you in the telephone directory? Did they receive a piece of direct mail from your office?

Tally the responses to these questions on a master sheet so that any trend indicating what is more effective in reaching potential patients becomes apparent.

Hold A Patient Focus Group

You can also invite selected patients to your practice one evening for an hour or two, to seek their opinions.

107

EXTERNAL MARKETING
MEASURING RESULTS

HOW DID THEY COME TO BE YOUR PATIENT?

- Were they referred by friend/family?
- Did they find you in the telephone directory?
- Did they receive some direct mail?

ASSESS HOW BEST TO REACH PATIENTS

02N10-2-107S.PPT

10L2 02N102-107

108

EXTERNAL MARKETING
MEASURING RESULTS

HOLD A PATIENT 'FOCUS GROUP'

- Invite selected patients
- Small group of loyal patients to tap into - for direction and guidance
- An hour or two in the evening/weekend
- Provide light snacks, beverages
- Gather opinions

02N10-2-108S.PPT

10L2 02N102-108

Capture their interest in participating by offering beverages, light snacks, and a short presentation followed by a discussion. Appeal to them by acknowledging that, as loyal patients, their opinion is important to you. In this way, you can begin to cultivate a small group of patients from whom you can gather ideas.

IV Summary

109

SUMMARY: MARKETING THE CONTACT LENS PRACTICE

- You are faced with many challenges
- Think your internal & external marketing plans through carefully
- Develop a step-by-step process
- Review your plan every 6 months
- Begin now! The possibilities are up to you

02N10-2-109S.PPT

10L2 02N102-109

As a new practitioner you will face many challenges as you embark on an exciting career as a contact lens practitioner.

Carefully thinking through the marketing plan you intend to implement in your practice will ensure success. A step-by-step process 'map' needs to be followed while growing the patient base from the ground up.

Review your plan every six months. Establish a timetable to implement new ideas, and review obstacles that might be preventing you from meeting the targets you have set.

The best time to market your contact lens practice is now. Strive to reach out to potential patients and keep them coming back using the tools you are now equipped with. The possibilities are up to you!

🕮 References

Bennett I (1993). Chapters 3 *Practice Location: A Philosophical Approach,* 25 – 32. Chapter 4 *Office Design and Decor,* 33 – 58. In: *Management for the Eyecare Practitioner.* Butterworth-Heinemann, Boston.

Capaldi P (1999). *Bringing prospective patients to the practice.* In: *Contact Lens Staff Training Supplement*. CL Spectrum. 14(1) (Suppl.): 3.

Koetting R (1992A). *Better Service.* In: *Marketing, Managing and Contact Lenses.* Butterworth-Heinemann, Boston. 21

Koetting R (1992B). *Staffing a Practice for Successful Marketing.* In: *Marketing, Managing and Contact Lenses.* Butterworth-Heinemann, Boston. 98

Koetting R (1992C). *Niche Marketing.* In: *Marketing, Managing and Contact Lenses.* Butterworth-Heinemann, Boston. 42.

Koetting R (1992D). *Suggestions for Print Advertising.* In: *Marketing, Managing and Contact Lenses.* Butterworth-Heinemann, Boston. 47.

Koetting R (1999). *Marketing Contact Lenses in a Competitive World. CL Spectrum.* 14(9): 25 – 29.

Koetting R (1991). *Koetting's 48 Best Ways to Boost Your Practice.* Anadem Publishing, Columbus.

Polymer Technology Corp. (1991). *Smart Fit: Marketing your Practice*. Polymer Technology Corporation, Boston.

Sachs L (1986A). *How to Design a One-of-a-Kind Logo for Your Practice.* In: *Do it Yourself Marketing for the Professional Practice.* Prentice-Hall Inc., New Jersey. 77

Sachs L (1986B). *To Advertise or Not to Advertise? That is NOT the Question.* In: *Do it Yourself Marketing for the Professional Practice.* Prentice-Hall Inc., New Jersey. xiv.

Sachs L (1986C). *What Kind of Events Have News Value?* In: *Do it Yourself Marketing for the Professional Practice.* Prentice-Hall Inc., New Jersey. 129 – 130.

Sachs L (1986D). *How to Organize Open Houses, Tours and Other Special Events to Promote Your Practice.* In: *Do it Yourself Marketing for the Professional Practice.* Prentice-Hall Inc., New Jersey. 155 – 171.

Practical 10.2.1

(1 Hour)

Brainstorming

BRAINSTORMING

This brainstorming exercise aims to inspire ideas that can be used in your practice.
Please review the following brainstorming lists:

- 100 Professional Marketing Techniques.
- Koetting's Sixty Six Ways to Please Your Patients.
- Fifty Ways to Roll Out the Red Carpet for Clients.
- How to Develop Your Three-Year Marketing Plan.

You will face stiff competition in the marketplace and your techniques will need to grab people's attention. Today, patients are bombarded by thousands of consumer messages. You will need to adopt ideas that can be executed consistently, and with commitment, every business day of the year. Some ideas appear to be common sense, and usually they are.

From the many projects described, consider which ones can best help you achieve your goals. Circle all those that interest you, then narrow your choices to the top five and enter them into the work sheet included.

While reviewing the listings you can think in terms of:

- What you use now effectively.
- What you use now that can be improved.
- What you can add.
- What doesn't fit with your plan.

TOP FIVE ITEMS I USE EFFECTIVELY NOW

1

2

3

4

5

TOP FIVE ITEMS I USE, BUT WHICH CAN BE IMPROVED UPON

1

2

3

4

5

TOP FIVE ITEMS I CAN ADD

1

2

3

4

5

WHAT DOESN'T FIT WITH MY PLAN

100 PROFESSIONAL MARKETING TECHNIQUES

Each item listed can be adopted, evaluated, reworked or adapted as necessary and, subsequently, used as a tool to appeal to contact lens patients. (List reprinted from *Guerrilla Marketing Weapons.* In: *Smart Fit Program* (1991), Polymer Technology Corporation, Boston.

1. Marketing plan
2. Marketing calendar
3. Practice positioning
4. Practice name
5. Identity
6. Referrals from physicians
7. Theme
8. Stationary
9. Business card
10. Inside signs
11. Outside signs
12. Hours and days of operation
13. Patient surveys
14. Welcome letters
15. Flexibility
16. Word of mouth
17. Community involvement
18. Neatness
19. Convenience
20. Sharing
21. Media savvy, including a mix of types of media
22. Signs in banks, hospitals, retail outlets
23. Gift certificates
24. Brochures
25. Audio/visual aids
26. Location
27. Advertising
28. Staff training
29. Networking
30. Quality
31. Reprints of scholarly articles, press releases, etc.
32. Guarantees
33. Opportunities to upgrade
34. Contests/sweepstakes
35. Barter options
36. Memberships
37. Payment plans
38. Causes/Non-profit
39. Phone demeanour
40. Medical reputation
41. Co-op advertising
42. Free demos and tours
43. Free screenings
44. Free seminars
45. In-office promotions
46. Fusion/partnership marketing
47. Posters and signs
48. Giver *vs.* taker stance
49. Marketing while telephone on-hold
50. Past success stories
51. Attire
52. Service
53. Follow-up
54. Merits of yourself and employees
55. Gifts
56. Catalogue/lists of services/fee schedules
57. Yellow pages ad
58. Column in a publication
59. Speaker at any event
60. Newsletter
61. All your markets
62. Benefits of offerings
63. Computer
64. Selection
65. Contact time with patient
66. How you say hello/goodbye
67. Public relations
68. Publicity contacts
69. Patient database
70. Classified ads
71. Newspaper ads
72. Confidence
73. Radio commercials
74. Cable television commercials
75. Patient referral programs
76. Movie commercials
77. Direct mail letters
78. Direct mail postcards
79. Postcard decks (value packs)
80. Faxes
81. Sales and service reps
82. Special events
83. Community displays
84. Enthusiasm
85. Credibility
86. Patient recall system
87. Research studies
88. Competitive advantages
89. Human insight/bonds
90. Speed/convenience
91. Testimonials
92. Reputation
93. Advertising specialties
94. Easy to do business with
95. Practice awareness
96. Leadership
97. Patient mailing list
98. Competitiveness
99. Satisfied patients
100. E-mail/Internet

KOETTING'S SIXTY-SIX WAYS TO PLEASE YOUR PATIENTS

(List largely reprinted from Koetting, 1992. Chapter 2: *Better Service*. In: *Marketing, Managing and Contact Lenses*)

1. Tell them what to expect
2. Provide a map
3. Take 'plastic' (credit cards)
4. Offer 24-hour service
5. Quote fees candidly
6. Welcome new patients
7. Offer time-payment plans
8. Provide parking
9. Offer full-service
10. ID photographs in patient records
11. Take emergencies
12. Do house calls
13. Offer toll-free telephone number
14. Offer a special telephone line for hearing impaired
15. Note any special items to use in conversation with the patient on their record card
16. Loan reading glasses
17. Offer return privileges for unopened contact lenses
18. High-tech equipment
19. Information or music on-hold on telephone lines
20. Get feedback
21. Take fundus pictures (show them or give them)
22. Provide extra fundus pictures to kids to take to school
23. Call their previous practitioner to obtain records when a patient switches practitioners
24. Give a party
25. Be involved in a class project
26. Hold an open-house
27. Recognize and acknowledge referrals
28. Provide gifts to frequent referrers
29. Offer tickets for referrals
30. Convenient hours
31. Offer sympathy card at time of a family bereavement
32. Make a charitable contribution to offer special recognition
33. Send birthday cards
34. Drop a note to a patient seen in the news
35. Give a gift to long-time patients
36. Provide free samples
37. Provide out-of-town referrals to patients who move
38. Be generous
39. Use patient artwork in your office
40. Provide computer generated annual statements
41. Provide an annual statement of charges for patient taxes
42. Call the patient the day after dispensing lenses
43. Offer new products
44. Handle complaints promptly
45. Offer drive-up service if location permits
46. Follow-up on problem solving
47. Offer express delivery of lenses, solutions
48. Use a local courier to deliver lenses within an hour
49. Keep a large inventory
50. Give information freely
51. Introduce your staff
52. Offer single chairs in the reception room
53. Offer beverages in the reception room
54. Offer cookies in the reception room
55. Offer a local telephone in the reception room
56. Take-home magazines
57. Offer patients use of your conference room while waiting
58. Keep local history/authored books in the reception area
59. Take a patient to lunch
60. Offer gifts for children
61. Provide little chairs
62. Credit vouchers
63. Say it with flowers
64. Offer a patient bulletin board
65. Stay on schedule
66. Offer a 'family' attitude

FIFTY WAYS TO ROLL OUT THE RED CARPET FOR CLIENTS

(List from Sachs L (1986). Chapter 7 – *Fifty Ways to Roll Out the Red Carpet for Clients.* In: *Do It Yourself Marketing for the Professional Practice*)

1. Remember personal information about clients
2. Send a fax reminder
3. Use names
4. Take photos
5. Add little touches
6. Provide more little touches
7. Avoid unpleasant sounds
8. Offer free parking
9. Provide a babysitter
10. Send holiday cards
11. Write to clients about their news
12. Take charge
13. Have transportation schedules available
14. Change the reception area
15. Be ready for the rain
16. Be ready for car trouble
17. Have a practice ‘host’ or ‘hostess’
18. Provide beverages for visitors
19. Meet clients in the right setting
20. Improve the get-acquainted process
21. Provide an escort to and from the car
22. Add a mailbox
23. Install a night depository
24. Page parents
25. Offer enjoyable gifts for children
26. Help newcomers
27. Supply a photocopy machine
28. Add a payment ‘thank you’
29. Install a clients' phone (local only)
30. Offer a free ride
31. Always have a firm handshake
32. Do more for new clients
33. Have a plan for scheduled delays
34. Conduct a tour
35. Send an introduction letter
36. Flattery will get you everywhere
37. Plan holiday giveaways
38. Establish lay advisors
39. Respect clients' time
40. Start a complaint record
41. Write to children
42. Write to adults
43. Become a good listener
44. Look through the client's eyes
45. Inform as you perform
46. Make referral appointments
47. Provide conveniences for the elderly
48. Have a client call-in program
49. Offer multilingual written materials
50. Have a positive attitude

HOW TO DEVELOP YOUR THREE YEAR MARKETING PLAN

(List from Sachs L (1986). Chapter 18 - *How to Develop Your Three Year Marketing Plan.* In: *Do It Yourself Marketing for the Professional Practice*)

1. Conduct a client feedback survey
2. Conduct a client file analysis
3. Establish a client-complaint record
4. Gather other organizations' external market research
5. Survey potential clients
6. Learn about competitors
7. Choose a practice name
8. Choose a practice slogan
9. Choose a new practice location
10. Choose new areas of specialty or special services
11. Establish new office hours
12. Change your appearance
13. Redecorate your office
14. Add new, unusual attractions to your reception area
15. Set new telephone policies
16. Set new appointment policies
17. Conduct better case consultations
18. Set new fee policies
19. Make better financial arrangements
20. Set new insurance policies
21. Increase recall effectiveness
22. Establish new follow-up procedures
23. Hire good marketing people as your staff
24. Create marketing incentives for your staff
25. Hire a marketing coordinator
26. Roll out the red carpet for clients
27. Design a practice logo
28. Design new practice stationery
29. Design new office signs
30. Create a practice brochure
31. Create a client newsletter
32. Encourage and reinforce referrals from clients
33. Encourage and reinforce referrals from staff
34. Encourage and reinforce referrals from colleagues
35. Conduct a referral source analysis
36. Write press releases to publicize your practice
37. Suggest feature articles to newspaper editors
38. Write fillers for newspapers
39. Write letters to the editor
40. Supply material to editorial staff
41. Become a local expert for the media
42. Write article for in-house publications
43. Write public service announcements
44. Hold a press conference
45. Publicize events through community calendars
46. Schedule live media interviews
47. Become a popular public speaker in your community
48. Sponsor your own client seminars
49. Hold an open-house
50. Give office tours
51. Hold client appreciation events
52. Put on an educational fair
53. Hold an art show or opening in your office
54. Arrange a music concert in your reception area
55. Donate books to libraries and schools
56. Create displays for public places
57. Sponsor scholarships and awards
58. Declare your own holiday
59. Sponsor a children's sports team and other groups
60. Raise funds for charity
61. Send materials to teachers
62. Participate in career programs
63. Run contests for current and potential clients
64. Develop unusual office décor

Practical 10.2.2

(2 Hours)

Developing an Internal Marketing Plan for a Contact Lens Practice

DEVELOPING AN INTERNAL MARKETING PLAN FOR A CONTACT LENS PRACTICE

Objective: This exercise will take you through the initial steps of developing your internal marketing plan (IMP).

Instructions: Think through the areas presented, and determine how you would like to organize your practice. As an alternative exercise, you may want to discuss these areas with someone already in an established, successful practice. Discussion of each topic can offer valuable information to a new practitioner just starting out. This draws on the experience of a practitioner who has already developed such a plan.

WORKSHEET

IMP Step 1

NAMING THE PRACTICE
List three possible names for your contact lens practice

1

2

3

IMP Step 2a

DEVELOPING A PRACTICE SLOGAN
List three possible by-lines that will accompany your practice name

1

2

3

IMP Step 2b

DEVELOPING A PRACTICE LOGO
Sketch three possible designs that will accompany your practice name and slogan

1

2

3

International Association
of
Contact Lens Educators

Centre
for
Contact Lens Research

THE INSTITUTE FOR EYE RESEARCH

DEVELOPING AN INTERNAL MARKETING PLAN FOR A CONTACT LENS PRACTICE

WORKSHEET

IMP Step 3

DETERMINING THE PRACTICE SCOPE
Write down the types of services you will offer. How will you position contact lenses in your practice? Write a summary statement that describes the scope of your practice.

EXAMPLE: "The practice will provide primary eyecare and fit all types of contact lenses. Contact lens services will be promoted actively to fuel practice growth. It will be promoted as the number one practice for contact lens fitting and care within a 100 kilometer (or mile) radius. Patients will be treated well, with respect, and as life-long friends."

DEVELOPING AN INTERNAL MARKETING PLAN FOR A CONTACT LENS PRACTICE

WORKSHEET

IMP Step 4

DEFINING THE IMAGE YOU PROJECT
Think about how you want to address the following:

Variations in:

- **Costliness:**
- **Formality:**
- **Rigidity:**
- **Sense of Humor:**

Pricing:

- **Best price *versus* best value:**
- **Providing outstanding service:**

Characteristics patients demand:

- **Reliability**
- **Responsiveness**
- **Assurance**
- **Empathy**
- **Tangibles**

How will you position yourself and your practice?

DEVELOPING AN INTERNAL MARKETING PLAN FOR A CONTACT LENS PRACTICE

WORKSHEET

IMP Step 5

TARGETING THE PATIENT BASE
Who is your patient base? Write a statement to define the patient base you are targeting:

EXAMPLE: "Our practice will target families who live within 100 kilometers (or miles) of our office. We will actively pursue patients aged 20-45 years."

IMP Step 6a

THE ROLE OF STAFF
What type of people will you hire? What personality characteristics will be important to you, and the practice. List the top five characteristics you will seek in your staff members:

1

2

3

4

5

IMP Step 6b

THE ROLE OF STAFF
How will you train your staff? What training programme will you implement? List five steps you will take to design a staff-training programme:

1

2

3

4

5

IMP Step 7

OFFICE POLICIES AND PROCEDURES
Write ideas of how you will implement the following day-to-day office procedures:

1 The telephone and initial patient interaction

2 Handling telephone inquiries

3 Appointment scheduling, and keeping to the schedule

4 Procedures to implement once the appointment has been set

5 Setting and presenting fees

6 Follow-up and referrals

7 Recalling patients

Practical 10.2.3

(2 Hours)

Developing an External Marketing Plan for a Contact Lens Practice

DEVELOPING AN EXTERNAL MARKETING PLAN FOR A CONTACT LENS PRACTICE

Objective: This exercise will help you map a direction for marketing your practice externally.
Instructions: Please read through the questions and write your responses in the space provided.

WORKSHEET

EMP Step 1

ADVERTISING/WRITTEN COMMUNICATIONS

- **Will you advertise in a newspaper? What ad will you run? How often will you advertise? In which newspaper? On which day?**
- **Will you use direct mail? How will you determine your mailing list?**
- **What will your practice brochure look like? What information will it contain?**
- **Will you use a promotional flyer for a special campaign?**
- **Will you develop a practice newsletter? What columns will you run?**
- **For what promotions can you use a 'stuffer' in your mailing?**
- **Will you use email to communicate with patients?**
- **Will you design a website?**

Jot down ideas that will keep all of your written communication:

Continuous **Consistent** **Comprehensible**

DEVELOPING AN EXTERNAL MARKETING PLAN FOR A CONTACT LENS PRACTICE

WORKSHEET

EMP Step 2

COMMUNICATING WITH PATIENTS BY VOICE

- **How will your telephone-directory listing read?**

- **Will you use bold, double-sized print? Will you include a graphic element?**

- **What will the practice telephone number be? What combination of digits are memorable?**

- **How will office staff answer the telephone when a patient calls the office? What is the standard greeting all staff will use?**

- **Will you conduct any telemarketing campaigns with previous patients? What will be the objectives of these campaigns?**

DEVELOPING AN EXTERNAL MARKETING PLAN FOR A CONTACT LENS PRACTICE

WORKSHEET

EMP Step 3

PRESS RELEASES, ARTICLES, AND PUBLICATIONS

- **What topics will you write press releases about?**
- **How often will you write and distribute press releases?**
- **Will you publish articles in professional journals?**
- **Will you distribute copies of these to patients?**

EMP Step 4

YOUR ROLE IN THE COMMUNITY

- **Will you offer lectures to community and school groups? If yes, on what topics?**
- **Will you volunteer for charitable activities?**
- **How often will you have time to accept public speaking engagements?**
- **How will you approach groups to make your availability known?**

DEVELOPING AN EXTERNAL MARKETING PLAN FOR A CONTACT LENS PRACTICE

WORKSHEET

EMP Step 5

CREATING SPECIAL EVENTS

- **Does your promotional budget allow you to create a special event?**

- **How often can you afford to do so?**

- **What events would you most like to organize?**

- **What's your first choice? When can you plan to do it?**

- **Who will you invite? How will you publicize it?**

DEVELOPING AN EXTERNAL MARKETING PLAN FOR A CONTACT LENS PRACTICE

WORKSHEET

EMP Step 6

MEASURING RESULTS - SURVEYS, COLLECTING DATA, FOCUS GROUPS

- **How will you determine what is working, and what is not?**
- **What information would you collect on a patient survey form?**
- **What are you trying to find out from your patients?**
- **How will you find out why the patient first came to the practice? How will you ask that question? On the patient information form?**
- **How will you tally and keep track of these responses?**
- **Does your time and budget allow you to hold a patient focus group?**
- **What questions would you ask the patients when facilitating the group?**
- **Who would you invite, and how would you invite them?**
- **When can you start your first group?**

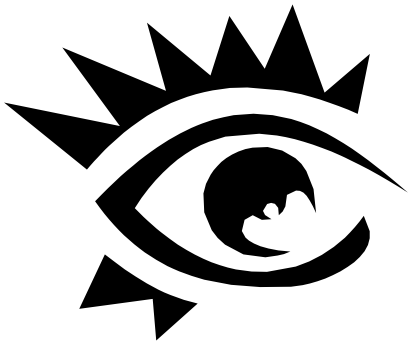
Appendix 10.2.1

Question and Answer Newspaper Column Sample

EXAMPLE: A question and answer newspaper column

I HAVE ASTIGMATISM

CAN I WEAR CONTACT LENSES?



DR. THOMPKINS ANSWERS…

"Astigmatism is an irregularity of the shape of the eye.

A non-astigmatic eye is shaped like a soccer ball or a sphere.

An astigmatic eye is shaped like a football or an egg.

People with astigmatism can definitely wear contact lenses, and many designs are available."

CALL *CONTACT LENS CONSULTANTS* FOR AN APPOINTMENT TODAY

1-800-20-20

Dr. Samantha Thompkins
Contact Lens Consultants
2020 Dry Creek Drive
Denver, Colorado 80401

Appendix 10.2.2

Stuffer Sample

EXAMPLE: Back to school stuffer

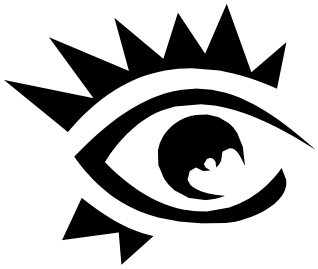
IT'S BACK TO SCHOOL TIME…

HAVE WE GIVEN OUR CHILDREN ALL THEY NEED TO GET READY FOR A NEW SCHOOL YEAR?

Pencils, notebooks, lunch boxes, new clothes, calculators, dictionaries, erasers, computers

But have we made sure our children have the one thing that might give them an advantage when learning?

GOOD VISION
CAN MAKE THE DIFFERENCE TO LEARNING



TO HAVE YOUR CHILD'S VISION ASSESSED, CALL *CONTACT LENS CONSULTANTS* FOR AN APPOINTMENT TODAY

1-800-20-20

Dr. Samantha Thompkins
Contact Lens Consultants
2020 Dry Creek Drive
Denver, Colorado 80401

Unit 10.3

(2 Hours)

Lecture 10.3: Managing a Contact Lens Practice

Course Overview

Lecture 10.3 Managing a Contact Lens Practice

I Managing a contact lens practice
II Staff management
III Delegation and time management
IV Telephone management
V Scheduling – Appointment management
VI Managing record keeping
VII Fee management
VIII Collections management
IX Managing patient recalls
X Managing patient follow-up
XI Managing patient referral
XII Inventory management
XIII Computers in the practice
XIV Summary

Practical 10.3.1: Developing a Plan to Manage a Contact Lens Practice

Appendix 10.3.1: Contacting IACLE Sponsors When Establishing a New Account

Lecture 10.3

(2 Hours)

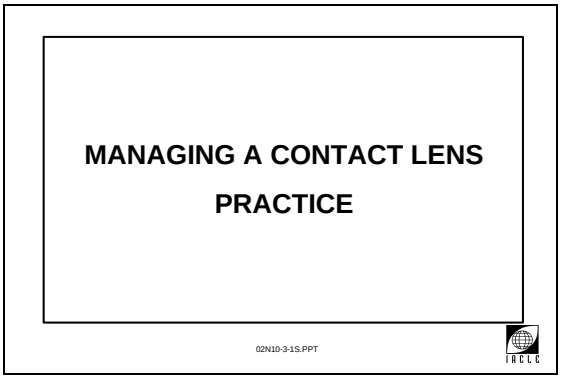
Managing a Contact Lens Practice

Table of Contents

I Managing a Contact Lens Practice 127
II Staff Management 128
III Delegation and Time Management 129
IV Telephone Management 131
V Scheduling – Appointment Management 134
VI Managing Patient Records 139
VII Fee Management 141
VIII Collection Management 143
IX Managing Patient Recalls 144
X Managing Patient Follow-Up 147
XI Managing Patient Referrals 149
XII Inventory Management 151
XIII Computers in the Practice 153
XIV Summary 155

I Managing a Contact Lens Practice

1



10L3 02N103-1

This lecture can be offered as a self-paced exercise for students in which they can read and work through the materials at their own pace. Handouts, to develop a management plan, are included.

Alternatively, it can be given as a lecture. However, it is recommended that the student read the material prior to its presentation as a lecture. The instructor can then emphasize the key points, and complete the learning process in the form of a discussion. The discussion should involve fielding specific questions, and discussing the management plan that the student may have completed already.

II Staff Management

2

10L3 02N103-2

The Importance of Well-Trained Staff

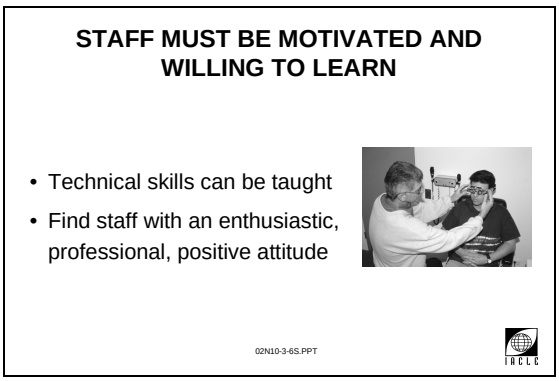
One of the aims of this module is to emphasize the value of good staff to an eyecare practice.

The practice owner has a responsibility not just to patients but to staff as well, regardless of whether their staff members are ophthalmic professionals, optical assistants, or general employees (after Russ, 2003).

Well-trained practice staff members are probably the most valuable resource any practitioner can have. When deployed effectively and efficiently, good staff can free up the practitioner's time, thereby allowing him/her to concentrate on patient care, staff development, internal and external communications, and continuing education.

In any practice, staff members are a key element of practice success, especially if they are highly skilled at dealing with people. Most valuable are those who are quick thinkers, and those able to deal with 'difficult' people.

3



10L3 02N103-3

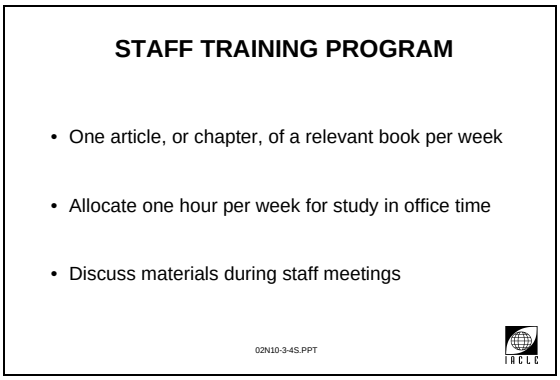
Staff Must be Motivated and Willing to Learn

Finding and hiring efficient staff members is a discipline unto itself. There are numerous sources of information on how to advertise, what qualities to look for, and how to compensate (monetarily, as well as with other benefits) staff members.

The most important characteristic to seek out is an individual who is motivated and willing to learn. Someone who is enthusiastic, and has a professional and positive attitude, can be taught the required technical skills.

Importantly, an up-to-date job description clarifies for each staff member what their role in the practice is. To take this one step further, feedback on the job, and a more formal open, two-way, regular staff appraisal system may prove useful (after Russ, 2003).

4



10L3 02N103-4

Staff Training Program

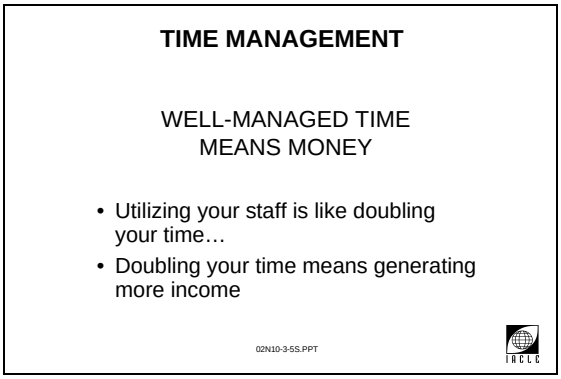
A staff-training programme will need to be established and the amount of time to be allocated to staff training, estimated. Lecture 10.2 (slide 44, p 72), offered some simple suggestions for designing a staff-training programme.

To review these points, a suggested individual staff-member training programme might be:

- Provide one article or chapter of a technical book per week.
- Allow the employee one hour each week, in office time, to read and study the allotted material.
- Hold a staff meeting to discuss the material, thereby widening the availability of the information studied.

III Delegation and Time Management

5



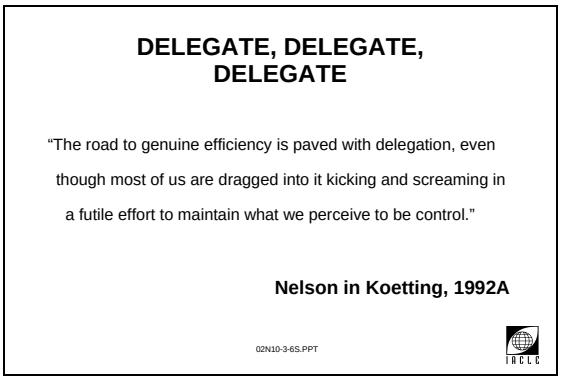
10L3 02N103-5

Time Management

Well-managed time means more money, and an efficient practice. The goal of utilizing staff members effectively is to increase the patient load, provide comprehensive, quality care, and have a pleasant day-to-day working environment.

Having the right staff, and utilizing them appropriately, is like doubling your own time. Doubling your time means that you can generate more income because you can see more patients. Alternatively, you can use this extra time for other purposes.

6



10L3 02N103-6

Delegation

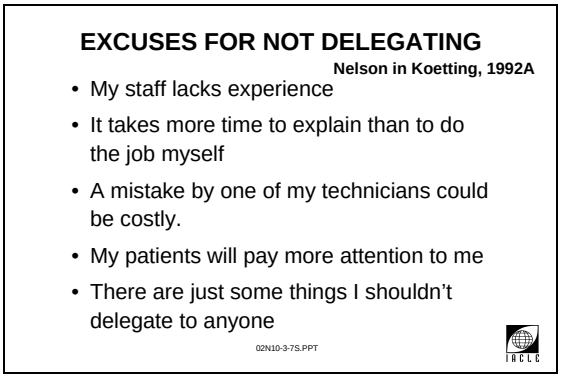
Delegation is a major factor in practice success (Gailmard, 2003A) and is a way of staying on schedule without rushing (Gailmard, 2003B).

If may not be possible, legally, for you to 'delegate' or assign certain responsibilities in your practice. Delegation does not necessarily have to mean 'autonomy' and there are ways of working together for greater effectiveness, and efficiency.

Some practitioners find it difficult to delegate tasks to staff members. This may occur despite their knowing that delegation is in their best interests, and that of the practice. A relevant quote follows.

"We all know the road to genuine efficiency is paved with delegation, even though most of us are dragged into it, kicking and screaming, in a futile effort to maintain what we perceive to be total control."

7



10L3 02N103-7

Excuses For Not Delegating

Nelson, an economist (cited in Koetting, 1992A), provided a list of the most common excuses for not delegating in corporate management

- My staff lacks experience.
- It takes more time to explain than to do the job myself.
- A mistake by one of my technicians could be costly.
- My patients will pay more attention to me.
- There are just some things I shouldn't delegate to anyone.
- My staff lacks the overall knowledge necessary to make proper decisions.
- They are already too busy.
- They just aren't ready to accept more responsibility.
- I'm concerned about lack of control when I delegate.
- I enjoy keeping busy and making my own decisions.

8

EXCUSES FOR NOT DELEGATING

Nelson in Koetting, 1992A

- My staff lacks the overall knowledge necessary to make proper decisions
- They are already too busy
- They just aren't ready to accept more responsibility
- I'm concerned about lack of control when I delegate
- I enjoy keeping busy and making my own decisions

02N10-3-8S.PPT

10L3 02N103-8

9

EXCUSES, EXCUSES, EXCUSES

DELEGATION IS NEEDED FOR QUALITY VISION CARE

- Provides better service
- More productive use of professional time
- Profitable bottom line

02N10-3-9S.PPT

10L3 02N103-9

Excuses

Koetting (1992A) explains why the reasons presented above are nothing more than excuses when he says,
"Optometrists have begun to view the use of assistants as a real hope for quality vision care on an overpopulated horizon. This efficiency ultimately benefits the patient, of course, but the rewards are not one-sided. Providing better service simply means that patients will not be forced to seek it elsewhere, and more productive use of professional time is nearly synonymous with a profitable bottom line."

10

STAFF: PART OF THE MANAGEMENT TEAM

STAFF WILL HELP MANAGE ALL AREAS OF THE PRACTICE

- Practitioner must understand the 'workings' of the practice
- Well-trained staff carry out responsibilities

02N10-3-10S.PPT

10L3 02N103-10

Staff As Part of the Management Team

It is essential to recognize how important staff members are to the success of managing all aspects of a practice.

As you read the brief descriptions of each area of the practice discussed below, keep in mind that a practitioner delegates many of these managerial responsibilities to their staff.

Although it is important for a practitioner to understand all the workings of their own practice, well-trained staff members are the ones who shoulder many of the responsibilities.

IV Telephone Management

11

TELEPHONE MANAGEMENT

REVIEW KEY POINTS FROM

LECTURE 10.2

MARKETING AND THE TELEPHONE

02N10-3-14S.PPT

10L3 02N103-11

Telephone Management

An extensive discussion on the importance of the telephone with regard to marketing a practice, is presented in Lecture 10.2 (slides 49 to 57, pp 74 to 76). A quick review of the key points presented in that lecture follow.

12

TELEPHONE MANAGEMENT

- Opportunity calling
- First point of contact with the practice
- One person should be assigned the task
- Minimum of two phone lines is needed
- Answer before the third ring

02N10-3-12S.PPT

10L3 02N103-12

Telephone Management

- Each time the telephone rings it is 'opportunity calling'.
- Most commonly, the telephone is the patient's first point of contact with the practice.
- One person should be assigned the task of answering the telephone.
- A minimum of two phone lines is needed.
- The phone should be answered before the third ring.

13

TELEPHONE MANAGEMENT

- Create an initial greeting
- Every employee to use this standard greeting

"Contact Lens Consultants, good morning, Maria *speaking"*

02N10-3-13S.PPT

10L3 02N103-13

Telephone Management

An initial standard greeting needs to be created. Subsequently, every employee should use it when answering the practice telephone.

The initial greeting should:

- Be simple.
- Identify the practice and the person answering.
- Provide an opportunity for the patient to continue speaking.

14

SCRIPT DEVELOPMENT

- Scripts can be used by staff members to answer the most commonly asked questions (FAQs)
- Use as guides only (not word-for-word)

02N10-3-14S.PPT

10L3 02N103-14

Script Development

You will need to develop scripts that answer the most commonly asked questions. These scripts are intended for use as guides, and not for reading word-for-word.

15

COULD YOU HOLD THE LINE PLEASE?

Do you:

- Take care of the patient standing before you first?

or

- Do you take care of the telephone caller first?

02N10-3-15S.PPT

10L3 02N103-15

Could You Hold the Line Please?

Frequently, the key to managing the telephone in a practice is the ability to juggle multiple tasks concurrently. There is an ongoing debate as to whether to address the patient standing before you first, or to take the telephone call and deal with their inquiry first, rather than placing the caller on hold.

Each practice needs to decide on a philosophy for such situations, and how best to manage their patient load. There are pros and cons to each approach.

Let us examine an example in more detail. Scenario: the telephone rings just as a patient walks through the front door and approaches the front desk.

16

EXERCISE GOOD JUDGEMENT

- First case: Thanks for your patience
- Second case: Thanks for your patience

02N10-3-16S.PPT

10L3 02N103-16

Scenario 1 or Scenario 2

Scenario 1

The office staff member nods to the patient who has just entered, smiles, and holds up their forefinger (palm towards the visitor [some cultures may have different sign language for the same message, substitute as necessary]) to indicate, “please wait just a minute”. They then speak with the caller on the phone and, when finished, direct their attention to the visitor waiting in front of them, “Good morning. Thanks for your patience. How may I help you?”

Scenario 2

The staff member says to the caller, “May I place you on hold for a moment please?” They WAIT for affirmation from the caller, then place the call on hold (assuming an affirmative response is given). They then direct their attention to the visitor and address their inquiry/need.

In most cases, the staff member will need to exercise some judgment on how best to handle those instances in which their attention is required in two, or more, places at once. In these cases, good telephone manners are essential because the caller may be calling the office for the first time and the impression conveyed may ‘make or break’ any future relationship between the parties involved.

17

TELEPHONE MANAGEMENT

- Screen calls based on urgency or importance
- Provide priorities for interruptions

TAKE A MESSAGE WHENEVER POSSIBLE TO AVOID INTERRUPTING THE OFFICE FLOW

02N10-3-17S.PPT

10L3 02N103-17

Telephone Management: Screening Calls

When you are busy in the consulting room, your messages need to be taken by office staff. Good telephone management requires that they ‘screen’ calls with regard to the level of importance, or urgency. You need to give staff direction on which callers, or types of calls, are to interrupt you.

A message should be taken from those for whom no interruption is needed. Record the correct spelling of the person’s name, time of call, telephone number, and reason for the call.

The staff member can ask politely, “May I tell Dr. Thompkins what the call is regarding?” The best time to return the call should also be ascertained.

18

TELEPHONE MANAGEMENT

- Politeness
- Kindness
- Consideration
- Respect
- Smile!
- Use the patient's name

02N10-3-23S.PPT

10L3 02N103-18

Telephone Management: Basic Elements

The basic elements of telephone courtesy are politeness, kindness, consideration, and respect for others.

Even though the caller cannot see you, these traits, and that of a friendly 'smile', will be evident in your voice, or that of your staff. To convey their importance to you and the practice, use the patient's name during telephone conversations.

19

GET THE WHOLE STORY

- Locate the patient's record and attach the telephone message to it to provide needed background information
- Staff can manage many of the telephone inquiries and questions
- Delegate whenever possible
- Locate the information immediately, or offer to return the call once you have located it

02N10-3-19S.PPT

10L3 02N103-19

Get The Whole Story

If a message is taken from a previous patient calling to speak to you, be sure to have your staff locate the patient's record and attach the telephone message to the it. In this way, you will have all the background information needed when returning their call.

Delegate as much as you possibly can. With this in mind, the office staff may be able to handle some of the more routine inquiries. The following is an example of the procedure a staff member, or you, could follow when handling a patient requesting information over the telephone:

First, ask the patient to hold while you get their record. Use the hold button while locating the records. After finding the information, return to the line with "Thank you for holding, Mrs. Green. Your last vision examination was on [insert date]."

If you need a few minutes to get the information, indicate this to the patient: "It will take me a few minutes to locate that information. Would you care to hold, or should I call you back?"

The patient will not only be able to do something else with their time, but your telephone line will be available for other calls if the caller chooses to be called back. Locate the information as soon as possible, and return the call promptly, as promised (AOA, 1997A).

V Scheduling – Appointment Management

20

SCHEDULING APPOINTMENTS

- Ensures smooth, efficient day-to-day flow
- Effective scheduling is managing time well

02N10-3-20S.PPT

10L3 02N103-20

Scheduling Appointments

The management of the appointment book is critical to the smooth and efficient operation of any practice. There is considerable variation in the times required for various contact lens-related appointments, e.g. the delivery of new lenses to an experienced wearer will usually take much less time than a full insertion, removal, and lens care instruction session for a neophyte wearer. Because of this variation, the scheduling of contact lens appointments requires detailed management. The flow of the practice, and how your day is organized, is almost entirely dependent on the names, times, and other details written on the relevant pages of the appointment book.

Preventing delays, managing emergencies, accommodating unscheduled patients, providing variety, and securing consistent income levels are all the result of effective appointment scheduling.

The key to keeping the practice busy is efficient management of the appointment book!

One person should be assigned the task of keeping the appointment book full by managing incoming calls, recalls, after-care appointments, and the appointments still available.

Managing an appointment book that results in a practice that functions smoothly from day-to-day is an art!

21

SCHEDULING APPOINTMENTS ESTABLISHING A PATTERN

- Time-parcel
- Allocation by type of appointment
- Allocate specific time blocks to new patients, after-care examinations, patient instructions, refits, etc.

02N10-3-21S.PPT

10L3 02N103-21

Establishing a Pattern

The appointment book should be well organized and time-parceled to best manage the practitioner's time.

As far as contact lens patients are concerned, specific blocks of time need to be allocated to new patient examinations, after-care visits, patient instructions, refitting, etc.

22

SCHEDULING APPOINTMENTS

SAMPLE TIME SLOTS

- New patient: comprehensive exam: **1 hour**
- New patient: contact lens fitting: **additional ½ hour**
- Patient care and handling instruction: **1 hour**
- Contact lens after-care: **½ hour to 15 minutes**
- Additional time allocation for elder or child: **15 minutes**

02N10-3-22S.PPT

10L3 02N103-22

Sample Time Slots

The practitioner and staff must allocate blocks of time for each type of appointment. Examples of the amount of time set aside for each type of appointment follow:

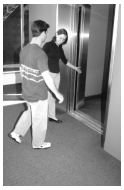
- New patient, comprehensive eye examination - 1 hour.
- New patient, contact lens fitting - ½ hour additional to eye exam.
- Patient care and handling instruction - 1 hour.
- Contact lens after-care – 1-week visit - ½ hour.

- Contact lens after-care – 1-month visit - 15 minutes.
- Contact lens after-care – 6-month visit - ½ hour.
- Additional time allocation for elder or child -15 minutes.

23

SCHEDULING APPOINTMENTS
THE FIRST IMPRESSION

Scheduling the first appointment is critical to gaining a lifelong patient!



02N10-3-23S.PPT

10L3 02N103-23

The First Impression

To review a portion of the material presented in Lecture 10.2 on marketing your practice (slides 58 to 61, pp 76 – 77), you must remember that the scheduling of the first appointment is critical to gaining a lifelong patient. How you and your staff handle this first impression is of the utmost importance.

24

SCHEDULING APPOINTMENTS
'STRIKE WHILE THE IRON IS HOT'

- In today's busy world…the first appointment is best scheduled within one week
- If later – the patient may forget, or scheduling conflicts may occur

02N10-3-24S.PPT

10L3 02N103-24

'Strike While the Iron is Hot'

Set the appointment sooner rather than later and, if possible, within one week of the call. This is critical in today's busy world.

If the appointment is set later than this time frame, you run the risk of the patient forgetting their appointment, or a scheduling conflict occurring. Ideally, the appointment book needs to be organized in such a way that time slots are available for new patients, preferably with a reasonable range of alternative times during the day.

25

SCHEDULING APPOINTMENTS
CREATING A FAVOURABLE IMPRESSION

To ensure the patient arrives for the first appointment, and to impress them with the quality of care you can:

- Fax or e-mail a map or directions
- Mail, fax or e-mail an office brochure
- Mail, fax or e-mail a note of welcome
- Send them your website address
- Complete their health history over the telephone, or mail such forms in advance of the appointment

02N10-3-25S.PPT

10L3 02N103-25

Creating a Favourable Impression

Essentially, you have just one chance to make a good first impression! Suggestions for ensuring the patient arrives for their first appointment, as well as ways to impress them with the quality of care you will deliver include:

- Fax or e-mail the patient a map and directions for getting to your office.
- Mail or fax an office brochure describing your practice.
- Mail or e-mail the patient a note welcoming them.
- E-mail the patient suggesting they look at your website.
- Have a staff member telephone the patient to complete the health history over the telephone, or mail these forms in advance.

26

SCHEDULING APPOINTMENTS
CONFIRMING THE APPOINTMENT

- Confirm the appointment 1-2 days ahead
- One person should be responsible for keeping the appointment book full
- The appointment book IS the key to the flow, and daily operation of the practice

02N10-3-26S.PPT

10L3 02N103-26

Confirming the Appointment

In all cases, a staff member should confirm the appointment 1-2 days ahead of the appointed time. This will remind the patient of the appointment, as well as offer an opportunity to reschedule should this be necessary.

Ultimate responsibility for keeping the appointment book full should lie with just one staff member. As this staff member will be on annual leave at some stage, a back-up (understudy) staff member should be given some training in the management of the appointment book so that they are familiar with its day-to-day operation.

27

SCHEDULING APPOINTMENTS
MANAGING THE DETAILS

- Never rely on memory
- Computerize appointment system
- All patient files are easily computer linked
- In a smaller practice, a manual system works!

02N10-3-27S.PPT

10L3 02N103-27

Managing the Details

Never rely on memory. Write appointments in the appointment book in a soft pencil to allow for subsequent changes.

Depending on the size, complexity, and traffic volume of the practice, a computerized appointing system may be more suitable. In this case, the staff member simply checks the computer for availability, rather than the appointment book.

The benefits of a computerized appointment system include the ability to link other aspects of the practice such as the patient's history, billing details, stored images, etc. Nevertheless, in a smaller practice, a handwritten card or book system can be just as effective, is less costly, and cannot 'crash', or be infected by a computer virus. Conversely, individual records, components of records, or whole books of records can be lost, misplaced, or misfiled.

28

SCHEDULING APPOINTMENTS
OFFER TWO APPOINTMENTS

Offer **two** appointment times

- First available, and an alternative
- Ensure the patient is offered a time convenient to them

02N10-3-28S.PPT

10L3 02N103-28

Offer Two Appointments

The patient should be offered a choice of two appointment times, the first available, and an alternative.

This helps the patient to keep the appointment by allowing them to choose the more convenient of the two times. If neither time is acceptable, offer two more, or as many as are required to satisfy the patient's schedule.

A staff member might say, "Would you prefer, Tuesday, January 12 at 10:00 (or 10 AM according to local custom), or Thursday, January 14 at 14:00 (2 PM)?" Repeat the day, and time, of the appointment to help eliminate misunderstandings.

29

SCHEDULING APPOINTMENTS MAINTAINING THEIR COMMITMENT

- Reconfirm 1-2 days in advance
- Offer method of re-confirmation at time of appointment setting
- Discourage 'drop ins' as they interrupt daily flow

02N10-3-29S.PPT

10L3 02N103-29

Maintaining Their Commitment

An appointment should be re-confirmed 1-2 days before the scheduled time. You may, at the time of setting the initial appointment, offer to telephone or e-mail the patient to remind them. The choice is theirs.

Because 'drop-ins' (patients without appointments arriving at a practice unannounced) are disruptive, most practices actively discourage them. Exceptions are where the patient is there simply to pick-up contact lenses or spectacles, or has an eye emergency that requires your immediate care.

30

SMART SCHEDULING

- Be ON TIME!
  - single most effective means of establishing that the practice is efficient (*and the fastest way to show the opposite should scheduling be ignored*)
- Shows respect

02N10-3-30S.PPT

10L3 02N103-30

Smart Scheduling

Be on time.

Punctuality is one of the best and simplest tools to demonstrate your practice's professionalism to the patient. It conveys a sense that you respect the patient's time as much as they respect yours. It provides a sound basis for the patient to return to the practice for subsequent eyecare.

31

SMART SCHEDULING

- If only I had more time, I could do more…
- Time has great value…

02N10-3-31S.PPT

10L3 02N103-31

32

SMART SCHEDULING

- 'Fill up' the patient's time, if needed
- Utilize staff, educational materials
- Make 'use' of the time…Value it…

02N10-3-32S.PPT

10L3 02N103-32

Time: An Extremely Important Commodity

Be cognizant of the value of time to both yourself and your patients.
In the event that you are running late, utilize staff members to 'fill' the patient's time until you are able to begin the examination.
For example, if a patient is scheduled for a 10 o'clock appointment and it will be 10:15 before you can attend to them, ask your clinical assistant (or other suitably qualified staff member) to begin the examination process by collecting data covering the interim period since their last appointment. The data collected might cover a case history and perhaps a review of contact lens care and maintenance, or their contact lens wearing experiences.

Alternatively, you might consider setting aside an area within the practice for viewing educational videos. Here patients can watch videos about the anatomy of the eye, ocular conditions, types of contact lenses, lens care, etc. without occupying the time of a staff member.

33

SMART SCHEDULING

- Be observant
- Be flexible

AND REMEMBER, YOUR TIME IS THE PATIENT'S

02N10-3-33S.PPT

10L3 02N103-33

When managing 'time', you will need to be observant and flexible. Your time and skills are the most valuable commodities you offer to the patient. Effectively, your time is theirs.

34

THE RECEPTION AREA

"Nothing succeeds like success"

- Of utmost importance to office ambience
- Helps form the overall and first impressions of the patient
- Office flow and efficiency is evident

02N10-3-34S.PPT

10L3 02N103-34

The Reception Area

Typically called the 'Waiting Room', this area of the practice plays a key role in:

- How the practice is perceived.
- Establishing 'the feel' of the practice.
- How the office is perceived to function and flow.

Because its importance is arguably greater than any other area, it deserves special attention.

35

THE RECEPTION AREA

"Nothing succeeds like success"

Bennett, 1993B

- A small area, filled with people, (comfortably) is more impressive than a large area that is empty
- Balance perception, patient flow, and workload to achieve a pleasant, profitable schedule

02N10-3-35S.PPT

10L3 02N103-35

36

THE RECEPTION AREA
DIFFICULT PATIENTS

When confronted by a difficult/aggressive patient:

- Acknowledge their presence
- Move them to a less public place promptly
- Listen sympathetically
- Always be polite and diplomatic
- Deal with their grievance(s)
- Stand your ground as necessary

after Pethybridge, in Dalton (2002)

02N10-3-72S.PPT

10L3 02N103-72

The Importance of the Reception Area

In a section titled *Potpourri of Practice Management Ideas*, Bennett (1993B) speaks of the importance of the reception area. He offers:

"Nothing succeeds like success, and success is often interpreted by the looks of the office, the number of people on staff, and the number of patients being handled. Probably in reverse order!"

He continued:

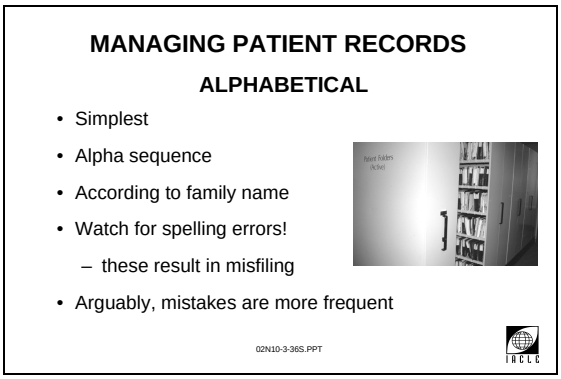
"I used to have a very small reception area and it was not uncommon to have wall to wall patients. Sometimes there were not enough chairs to go around. This was not due necessarily to poor scheduling or being overly late; different from dentists and physicians, patients often bring friends to optometric offices because the experiences in optometric offices are pleasant ones, not associated with sickness or pain. A crowded reception area might be the result of people paying bills, picking up eyewear, getting eyeglass adjustments, and a great deal of other things besides waiting for a doctor. A crowed small area is better by far than a large one with very few people" (Bennett 1993B).

It is important to balance perception, patient flow, and workload to achieve the most pleasant, profitable schedule.

The reception area is not the place to deal with unhappy patients as the presence of an 'audience' (the other occupants of the area) can inflame the complainant further, and damage the practice's reputation unjustly.

VI Managing Patient Records

37



10L3 02N103-36

Managing Records: Alphabetical *vs.* Numerical

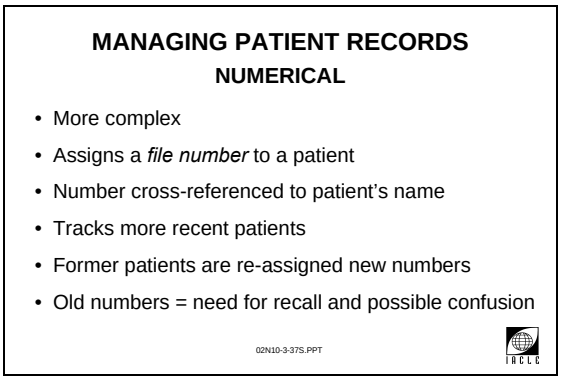
A central part of good contact lens practice management is the orderly maintenance of all contact lens records, both current and previous. Typically, two main filing systems are in use, alphabetical and numerical.

Alphabetical

The first, and simplest to employ, is an alphabetical sequence, based on the patient's family name (surname). Records are filed by surname, usually in descending order. Arguably, mistakes are easier to make with such a system, e.g. misspelt patient's names, and/or the inability of the filer to sequence the alphabet correctly, especially beyond the first few letters of the name.

Complications such as apostrophes and hyphens in last names, add to the error rate in alphabetical systems. Accents still used in many modern languages (e.g. è,é,ê,ë) can also add to the confusion. However, some cultures do not use an 'alphabetical' system, e.g. the Chinese who sort records using radicals (a combination of strokes), a system that is probably even more complex.

38



10L3 02N103-37

Numerical

The second system utilizes a numerical system. While a numerical system is more complex, it allows the office to better track the more recent patients, i.e. numbers little different from those in current use indicate a 'recent' patient case.

Generally, the next available number in the sequence is allocated to the next patient attending the practice. The patient's name and number are cross-referenced in a master list. A potential difficulty arises in a 'manual' system when a former patient attends the practice and they are allocated a new number routinely. If a computer-based system of cross-referencing is used, the patient's name can be used to ascertain their original number, and the practice can continue to use their original number.

When applied in its simplest form, records with older numbers pertain to those that have not returned to the practice for some time, thereby allowing for an efficient recall system. Furthermore, fewer people have problems filing numerically (only 10 options per character) than have problems with the more complex alphabets even when accents are ignored.

Interestingly, Arabic numerals (0 – 9) are now used by all cultures and therefore are nearest to being universal symbols. Even China, which still uses its original, compatible decadic system with its own symbology, has adopted Arabic numerals for many purposes, especially trade.

39

MANAGING PATIENT RECORDS

COLOUR CODING

- Impossible to misfile
- Contrasting colour stands out immediately
- One letter designated as a colour
- If numeric, use a colour for a range of numbers
- Can identify patient types or characteristics

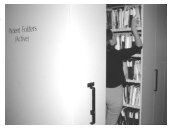
02N10-3-38S.PPT

10L3 02N103-38

40

MANAGING RECORDS
A DAILY TASK

- All staff need to know how the filing system operates
- One person should take responsibility for records management
- File each day to:
  - avoid a filing backlog
  - prevent loss of records
  - avoid incompleteness of existing records



02N10-3-39S.PPT

10L3 02N103-39

41

PATIENT RECORDS: LEGAL ISSUES
(after Harris, 2000)

- Ownership needs to be established:
  - what does the law state?
  - what is the practice's policy?
- Entries and alterations:
  - permanent?
  - verifiable?
  - traceable/signed?
  - comprehensive?
  - a running record of treatment/management?
  - legally protective?

02N10-3-76S.PPT

10L3 02N103-76

42

PATIENT RECORDS: LEGAL ISSUES
(after Harris, 2000)

- Rx release: required by law or optional?
  - who will take legal responsibility for any subsequent dispensing?
  - are they 'taking over' the patient?
- Retention of records:
  - mandatory?
  - or practice policy?
    - how long is prudent professionally?
    - how long is prudent legally?

02N10-3-77S.PPT

10L3 02N103-77

Colour Coding

In either a numerical or an alphabetical system (or any creative combination of the two an office might employ), colour-coded records makes it almost impossible to misfile.

For an alphabetical system, designate one letter as an individual colour, e.g. A is red, B is blue, C is green, etc. Alternatively, in a numerical system, a range of numbers can be allocated to a colour, e.g. 0-1000 to the colour red, 1001 – 2000 to blue, etc.

If a file is out of sequence, its contrasting colour will make it conspicuous immediately.

Colour coding can also be used to differentiate certain types of patients within a segment, from the others in the same segment. For example, a special colour/designation can be used to identify contact lens patients, or credit risks, or frequent 'no-shows', etc.

A Daily Task

All members of the office staff, and the practitioner, should know how the filing system operates. However, the task of filing and locating records should be the responsibility of one individual. This will help to minimize misfiling.

Filing is an ongoing, daily task. Failure to complete the task daily, results in records accumulating throughout various functional areas of the office. The longer the task is left incomplete, the greater will be the accumulation, and the greater the psychological barrier to actually tackling the task of clearing the backlog.

Furthermore, if records are not filed, the filing system cannot provide accurate, up-to-date information on all patients.

Legal Issues

There are also legal issues relating to patient records that need to be addressed. Key among them are matters related to who owns the records, and who may access the information they contain. In some jurisdictions, the relevant law is clear while others do not address the issue at all. Depending on circumstances locally, a practice policy may need to be formulated.

Clinical records are the main line of defence for any legal problems with patient care. Records that have been discarded (a retention policy issue), are missing, or incomplete, e.g. procedures that were performed but are not recorded, leave the practice and/or practitioner vulnerable legally because the clinic record cannot be relied upon.

More recently, the issue of mandatory release of spectacle and/or contact lens prescriptions has arisen in many countries. While the attraction of this to consumers is understandable, the more important issue of who has legal responsibility for the consumer's wellbeing subsequently, remains largely unaddressed and untested (Harris, 2000).

VII Fee Management

43

FEE MANAGEMENT

WRITTEN FEE STATEMENT

- Indicate the total clearly
- Provide a breakdown of the total
- 'No charge' should still be listed as a separate line item
- Fees can be indicated as 'packages' or individual items

02N10-3-40S.PPT

10L3 02N103-40

Fee Management

Managing the structure of fees is critical to the livelihood of a practice. The amount a patient is charged for services and materials supplied should be explained carefully so that they have a full understanding of them.

The Written Fee Statement

A written memorandum of fees that clearly indicates the total amount owing, as well as a breakdown of what it represents, should be presented to the patient. An example is included here:

Comprehensive Eye Examination	$	XX
Contact Lens Fitting	$	XX
Rigid Gas Permeable Lenses	$	XX
Contact Lens Care System	$	XX
6 months of after-care examinations	$	N/C
TOTAL	**$**	**XX**

In the example above, you will note that the majority of the amount is for services rendered. In the following example, the majority of the amount is for materials/products:

Sunglasses to accompany Contact Lenses

Designer Frame	$	XX
Polarized Lenses	$	XX
Tinting	$	XX
Scratch resistant coating	$	N/C
TOTAL	**$**	**XX**

You will note that, as in the examples shown here, even though there is 'no charge' (N/C) for a service or product (e.g. 6 months after-care, scratch-resistant coating), there are still line items to indicate they have been provided.

While there is no money collected for these products/services, it is important that they be itemized so that the patient understands the real 'value' of the 'service' you and your practice provides.

Alternatively, some practices prefer to use a 'package pricing' approach. Packaging makes it simpler for the practice to present combinations of goods and services while making it easier for the patient to comprehend what is available and/or provided. The system to be employed depends on the preference of the individual practice/practitioner.

44

FEE MANAGEMENT

FEE AGREEMENT

- Indicates a breakdown to show the patient exactly what they are receiving for the amount paid
- Patient reviews the amount, signs the agreement, and indicates their intention to pay the amount in full

02N10-3-41S.PPT

10L3 02N103-41

A Fee Agreement

Some practices prefer to create a detailed fee agreement between the patient and the practice. Regardless of whether individual pricing, or packaged pricing, is used, this agreement includes a breakdown of what the patient received and the total amount they are expected to pay.

The patient is invited to review the amounts shown and sign the agreement, indicating they understand what has been rendered, and their intention to pay the amount in full. The patient receives a copy of this agreement and the office retains a copy in the patient's record.

45

FEE MANAGEMENT

PAYMENT POLICIES

- Diplomacy and graceful handling of this topic is essential
- Utilize a skilled staff member
- Discussion of costs need not be an uncomfortable experience

02N10-3-42S.PPT

10L3 02N103-42

Payment Policies

Many patients will ask questions regarding fees and payment policies when setting their appointment. If not addressed at that time, they should be discussed no later than the initial visit.

Because the practitioner needs to convey an image of professionalism, i.e. the skilled practitioner caring for the patient's ocular health, discussions of fees, billing, and fee collection are best assigned to a staff member specializing in this aspect of the practice.

46

FEE MANAGEMENT

PAYMENT POLICIES

- Payment policies can vary
- Common practice is 50% at the first visit, 50% at the subsequent visit
- A payment programme can be established but is discouraged
- Encourage payment when service is given

02N10-3-43S.PPT

10L3 02N103-43

Payment policies vary from office to office. Commonly, there is the expectation that the patient will pay 50% of the total amount at the first visit, and the remaining 50% at the subsequent visit, regardless of whether it is for collecting contact lenses or spectacles, or having a follow-up examination. However, as it is more difficult to collect monies from patients once services are rendered or products supplied, it is best to collect fees at the time the service is rendered.

If the patient is unable to pay the amounts owing according to office policy, a payment schedule/programme needs to be established. If the office offers a payment schedule, a staff member needs to explain, diplomatically and tactfully, how the payment schedule works. The patient should sign an agreement (a 'contract') that payments will be made according to the agreed schedule. Because of the additional administration incurred by their creation and monitoring, such payment programmes should be actively discouraged.

Bear in mind that the information given in these lectures are general concepts. In some countries, no fees are charged, as government subsidies provide fee-free services, i.e. some form of 'national' health system exists. In other countries, more sophisticated programmes of fee management/collection exist, e.g. direct debit. The wide-range of services and management procedures used across the globe, makes only generalizations possible here.

VIII Collection Management

47

FEE MANAGEMENT

COLLECTION MANAGEMENT

- Monies owed to the practice are termed *Accounts Receivable*
- A large *Accounts Receivable* is detrimental to the long-term viability of the practice
- Collect at the time service or product is delivered to the patient
  - collection later, costs staff time

02N10-3-44S.PPT

10L3 02N103-44

Collection Management

The monies owed by patients to a practice are termed 'Accounts Receivable'.

A large Accounts Receivable can be detrimental to the success of a practice, especially in the long-term. Therefore, it is recommended strongly that all fees be collected at the time the service is given, or when the product is delivered to the patient.

If the amount owed by an individual and/or their family becomes substantial, consider offering to split the amount into two more manageable payments. Should the amount of two payments still be a problem, a payment plan can be devised. However, the administrative overheads of, and direct costs associated with, such arrangements increase because of the need for more follow-up and additional paper work.

A staff member should always handle collections, never the practitioner.

48

FEE MANAGEMENT

COLLECTION MANAGEMENT

- Billing notices need to be sent monthly
- 30, 60, 90 days – then to 'Collections'
- Accept credit cards
- Patients can use their credit card should a payment plan be needed

02N10-3-45S.PPT

10L3 02N103-45

Billing Notices

Billings should be done monthly, typically towards the end of each month. Special notices should be indicated on the billing at 60 and 90 days. If the money is still outstanding after 90 days, a debt-collecting agency is an alternative means of expediting payment.

Credit

Most offices accept a wide-range of credit cards. If the patient needs extended payments, suggest that they charge the full amount to their credit card and devise a time-payment plan that suits them to pay off their card debt. This gives them the flexibility to pay off as much, or as little, as they can manage and, importantly, removes your office from the debt arena.

IX Managing Patient Recalls

49

MANAGING PATIENT RECALLS

GETTING THEM TO RETURN

- Patients are busy and need to be 'prompted' to return to a practice
- Effective recall ensures that the ocular health of the patient is monitored regularly
- Where eye health is concerned, people typically only act when there is a problem

02N10-3-46S.PPT

10L3 02N103-46

Managing Patient Recalls

The purpose of having a well-managed and effective recall system is twofold.

Firstly, it facilitates the return of patients to the practice. Because patients are busy and generally distracted, the scheduling of regular (annual) eye examinations needs 'prompting'.

Secondly, an effective recall system ensures that your patient's ocular health is monitored regularly. Typically, patients do not think of their vision care until a problem develops, i.e. they tend to be reactive rather than proactive.

To entrench a simple recall system in a practice, patients can be informed routinely of their future needs for appointments. If the reason(s) for the next appointment is known, e.g. 3-month contact lens after-care, annual routine examination, etc. it should be used to 'justify' the need for the next appointment.

Importantly, this forewarning encourages in the patient an attitude of regular contact lens after-care and/or follow-up general eyecare.

50

MANAGING PATIENT RECALLS

GETTING THEM TO RETURN

- Inform the patient, via some mechanism, of when their next appointment is due
- Encourage an attitude of regular follow-up to ensure continuing eye health

02N10-3-47S.PPT

10L3 02N103-47

51

MANAGING PATIENT RECALLS

SETTING THE RECALL APPOINTMENT

- Notify the patient just a short time before their next appointment is due or;
- Make a tentative appointment, even if it is in the far distant future, and give the patient a timely reminder as the appointment time nears

02N10-3-48S.PPT

10L3 02N103-48

Setting The Recall Appointment

There are two basic ways of setting the next (recall) appointment:

- Notify the patient a short time in advance of their next appointment or;
- Make a tentative appointment, even if it is well into the future, and remind the patient as their appointment time nears.

52

MANAGING PATIENT RECALLS

GETTING THEM TO RETURN

- Inform the patient at the initial visit of the need for their eventual return
- Notify the patient by mail, e-mail, or telephone
- Combine methods if necessary
- Reinforce ***why*** the patient needs to return to the practice

02N10-3-49S.PPT

10L3 02N103-49

Getting Them To Return

Patients can be reminded/notified of the need for a return visit by mail, e-mail, or telephone. Some practices use more than one method. For example, patients are sent a reminder card one month before an appointment and if this fails to produce a response, i.e. they do not respond by scheduling an appointment, a staff member telephones the patient a week before the target date.

It is always a good policy to emphasize to the patient the reasons for a recall appointment, e.g. a contact lens check, an annual routine examination, glaucoma check, etc. This reinforces the need for regular eyecare in a reasoned and rational manner.

53

MANAGING PATIENT RECALLS

GETTING THEM TO RETURN

Telephone is the preferred method:

- Connect immediately
- Can book the appointment in one step
- Difficult to avoid

02N10-3-50S.PPT

10L3 02N103-50

Many practices find the telephone to be the most effective means of recalling patients. When making a telephone call, you connect with the patient immediately and can book the appointment without further delay. Furthermore, the telephone is a communications medium that is difficult to avoid. Once voice contact has been established between the parties, it is difficult for the 'message' not to be 'heard' even if it goes unheeded.

If the patient misses an appointment for whatever reason, they should be followed-up with a view to rescheduling the missed appointment.

54

TELEPHONE RECALL

"Good afternoon Sally, this is Karen from Dr. Thompkins office.

When you were in our office last month, Dr. Thompkins indicated that she would like to see you again in a month for a contact lens after-care visit.

Would an appointment next Tuesday, or next Thursday, suit you better?"

02N10-3-51S.PPT

10L3 02N103-51

Sample Telephone Script: Recall Appointment

An example of what could be said to the patient when scheduling a recall appointment, or re-scheduling a missed appointment, follows:

"Good afternoon Sally, this is Karen from Dr. Thompkins office. When you were in our office last month, Dr. Thompkins indicated that she would like to see you again in a month for a contact lens after-care visit. Would an appointment next Tuesday, or next Thursday, suit you better?"

Once the appointment is made, an indication is made in the recall system that the call was successful. There are many variations possible for managing patient recalls, especially with regard to tracking appointments made, and the follow-up of those patients who prove to be less responsive.

55

MANAGING PATIENT RECALLS

GETTING THEM TO RETURN

- Many ways of tracking the less-responsive patients who are slow to return
- Simple card file can be utilized if a computer is not available
- Computers now relied on heavily to track routine patient recalls

02N10-3-52S.PPT

10L3 02N103-52

A simple card file system is suited to practices not computerized fully. However, in most areas of the world, computers have taken over the routine task of tracking patient appointments, including routine recalls.

56

MANAGING PATIENT RECALLS

GETTING THEM TO RETURN

- Computerized recall is easier than ever
- Software packages manage this task
- A set of variables is incorporated
- Date of last visit is often the determinant
- Index cards, or a paper log are alternatives to a computer based system

02N10-3-53S.PPT

10L3 02N103-53

Computerized Recall

The advent of computers has made recall easier than it has ever been. Software is available to generate lists of patients to be recalled, using criteria selected by practice staff. Usually, the date of the last visit will be the main determinant when generating a recall listing.

A computerized system of recall operates on the same principal as a 'manual' system (e.g. a paper system). However, rather than writing the date of recall on an index card, the record is logged into a computer database and the selection criteria then determines the recall date (AOA, 1997B).

57

MANAGING PATIENT RECALLS

GETTING THEM TO RETURN

- Special recalls may be conducted to promote a new product, or service
- Emphasize continually the benefit to the patient of regular after-care

02N10-3-54S.PPT

10L3 02N103-54

Emphasize After-Care

In addition to routine recalls, special recalls may also be required. For example, if the practice wanted to conduct a special event to encourage disposable contact lens wearers to switch to daily disposables, the variable in a computerized recall listing (the filter) would be changed to indicate a search for this type of patient.

The most important issue to emphasize to patients is that regular follow-up care is advisable. In this way, the patients are encouraged to keep their own recall appointments up to date.

The patient will benefit by having their ocular health monitored regularly, and the practice will benefit by the ongoing income generated by returning patients.

X Managing Patient Follow-Up

58

MANAGING PATIENT FOLLOW-UP

THE BEST PATIENT IS AN EDUCATED PATIENT

- Typically, patients do not return for eyecare until or unless their eyes are red, puffy, blurred, itchy, or otherwise 'in need'
- When eyes are healthy, patients see no need to return for follow-up eyecare

(after Capaldi, 1999)

02N10-3-55S.PPT

10L3 02N103-55

The Best Patient Is An Educated Patient

Contact lens wearers are notorious for believing that return visits are unnecessary as long as their lenses are comfortable, and their vision is satisfactory (Capaldi, 1999A).

However, comfort is also the biggest single cause of wearer discontinuations. If the lenses are uncomfortable, the patient often ceases lens wear, puts the lenses away, and stops visiting their practitioner. Your instructions to, and follow-up of, the patient are important to their ongoing success with contact lenses (Capaldi, 1999A).

Part of the responsibilities of a practitioner and/or their staff is to ensure optimum vision, comfort and ongoing eye health. Effective follow-up is essential to these responsibilities being met by the practice.

If the patient is successful with their lenses, and your care surpass their expectations, you will have created a loyal, devoted contact lens patient who keeps coming back for more (Capaldi, 1999B).

59

MANAGING PATIENT FOLLOW-UP

EFFECTIVE FOLLOW-UP IS REINFORCED BY:

- Discussing return visits at the initial visit
- Explaining the frequency of return visits
- Managing an effective recall system
- Giving patients a reason(s) to return

02N10-3-56S.PPT

10L3 02N103-56

Managing Patient Follow-Up

Effective follow-up is reinforced by:

- Discussing return visits at the initial visit.
- Explaining the frequency of return visits.
- Managing an effective recall system.
- Giving patients a reason(s), to return.

60

MANAGING PATIENT FOLLOW-UP

COST CONTAINMENT PROGRAMS ENCOURAGE RETURN:

- Service agreements
- Professional care packages
- Discounted lens care products
- Bulk lens purchase packages

02N10-3-57S.PPT

10L3 02N103-57

Give Patients A Reason To Return

Contact lens wearers recognize that there will be ongoing costs involved. Many practices offer incentives or 'cost containment' programmes. These programmes define costs 'up-front' to the patient. Examples are:

- Service agreements.
- Professional care packages.
- Discounted lens care products.
- Bulk lens purchase packages.

61

MANAGING PATIENT FOLLOW-UP

THE BOTTOM LINE

- To ensure excellent ocular health
- To ensure the livelihood of the practice

02N10-3-63S.PPT

10L3 02N103-58

The Bottom Line

It is important to recognize that patient follow-up and effective recall are important, firstly to monitor ocular health, and secondly to ensure the livelihood of the practice.

XI Managing Patient Referrals

62

MANAGING PATIENT REFERRALS

REMEMBER TO SAY THANK YOU!

- Effective marketing tool
- 1 satisfied patient refers up to 10 new patients through 'word of mouth' marketing
- Determine a cost-effective program (simple note, gift, promotional coupon, reduction in fees)

02N10-3-59S.PPT

10L3 02N103-59

Remember to Say Thank You

In Lecture 10.2 (slides 65 to 68, p 79), it was stated that thanking those patients who referred colleagues, friends, and family members was a powerful practice-marketing tool.

Further, it is estimated that one satisfied patient could refer up to 10 new patients to the practice through word-of-mouth marketing.

There are a number of ways that referring patients can be thanked. These include a simple note, a gift, a promotional coupon, or a reduction in service fees. Once a practitioner settles on a cost-effective, staff-managed program, it should be implemented.

Saying "thank you" is very important, not only to expansion of the patient base, but also to establishing ongoing rapport with the existing base.

63

MANAGING PATIENT REFERRALS

THANK YOU LETTER

- Simplest form of gratitude
- Personalized by practitioner
- Send soon after referral
- Send a separate note each time if a patient refers more than one new patient

02N10-3-60S.PPT

10L3 02N103-60

A 'Thank You' Letter

A 'thank you' letter, note, or card is the easiest and simplest way to communicate your gratitude to a patient. It should be personalized by the consulting practitioner, and sent to the referring patient as soon as possible after the referred patient has attended their initial appointment.

If a patient refers a number of family members, or friends, ensure that a different letter, note, or card is sent for each referred patient attending.

64

MANAGING PATIENT REFERRALS

GIFTS OF GRATITUDE

- To show special attention
- Rewarding can result in more referrals
- Determine when a note is not enough…for example, after 3 patient referrals, special attention is shown with flowers sent to the patient

02N10-3-61S.PPT

10L3 02N103-61

Gifts As a Way of Saying Thank You

If there is a particular patient who seems to be a one-person marketing programme, the practice may want to give them special attention.

Some practitioners reward patients who refer their friends by sending little gifts such as boxes of candy, or dried fruits, for example. Many successful practitioners have said that rewarding referring sources often results in more referrals. (Bennett, 1993A)

Some practitioners think that a note is adequate, while others think that a patient who refers new patients frequently, deserves more attention. Some practices for example, may send a note for each referral up to the third. However, after the third referral, the patient is rewarded with a small gift.

65

MANAGING PATIENT REFERRALS

REMEMBER TO SAY
THANK YOU!

- Make a note in the referring patient's clinical record
- Make a personal comment to them when they return
- "Thank you for referring Mrs. Spencer to our practice"

02N10-3-62S.PPT

10L3 02N103-62

Tracking Referring Patients

A record of referrals generated by a patient should be kept in their clinical record. In this way, when they return to the office, a personal comment can be made to them.

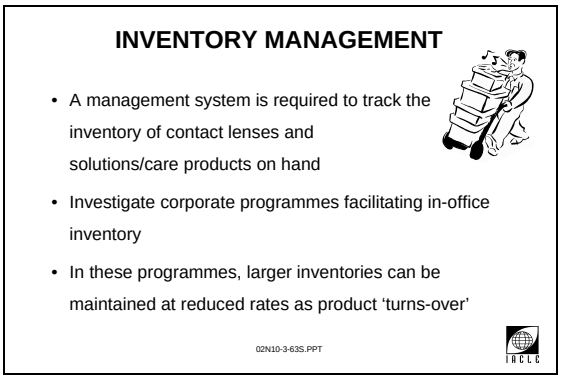
For example, "Thank you for suggesting to Mrs. Spencer that she come to our practice. Your vote of confidence is much appreciated".

Such personal comments are powerful marketing tools. The usefulness of opportunities to 'connect' with patients, should not be underestimated.

When thanking the referring patient for their recommendation, care is required not to convey private and confidential information that may breach the confidentiality of the referred patient.

XII Inventory Management

66



10L3 02N103-63

Inventory Management

In the interests of responsible fiscal management, as well as utilization of storage space and staff time, the inventory of contact lenses and solutions held in a practice must be managed closely. Not only does stock represent real money sitting on your shelves but it also represents an expiring commodity since all such products have expiry dates beyond which their values fall to zero.

A balance between the cost of a large inventory, and the convenience of ex-stock availability of products, has to be reached. To achieve this balance can be difficult and may involve some trial and error in the early stages of setting-up a practice.

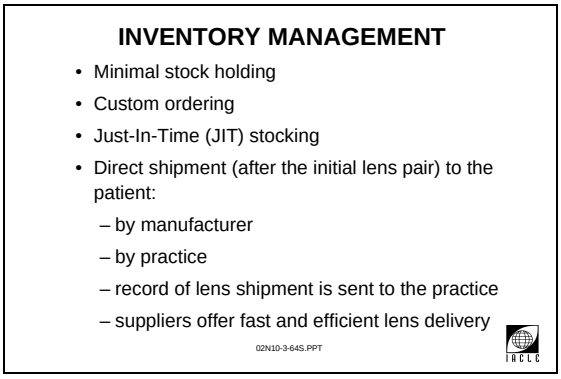
One way to organize an inventory in a new practice is to investigate the inventory programmes suppliers and manufacturers offer. In many cases, companies will provide a small stock of their lenses for the practitioner to fit from. Larger inventories may be offered at reduced rates as lens orders through the practice create a 'turn-over' of inventory lenses.

The goal is to minimize your capital investment while maintaining a wider variety of lens types than might otherwise be possible. A wider variety of lenses translates to a greater range of patient requirements that can be satisfied from internal practice resources.

Many companies offer programmes to assist new practitioners by offering trial lenses, lens care products, and practice management/marketing materials at reduced rates. Others offer an initial inventory of supplies as a complimentary service.

As a new practitioner, you will need to contact each manufacturer in your region to investigate what programmes are available to you. The IACLE website provides contact information for the IACLE sponsoring companies to assist you to easily reach each manufacturer or their agents. Details of how to access this information is included in Appendix 10.3.1.

67



10L3 02N103-64

Managing the Inventory

Current methods of keeping in-office inventory manageable include:

- Minimal stock holdings (stock little of what you need).
- Custom order (order as required).
- Just-In-Time (JIT) supply (order as need is anticipated/predicted, or stock is consumed).
- Direct shipments to the patient according to an agreed schedule:
  - by the manufacturer
  - by the practice.

68

INVENTORY MANAGEMENT
JUST IN TIME (JIT)

- Order stock as need is anticipated/predicted
- Order stock as it is consumed. Requires:
  - good stock monitoring system
  - tight inventory control
  - reliable sources of supply
- Modern technology allows automation of all or most steps in the supply chain

02N10-3-73S.PPT

10L3 02N103-73

69

INVENTORY MANAGEMENT
DIRECT SHIPMENT (1)

- From practice stock initially
- Subsequently from:
  - the practice
  - the manufacturer or their agents
- Practice is notified of subsequent shipments

02N10-3-74S.PPT

10L3 02N103-74

70

INVENTORY MANAGEMENT
DIRECT SHIPMENT (2)

- Largely a response to the advent of disposable lenses
- Little or no stock required in practice
  - only ‘fitting sets’ needed in consulting room
- Little capital tied up in stock on shelves
- No additional storage space required
- Success depends on the reliability of the suppliers’ distribution systems

02N10-3-75S.PPT

10L3 02N103-75

With the JIT approach, a tightly controlled inventory is topped-up as lenses are dispensed. This can be simplified further by integrating the dispensing records with the inventory database so that a replenishment order can be generated automatically. Further, these orders can be sent to the supplier automatically if such a system is in place.

Direct shipment programmes may vary by manufacturer but the basic concept involves dispensing initial lenses from practice stock, with all subsequent lenses mailed directly to the patient by the manufacturer. To track lenses released directly to the patient, the practice receives a record from the manufacturer of the lenses ordered/shipped.

In exercising this option, practitioners no longer need to maintain a large lens inventory, rather they only need to keep a ‘fitting set’. At least in part, these systems were introduced in response to the advent of disposable lenses. Stocking disposable lenses in a practice meant a significant increase in the volume, number, and value of lenses to be stored which, given the cost and space limitations involved, created obvious difficulties.

Direct shipment depends on there being a trusting relationship between the practice and the manufacturers. The execution of the system depends largely on the competence of the suppliers’ distribution systems. Most such systems are a tour-de-force of computer-based integration of all the distribution steps between the warehouse shelf and the patient’s door.

XIII Computers in the Practice

71

COMPUTERS IN THE PRACTICE
WHY?

- Convenience, convenience, convenience
- Time, time, time
- Me, me, me
- Now, now, now

02N10-3-65S.PPT

10L3 02N103-65

72

COMPUTERS IN THE PRACTICE

Human beings have always needed to count. The computer is simply another tool to reduce labor, and extend the mastery of our environment

Koetting, 1992

02N10-3-66S.PPT

10L3 02N103-66

The Era of Information Technology

In the information age, fewer and fewer contact lens practices operate without the benefits of a computer system. The types of computer systems used in practices range from a network of connected computers linking examination rooms, front office areas, and some of the clinical equipment, to a single computer used to manage one or two critical tasks such as word processing and billing.

In the future, it is probable that the pressure on practices to 'computerize' will increase rather than decrease. Furthermore, as computers become cheaper, more reliable, more powerful, and simpler to use, their role in practices is likely to expand as they are employed in more diverse tasks.

73

COMPUTERS IN THE PRACTICE

TEN IMPORTANT USES FOR COMPUTERS

1 Automated recall
2 Third party billing
3 Effective electronic billing
4 Service agreements
5 Evaluation of practice income, and growth

Fleischman , 1992

02N10-3-67S.PPT

10L3 02N103-67

74

COMPUTERS IN THE PRACTICE

TEN IMPORTANT USES FOR COMPUTERS

6 Monthly, quarterly, year-end processing
7 Batch correspondence
8 Marketing
9 Laboratory tracking
10 Inventory management

Fleischman , 1992

02N10-3-68S.PPT

10L3 02N103-68

Ten Important Uses For Optometric Computer Programs

Computers have become a management tool that all successful practices rely on. Fleischman (cited in Koetting, 1992B) offers these 'Ten Important Uses for Optometric Computer Programs':

1 Automated recall

- Probably the most visible immediate benefit.
- Reduced staff time and a consistent revenue enhancer.
- Provides an effective method to easily monitor recall compliance.
- Provides an opportunity to customize and target specific ocular conditions.

2 Third party billing

- Ability to respond to consistent pressure from third-party groups.
- Submit claims on computer generated 'hard copy'.
- Capable of submitting claims electronically via modem.
- Priority treatment by provider resulting in faster turnaround and payment.

3 Effective electronic billing

- Convenient 'walk-out' statements.
- Regular monthly billing.
- Efficient follow-up of delinquent accounts.

4 Service agreements

- Print in-office applications.
- Contact lens replacements.
- Lens care product replenishments.
- Planned replacement programmes.
- Spectacle warranties.

5 Evaluate practice income and growth

- Revenue generated from contact lenses, or special procedures.
- Track number and source of referrals.
- Graph general or specific growth patterns.
- Daily production reports.
- New/returning patients.

6 Monthly, quarterly, year-end processing

- Production reports.
- Recall statistics.
- Service agreements.
- Accounts receivable management.

7 Batch correspondence

- Welcome/thank you letters.
- New patient referral letters.
- Professional referral letters.
- Appointment confirmations.

8 Marketing

- Newsletters.
- Patient notices.
- New product announcements.
- Patient reactivation program.

9 Laboratory tracking

- By vendor/purchase order.
- By date.

10 Inventory management

- Barcode (many optical industries have standardized the barcode symbologies they employ [the contact lens industry is one such industry] – this simplifies the programmer's task of integrating barcode scanning into practice software.
- Contact lenses and consignment.
- Spectacle lenses.
- Lens care products and supplies.

XIV Summary

75

MANAGING THE PRACTICE

The story of George X.

George failed to learn the business

management and marketing skills necessary for

private practice success.

Runninger, 1993

02N10-3-69S.PPT

10L3 02N103-69

Summary

It is worth reiterating the comments of Runninger, a successful practitioner and practice management consultant, taken from his foreword to *Management for the Eyecare Practitioner* (Bennett, 1993). Consider his comments as you set out to find ways of making your contact lens practice efficient while also increasing its capacity.

"George X. was the smartest student, and best practitioner in our graduating class. Everyone predicted great success for him."

"But years later, he is plodding along in a mediocre practice with a small patient base. Why? Because he never properly learned the business, management, and marketing skills necessary for private practice success."

"Optometric practitioners are naturally science, rather than business, oriented. Many find it difficult to pay sufficient attention to the following necessary business skills:

- Professional Marketing.
- Practice Management.
- Patient Communication.
- Business Management."

76

MANAGING THE PRACTICE

"You may be the best clinician in town.

Nevertheless, you cannot make it in private

practice if you do not manage your office

well."

Runninger, 1993

02N10-3-70S.PPT

10L3 02N103-70

You May Be the Best But.....

"Every health care professional is discovering that clinical skill by itself if not sufficient for practice success. It does no good to have great clinical expertise if you have no patients on whom to work that expertise, or if your practice fails due to a lack of business acumen."

"You may be the best clinician in town. Nevertheless, you cannot make it in private practice if you do not manage your office well." (Runninger in Bennett, 1993).

The general idea is to balance all relevant factors if you are to have a pleasurable, and profitable workday. The bottom line is to manage yourself, and your office well.

77

MANAGING THE PRACTICE

In summary…

The idea is to have a balance of

all relevant factors for a

pleasurable, profitable

work day…

02N10-3-71S.PPT

10L3 02N103-71

🕮 References

American Optometric Association (1997A). *Telephone Techniques.* In: *Self-Study Course for Optometric Assisting*. Butterworth-Heinemann, Boston. 5.

American Optometric Association (1997B). *Recalls.* In: *Self-Study Course for Optometric Assisting*. Butterworth-Heinemann, Boston. 12.

Bennett I (1993). *Management for the Eyecare Practitioner.* Butterworth-Heinemann, Boston.

Bennett I (1993A). *Practice Management of Optometric Specialties.* In: *Management for the Eyecare Practitioner.* Butterworth-Heinemann, Boston. 71.

Bennett I (1993B). *The Art of Smart Scheduling.* In: *Management for the Eyecare Practitioner.* Butterworth-Heinemann, Boston. 201.

Capaldi P (1999A). *Keeping your patients coming back for more.* In: *Contact Lens Staff Training Supplement.* CL Spectrum. 14(1) (Suppl.): 3.

Capaldi P (1999B). *Bringing prospective patients to the practice.* In: *Contact Lens Staff Training Supplement.* CL Spectrum. 14(1) (Suppl.): 3.

Dalton S (2002). *Taming tactics.* Optician 223(5837): 20 – 21.

Gailmard NB (2003A). *Management Tip #65: What can you delegate?* Optom Mgmt. Newsletter of 2003-Apr-17 < news@bci.omessage.com >.

Gailmard NB (2003B). *Management Tip #73: Are your days not long enough?* Optom Mgmt. Newsletter of 2003-Jun-11 < news@bci.omessage.com >.

Harris MG (2000). *Legal and ethical issues in optometry 2000.* Personal communication.

Koetting R (1992A). *Staffing a Practice for Successful Marketing.* In: *Marketing, Managing and Contact Lenses.* Butterworth-Heinemann, Boston. 98 - 99.

Koetting R (1992B). *Computers in Optometric Practice.* In: *Marketing, Managing and Contact Lenses.* Butterworth-Heinemann, Boston. 183 - 184.

Nelson R (1992). In: Koetting R (1992A). *Staffing a Practice for Successful Marketing.* In: *Marketing Managing and Contact Lenses.* Butterworth-Heinemann, Boston. 98.

Runninger J (1993). *Forward.* In: Bennett I (1993). *Management for the Eyecare Practitioner.* Butterworth-Heinemann, Boston. xiv.

Russ M (2003). *How to manage your contact lens team.* Optician 225(5883): 15 – 17.

Practical 10.3.1

(1 Hour)

Developing a Plan to Manage a Contact Lens Practice

Practical 10.3.1

Developing a Plan to Manage a Contact Lens Practice

Instructions: This exercise will take you through the initial steps of developing your own internal management plan.
Consider the areas presented, and determine how you would like to organize your practice.
As an alternative exercise, you may want to discuss these areas with someone already in an established practice. Discussion of each topic with them can offer valuable information when you are starting out. In so doing (if you choose your practitioner wisely), you are drawing on the experience of a practitioner who has developed and executed their own plan successfully.

WORKSHEET

Step 1

STAFF MANAGEMENT

List three ways to integrate staff training into the practice.

1

2

3

List three ways in which you will use staff assistance to help manage your time efficiently.

1

2

3

Developing a Plan to Manage a Contact Lens Practice Worksheet

Step 2

DELEGATION AND TIME MANAGEMENT

List three tasks you will delegate to employees.

1

2

3

List three tasks you cannot delegate to employees. How will you time-manage these activities?

1

2

3

Developing a Plan to Manage a Contact Lens Practice Worksheet

Step 3

TELEPHONE MANAGEMENT

List three procedures all employees will follow regarding the answering of the telephone.

1

2

3

What is the initial greeting that all employees will use when they answer the phone?

Developing a Plan to Manage a Contact Lens Practice Worksheet

Step 4

SCHEDULING – APPOINTMENT MANAGEMENT

List three procedures you will follow when making patient appointments.

1

2

3

How will you confirm appointments? What information will be sent to the patient ahead of the appointment?

1

2

3

Developing a Plan to Manage a Contact Lens Practice Worksheet

Step 5

MANAGING RECORD KEEPING

List three procedures you will follow when establishing a record-keeping system.

1

2

3

Step 6

FEE MANAGEMENT

What will your fee payment policies be? What information will your fee statements contain?

1

2

3

Developing a Plan to Manage a Contact Lens Practice Worksheet

Step 7

COLLECTIONS MANAGEMENT

List three procedures you will introduce to collect fees from patients.

1

2

3

List three important aspects of patient billing

1

2

3

Developing a Plan to Manage a Contact Lens Practice Worksheet

Step 8

MANAGING PATIENT RECALLS

List three procedures you will follow when establishing a recall system in the practice.

1

2

3

What tracking system will you use to ascertain the rate at which patients are returning? How will you utilize a computer in this system?

1

2

3

Developing a Plan to Manage a Contact Lens Practice Worksheet

Step 9

MANAGING PATIENT FOLLOW-UP

List three aspects of a successful practice that will encourage patients to return?

1

2

3

What types of cost-containment or incentive programmes will you offer to patients?

1

2

3

Developing a Plan to Manage a Contact Lens Practice Worksheet

Step 10

MANAGING PATIENT REFERRAL

List three ways you will thank patients for referrals.

1

2

3

List three sentences to be included in your 'thank you' letter to patients.

1

2

3

Developing a Plan to Manage a Contact Lens Practice Worksheet

Step 11

INVENTORY MANAGEMENT

List three procedures you will follow to track the in-office inventory.

1

2

3

How will lenses be delivered to patients, direct from the manufacturer, or only from the in-house inventory? List three reasons for choosing this option.

1

2

3

Developing a Plan to Manage a Contact Lens Practice Worksheet

Step 12

COMPUTERS IN THE PRACTICE

List six potential ways a computer can be utilized in the management of the practice.

1

2

3

4

5

6

Appendix 10.3.1

Contacting IACLE Sponsors When Establishing a New Account

CONTACTING IACLE SPONSORS WHEN ESTABLISHING A NEW ACCOUNT

To contact an industry sponsor of IACLE when inquiring about establishing a new account, please go to the IACLE website (**www.iacle.org**) and choose the 'industry sponsors' icon (***Sponsors*** then ***Industry Sponsors*****)**. By clicking on the company of your choice, you will obtain all the contact information needed to get in touch with each IACLE industry sponsor.

Each company offers special programmes to assist new practitioners establish a practice.

Please contact the IACLE sponsoring company in your region to investigate new-practitioner programmes offered.

IACLE Industry Sponsors:

- CIBA Vision Corporation
- Johnson & Johnson Vision Care, Inc.
- Bausch & Lomb, Inc.
- Advanced Medical Optics (AMO), Inc.
- Ocular Sciences, Inc.
- Alcon, Inc.
- CooperVision, Inc.
- Menicon Europe, S.A.

Unit 10.4

(1 Hour)

Lecture 10.4: Standards of Practice

Course Overview

Lecture 10.4 Standards of Practice

I What are your responsibilities?
II Professional conduct
III Professionalism
IV Oaths
V The patient/practitioner relationship
VI Developing direction
VII Categories of professional obligation
VIII Categories of professional obligation
IX How does one teach ethics?
X Liability with contact lens patients
XI Documentation
XII Problem-oriented record keeping
XIII Good record keeping is essential
XIV Summary

Practical 10.4.1: Discussion: Eight Categories of Professional Obligation

Tutorial 10.4.1: Critical Thinking Exercise: In Sickness and In Health

Tutorial 10.4.2: Critical Thinking Exercise: Think About It

Appendix 10.4.1: Code of Ethics

Appendix 10.4.2: Patients' Bill of Rights

Lecture 10.4

(1 Hour)

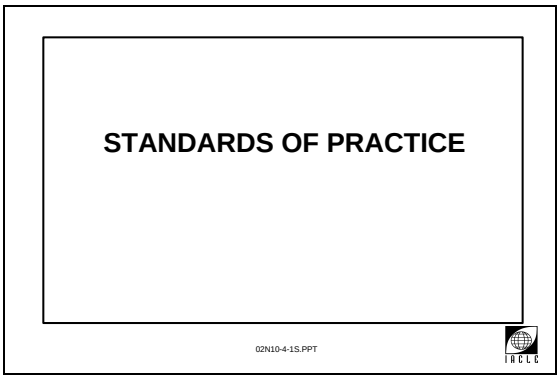
Standards of Practice

Table of Contents

I What Are Your Responsibilities? 175
II Professional Conduct 177
III Professionalism 178
IV Oaths 182
V The Patient/Practitioner Relationship 184
VI Developing Direction 185
VII Categories of Professional Obligation 186
VIII The Eight Categories 187
IX How Does One Teach Ethics? 190
X Liability with Contact Lens Patients 191
XI Documentation 194
XII Problem-Oriented Record Keeping 196
XIII Good Record Keeping is Essential 197
XIV Summary 199

I What Are Your Responsibilities?

1

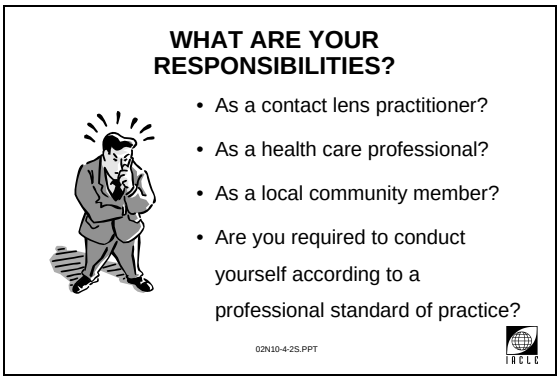


10L4 02N104-1

What Are Your Responsibilities?

What are your overall responsibilities, not only as a contact lens practitioner, but also as a health care professional, and a local community member?

2

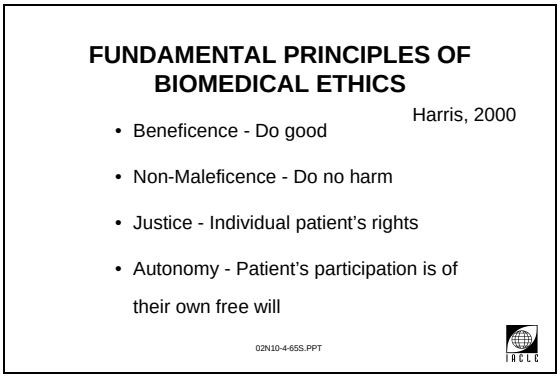


10L4 02N104-2

Are you required to conduct yourself according to a professional standard of practice/conduct? What about ethics? Are your personal ethics different and distinct from the professional ethics you are required to uphold?

As you practice within the wider community, rather than in isolation, your responsibilities reach beyond your patient base.

3

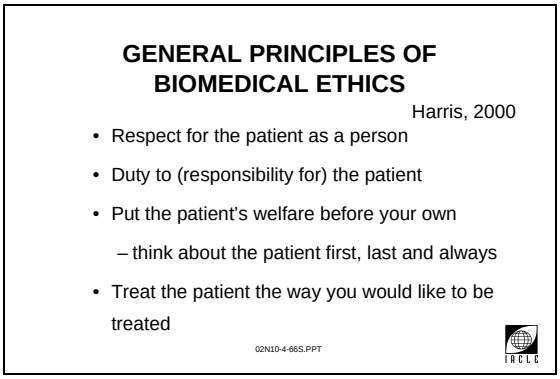


10L4 02N104-65

Fundamental Principles of Biomedical Ethics
(after Harris, 2000)

- Beneficence: Do only good, and be actively kind.
- Non-maleficence: Do:
  - no harm
  - nothing criminal
  - not endanger.
- Justice: The rights of the individual (patient's rights) must be respected at all times and must take precedence over *all* other considerations.
- Autonomy: Patient's participation must be free from external control, suggestion, or influence, and must be of their own free will.

4



10L4 02N104-66

General Principles of Biomedical Ethics
(after Harris, 2000)

- Respect for the patient as a person.
- Duty to (responsibility for) the patient.
- Put the patient's welfare before your own.
  - think about the patient first, last and always.
- Treat the patient the way you would like to be treated.

II Professional Conduct

5

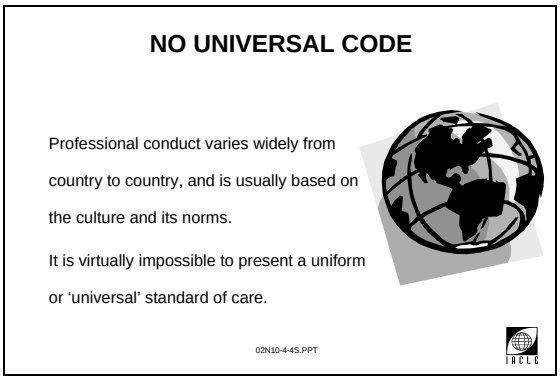
10L4 02N104-3

Professional Conduct

Standards of practice, quality of care, ethics, malpractice, and professional liability are all part of a larger umbrella topic - professional conduct.

It is noteworthy that 'professional' conduct varies widely from country to country but its parameters are usually based on the relevant culture and its norms. Even within a given country, it can vary widely from state to state or even from area to area within a particular state.

6



10L4 02N104-4

No Universal Code Exists

As no universal code exists, it is virtually impossible to present a uniform or universal standard of care or code of professional conduct. Instead, issues that may be components of a local 'code of practice' will be discussed in this lecture.

III Professionalism

7

WHAT DO YOU NEED TO CONSIDER?

To assist students as they venture into practice, most, but not necessarily all, aspects of professional conduct can be discussed.

02N10-4-5S.PPT

10L4 02N104-5

Considerations

To assist the transition from student to practitioner, a discussion of many of the issues overlapping 'professionalism' will be found helpful**.**

8

PROFESSIONALISM

"Successfully balancing the clinical and commercial elements is very important. It is a fact that you cannot practice your profession unless you are successful in business…"

Cameron and Veys, 1995

02N10-4-6S.PPT

10L4 02N104-6

Professionalism

"True professionalism can only be achieved with attention to all aspects of running a practice", state Cameron and Veys (1995). "Successfully balancing the clinical and commercial elements is very important. It is a fact that you cannot practice your profession unless you are successful in business."

9

DEFINE PROFESSIONALISM

"When assessing what people expect from professional people….., in general, they expect two things…*integrity* and *honesty*."

Cameron and Veys, 1995

02N10-4-7S.PPT

10L4 02N104-7

The Nature Of Professions, Professional Behavior, and Professionalism

Cameron and Veys continue by offering a simple definition of professionalism, "When assessing what people expect from professional people....., they expect two things – *integrity* and *honesty*" (Cameron and Veys, 1995).

10

PROFESSIONALISM

- Determine the balance between clinical and commercial aspects
- One must decide how to manage both aspects 'professionally'

02N10-4-8S.PPT

10L4 02N104-8

To the practitioner, these remarks are important to the determination of a balance between clinical (patient) and commercial (practitioner, employees, profitability) aspects of the practice. Generally, one must decide how to manage both aspects 'professionally'.

11

WHAT IS A PROFESSION?

'A calling requiring specialized knowledge, and often long and intensive academic preparation, …the whole body of persons engaged in a calling…'

Webster's *New Collegiate Dictionary* cited in Bailey, 1997

02N10-4-9S.PPT

10L4 02N104-9

What is a Profession?

According to Webster's *New Collegiate Dictionary* (cited in Bailey, 1997), a *profession* is 'a calling requiring specialized knowledge and often long and intensive academic preparation…the whole body of persons engaged in a calling', e.g. ophthalmology, optometry, opticianry.

12

WHAT IS BEING PROFESSIONAL?

'Conforming to the technical and ethical standards of a profession…'

Webster's *New Collegiate Dictionary* cited in Bailey, 1997

02N10-4-10S.PPT

10L4 02N104-10

What is Professional Behaviour?

Professional is defined as 'conforming to the technical and ethical standards of a profession' (Webster's *New Collegiate Dictionary* cited in Bailey, 1997).

13

WHAT IS PROFESSIONALISM?

'The conduct, aims, or qualities that characterize or mark a profession, or a professional person.'

Webster's *New Collegiate Dictionary* cited in Bailey, 1997

02N10-4-11S.PPT

10L4 02N104-11

What is Professionalism?

Professionalism is defined as 'the conduct, aims, or qualities that characterize or mark a profession or a professional person' (Webster's *New Collegiate Dictionary* cited in Bailey, 1997).

14

PART OF THE LARGER WHOLE

Bailey (1997) reminds us that, we are part of the larger whole of 'professionals'

"Through our chosen behaviours, we must all become diligent in protecting the eyecare profession by upholding those professional values that place the patient's eye and visual needs paramount."

(Haffner cited in Bailey, 1997)

02N10-4-12S.PPT

10L4 02N104-12

Part of the Larger Whole

With reference to the eyecare, and/or contact lens professions specifically, a more comprehensive definition of 'professionalism' was presented by Haffner (cited in Bailey, 1997) who stated, "Through our chosen behaviours, we must all become diligent in protecting the eyecare profession by upholding those professional values that place the patient's eye and visual needs paramount".

Bailey reminds us that we are part of the larger whole of 'professionals'.

15

COMPRHENSIVE DEFINITION OF PROFESSIONALISM

after Haffner cited in Bailey, 1997

- A demanding code of behaviour…
- An unstinting commitment to ever-expanding excellence in learning…
- An unswerving devotion to lofty ideals…
- Devotion to service…
- An attitudinal ambience differentiates…
- Is commanding by enduring values which are human, social and ethical…

02N10-4-13S.PPT

10L4 02N104-13

16

COMPREHENSIVE DEFINITION OF PROFESSIONALISM

"Professionalism provides that quality of nobility to a discipline which gives it its self-esteem, its self-restraint, and its self-realization."

Haffner, 1986

02N10-4-14S.PPT

10L4 02N104-14

Comprehensive Definition of Professionalism

Haffner (1986, cited in Bailey, 1997) proposed the following definition of professionalism:

"Professionalism is a demanding code of behaviour practiced by its adherents which requires their unstinting commitment to ever-expanding excellence in learning and knowledge, and to their application to the discipline. It is an unswerving devotion to lofty ideals of the discipline's mission in terms of social purposefulness. It is an understanding that one of its fundamental tenets is devotion to service, whole-hearted and genuine, even occasionally when such devotion requires personal sacrifice because that service is not divisible, and because it can be neither diminished nor deteriorated. Professionalism involves a differential attitudinal ambience, in the large public, social, and community views and callings that are entrepreneurial in their primary cast. Indeed, professionalism is commanding by enduring values which are human, social and ethical in their contexts".

"Professionalism provides that quality of nobility to a discipline which gives it its self-esteem, its self-restraint, and its self-realization" (Haffner, 1986).

17

WORDS TO PRACTICE BY

How to 'Get an Attitude'

- Haffner's words describe the underlying attitude of everyday practice!
- How do you learn such an 'attitude'?
- It can't be memorized, recited, or studied
- It must be 'lived'

02N10-4-15S.PPT

10L4 02N104-15

Words To Practice By

Haffner's definition offers many words to describe the underlying attitude of everyday practice.

How do you learn such an 'attitude'? It isn't something that can be memorized and recited. It isn't something that can be studied. It must be lived.

18

TO DEVELOP A WAY OF THINKING

- To develop a professional attitude, a practitioner must think, assess, and review on an individual basis
- To guide the profession as a whole, there are reputable sources that can be referenced

02N10-4-16S.PPT

10L4 02N104-16

To Develop a Way of Thinking

To guide the eyecare profession as a whole, there are reputable sources that can be accessed. These sources offer guidelines for the practitioner to consider, and by which to practice.

For example, the American Optometric Association has outlined a *Code of Ethics* for its members. This document, which is included in its entirety in Appendix 10.4.1, begins with the statement:

"It shall be the ideal, the resolve, and the duty of the members of the American Optometric Association to keep the visual welfare of the patient uppermost at all times" (AOA, 1997).

19

CODE OF ETHICS

"It shall be ideal, the resolve, and the duty of the members of the American Optometric Association to keep the visual welfare of the patient uppermost at all times."

American Optometric Association, 1997

02N10-4-17S.PPT

10L4 02N104-17

Another example of the guidelines available for consideration by practitioners is outlined in Appendix 10.4.2 , *Bill of Rights of All Patients of This Practice* which was adopted by the Governing Board of the World Council of Optometry in November, 1998.

20

GUIDELINES VARY

Bear in mind there are:

- Many countries
- Many associations
- Many different standards

02N10-4-18S.PPT

10L4 02N104-18

Guidelines Vary

Bear in mind that the examples of the guidelines presented here are for members of a particular association. Around the world, there are many associations in many countries. Consequently, there are many and varying standards.

IV Oaths

21

A MEDICAL OATH

- Some medical organizations require members to take a specific oath
- Is the same true for eye care professionals?

02N10-4-19S.PPT

10L4 02N104-19

Oaths

An editorial by Agarwal (Editor-In-Chief of the Brit J Optom and Dispensing), discusses the concept of a medical oath. While only some organizations currently 'require' members to take a specific oath, the article discusses the idea of the requirement for medical practitioners to recite the medical oath.

He suggests that the same be true for eyecare professionals.

22

A MEDICAL OATH

"A medical oath, taken by doctors upon qualifying, which lays down moral and ethical guidelines in medical practice, is generally attributed to Hippocrates (460-370BC)…"

Agarwal, 1999

02N10-4-20S.PPT

10L4 02N104-20

Moral and Ethical Guidelines

"A medical oath, taken by doctors upon qualifying, which lays down moral and ethical guidelines in medical practice, is generally attributed to Hippocrates (460-370 BC) from a collection of works known as the Corpus Hippocraticum. These works included aphorisms, the Hippocratic oath, and a code of ethics for teachers and students of medicine" (Agarwal, 1999).

23

MORAL AND ETHICAL GUIDELINES

"The main aims of the ethical guidelines for healthcare professions generally cover the welfare of patients, avoidance of harm to patients, preservation of patient's confidentiality, speaking the truth, and pursuing justice"

Agarwal, 1999

02N10-4-21S.PPT

10L4 02N104-21

Medical and Ethical Guidelines

Agarwal (1999) continues by saying that in our times, "The main aims of the ethical guidelines for healthcare professions generally cover the welfare of patients, avoidance of harm to patients, preservation of patient's confidentiality, speaking the truth, and pursuing justice".

24

WHAT IS OLD IS NEW AGAIN ???

How can my profession possibly be defined by a philosopher/professional from 370BC?

Arguably, human nature, and those factors that define 'professional behaviour', have not changed in 2,500 years

02N10-4-22S.PPT

10L4 02N104-22

These Are Modern Times

As a new practitioner you might think, "How can my profession possibly be defined by a philosopher/professional from 370 BC?".

It could be argued that human nature, and those factors that define 'professional behaviour' towards others, have not changed fundamentally over the intervening years. Consequently, Hippocrates' views are as applicable today as they ever were, despite their age of almost two and a half thousand years.

25

MODERN TIMES…MODERN THINKING…

Modern times (litigious times?) require even MORE stringent examinations, suggests the American Medical Association – a leading organization in setting international standards of health care

02N10-4-23S.PPT

10L4 02N104-23

Modern Times.....Modern Thinking

Well, yes, they are but....if any difference is apparent, it is that modern times require an even MORE stringent approach (e.g. more rigorous examinations to qualify initially). Citing recent trends, and the underlying historic pattern of their evolution, it is worth considering an article taken from Health Affairs (Seward, 1997) in which the American Medical Association, an international leader in setting standards of care, discusses medical ethics.

26

ISSUES FACING PRACTITIONERS TODAY…

The issues faced today are remarkably similar to those of 1847…

These being 'the needs of patients, quality of care, ethical standards for physicians, and the covenant of trust that binds them all together in the patient/physician relationship'

American Medical Association, 1847 cited in Seward, 1997

02N10-4-24S.PPT

10L4 02N104-24

The Issues Today are No Different?

Similar?

In Seward's article, the reader is reminded that the AMA's founding physician, Nathan Davis of New York, and his pioneering colleagues, originally adopted the USA's first code of medical ethics in May, 1847 within Philadelphia's Academy of Natural Sciences.

The issues facing practitioners today are remarkably similar to those applicable to the time when these standards were adopted.

These issues are 'the needs of patients, quality of care, ethical standards for physicians, and the covenant of trust that binds them all together in the patient/physician relationship' (Seward, 1997).

27

ISSUES FACING PRACTITIONERS TODAY…

- Perhaps MORE critical than 150 years ago…
- Blurred lines, and demarcations, between ethical and economic considerations

02N10-4-25S.PPT

10L4 02N104-25

More Serious (or More Critical)?

Perhaps these issues are even more serious (or more critical) than they were over 150 years ago, due to a blurring of the lines separating, and demarcation issues between, the ethical and economic considerations facing today's practitioner.

28

ISSUES FACING PRACTITIONERS TODAY…
Patient/Practitioner Relationship

- Variation by country, region, government, governing bodies

- The bottom line remains similar, i.e. a trusting relationship between the patient and the practitioner

02N10-4-26S.PPT

10L4 02N104-26

Patient/Practitioner Relationship

The variations by country, region, and government and governing bodies can be extreme.

However, the essential element remains similar, i.e. a trusting relationship between patient and practitioner.

V The Patient/Practitioner Relationship

29

A MORE COMPLEX PATIENT/PRACTITIONER RELATIONSHIP

- "Today it is not merely medicine between patient and physician…
- Instead, doctor and patient alike are forced to navigate a highly competitive, and at times harrowing, marketplace…"

Seward, 1997

02N10-4-27S.PPT

10L4 02N104-27

The Patient/Practitioner Relationship

Seward's evaluation/summary of this relationship is succinct:

"Today it is not merely medicine between patient and physician anymore. Long gone are the days of the solo practitioner and unfettered physician autonomy, when cost and quality were guiding principles, not causes of controversy, and when a physician's ethical path was clearly lit and easy to follow. Instead, doctor and patient alike are forced to navigate a highly competitive, and at times harrowing, marketplace where the patient/buyer must beware, where anonymous bureaucrats are empowered to make medical and clinical decisions in the place of once-autonomous physicians, and where quality of care too often is sacrificed for the sake of cost and the bottom line" (Seward, 1997).

VI Developing Direction

30

DEVELOPING DIRECTION

- What are YOUR professional ethics?
- What is your moral fibre?
- Can someone direct you, or police you?

Your 'standard of practice' will be molded by your moral standards, your character, and the balance you strike between professionalism and commercialism

02N10-4-28S.PPT

10L4 02N104-28

Developing Direction

As a new practitioner, how do you know what professional ethics and guidelines you are required to uphold? Are these a personal gauge of your moral fibre?

Can someone direct you?

Will someone, or some organization, police your performance?

The volume of information available to guide you in these matters is small. The parameters you set when determining your 'Standard of Practice' will be influenced largely by your own moral standards, your character, and the balance you achieve between professionalism and commercialism.

VII Categories of Professional Obligation

31

EIGHT CATEGORIES OF PROFESSIONAL OBLIGATION

Ozar, 1997

ASKS A SET OF QUESTIONS ABOUT PROFESSIONAL CONDUCT

- Consider each question
- Answer carefully
- Develop a rich set of conceptual tools to guide you in acting professionally

02N10-4-29S.PPT

10L4 02N104-29

Categories Of Professional Obligation

When deciding on professional issues, a useful tool developed by Ozar (1997) is his *Eight Categories of Professional Obligation,* reprinted here. It will help you to analyze your professional obligations.

Ozar offers these suggestions when reviewing the eight categories:

"The best way to use them is to think of each category as posing a set of questions about practitioners' professional conduct. If you answer carefully each of the eight sets of questions covering Optometry's professional standards (as an example), you will have a rich set of conceptual tools for deliberations on acting professionally. The questions and responses are especially useful when there are doubts about how you or someone else ought to act in certain circumstances, and when communicating with patients, colleagues, co-workers, and others".

VIII The Eight Categories

32

EIGHT CATEGORIES OF PROFESSIONAL OBLIGATION

THE CHIEF CLIENT

- Every profession has a chief client
- This is the person the profession is committed to serve
- Who are your chief clients?

02N10-4-30S.PPT

10L4 02N104-30

The Eight Categories (after Ozar, 1997)

1 The Chief Client

Every profession has a chief client or clients. Chief clients are the people the members of the profession are committed to serving, and whose well-being is the profession's chief concern.

Who are your chief clients?

Who do you serve?

33

EIGHT CATEGORIES OF PROFESSIONAL OBLIGATION

THE IDEAL RELATIONSHIP BETWEEN PRACTITIONER AND PATIENT

- What are the proper roles of the practitioner and the patient in making judgments?
- What is the ideal relationship between practitioner and patient?

02N10-4-31S.PPT

10L4 02N104-31

2 The Ideal Relationship Between Practitioner and Patient

The aim of the relationship between a professional and a client is to bring about certain outcomes for the client that cannot be achieved without the professional's expertise.

Bringing these outcomes about depends on the professional and the client making a number of judgments and choices about the professional's interventions.

This category of professional obligation addresses the concerns about the proper roles the practitioner and the patient play in making these judgments and choices, and the ideal relationship that the professional strives to develop with every patient.

34

EIGHT CATEGORIES OF PROFESSIONAL OBLIGATION

THE CENTRAL VALUES OF A PROFESSION

- What are the central values at the focus of the profession?
- If there are several, in what order are they ranked?

02N10-4-32S.PPT

10L4 02N104-32

3 The Central Values of the Profession

No profession is committed to securing for its clients everything that is of value to the client. Instead, there are values that are the focus of each profession's expertise, and it is the job and obligation of that profession to work to secure these values for its clients.

The question asked here is: what are the central values of the profession and, if there are several, in what order are they ranked?

35

EIGHT CATEGORIES OF PROFESSIONAL OBLIGATION

COMPETENCE

- Maintain the expertise needed to undertake professional tasks
- Only undertake tasks that are within their level of competence

02N10-4-33S.PPT

10L4 02N104-33

4 Competence

Each professional is obligated to acquire, and then maintain, the expertise that is essential to the execution of those tasks that define their profession.

Every professional is also obligated to undertake only those tasks that are within their own level of competence. Should the client's needs be beyond the professional's expertise, their task becomes one of locating a practitioner who can assist the client.

36

EIGHT CATEGORIES OF PROFESSIONAL OBLIGATION

SACRIFICE AND THE RELATIVE PRIORITY OF THE PATIENT'S WELL-BEING

- A commitment to service, in the best interests of the public
- What measure of sacrifice is obligatory?
- What are the limits of such sacrifices?

02N10-4-34S.PPT

10L4 02N104-34

5 Sacrifice and the Relative Priority of the Patient's Well-Being

Most professions have self-descriptions, e.g. published codes of ethics, commitments to service and the public's best interests, etc. Frequently, these manifestos only receive prominent coverage when they have been transgressed. However, such proclamations are often subject to differing interpretations, each with significantly different implications for professional practice.

Professionally, it is important to ascertain the obligatory levels of sacrifice required of personal interests, and other commitments.

37

EIGHT CATEGORIES OF PROFESSIONAL OBLIGATION

IDEAL RELATIONSHIPS BETWEEN CO-PROFESSIONALS

What is the relationship between:

- Yourself and your colleagues?
- Yourself and members of other professions?

02N10-4-35S.PPT

10L4 02N104-35

6 Ideal Relationships Between Co-Professionals

Although most are implicit and unexamined (legally), professions usually have norms covering the proper relationship between members of the same profession, as well as between members of different professions when they have a client in common.

38

EIGHT CATEGORIES OF PROFESSIONAL OBLIGATION

THE RELATIONSHIP BETWEEN CONTACT LENS PROFESSIONALS AND THE LARGER COMMUNITY

- What is your relationship with individuals who are neither co-professionals nor clients?

02N10-4-36S.PPT

10L4 02N104-36

7 The Relationship Between Contact Lens Professionals and the Larger Community

In addition to the relationships between, and within, professions regarding their clients, the activities of every profession also involve relationships with individuals who are neither co-professionals nor clients.

These relationships may involve the larger community as a whole, various significant subgroups of it, or particular individuals.

39

EIGHT CATEGORIES OF PROFESSIONAL OBLIGATION

INTEGRITY AND EDUCATION

- What do you stand for?
- How do you present yourself when interacting with others?

02N10-4-37S.PPT

10L4 02N104-37

8 Integrity and Education

Finally, there are subtleties in personal behaviour used to communicate to others where you stand, and what you stand for. This communication is not only by your behaviour itself, but also in your choice of behaviour, and its execution when presenting to others.

40

PRACTICAL 10.4.1
PROFESSIONAL OBLIGATION

- Review the eight categories of professional obligation
- Discuss each category with fellow students, or the class as a whole

02N10-4-38S.PPT

10L4 02N104-38

Practical Exercise

A practical classroom exercise relating to this section of the material is included at the end of this lecture as Practical 10.4.1. Review the *Eight Categories of Professional Obligation* and as a class, or with a colleague, discuss each point.

If you are completing this module as a self-study unit, it is best if you ask a fellow student or colleague to complete the exercise with you.

IX How Does One Teach Ethics?

41

TEACHING ETHICS

- More effective method is through conversation
- Students relate ethical experiences, both professional & general
- Professionally, discussing patient cases is effective

02N10-4-39S.PPT

10L4 02N104-39

How Does One Teach Ethics?

Ethics is a word derived from the Greek word *ēthikos* – pertaining to morals; a branch of knowledge dealing with the principles of human duty; the moral principles by which a person is guided; the rules of conduct recognized in a particular profession or area of human life (Shorter OED, 1993 edited by Brown).

It is important to realize that 'teaching' someone professional ethics falls outside most usual teaching methods and experiences, and there is not universal agreement on its value, or even whether it can be done. Some have argued that a structured curriculum on ethics is valuable (e.g. Day, 2002) while others have argued that such a pursuit is not valuable (e.g. Smith, 2002 in a reply to Day, 2002).

It is probable that focused conversations may impart the information more effectively.

In this way, all students can relate their ethical experiences and the relevant thought processes they applied when dealing with the issues involved. Useful experiences should not be limited to professional issues only, as other issues relevant to society generally may be equally illustrative.

The most effective way to examine professional issues is through reviews of patient cases. Discussions of professional situations in which ethical considerations were necessary can be more effective than lecturing abstractly about lofty ideals.

Exercises included in this lecture include:

Tutorial 10.4.1: Critical Thinking Exercise: In Sickness and in Health

Tutorial 10.4.2: Critical Thinking Exercise: Think About It

X Liability with Contact Lens Patients

42

LIABILITY ISSUES IN CONTACT LENS PRACTICE

TWO KEY AREAS…

Two areas that ...

"…have traditionally been considered to contain a higher degree of risk ... tonometry and contact lens fitting, simply because the nature of these procedures involves physical contact with the patient…" Miller, 1986

02N10-4-40S.PPT

10L4 02N104-40

Liability With Contact Lens Patients

An article by Miller (1986) titled *Liability Issues in Contact Lens Practice,* discusses two areas 'that have traditionally been considered to contain a higher degree of risk, these being tonometry and contact lens fitting, simply because the nature of these procedures involves physical contact with the patient'.

43

LIABILITY ISSUES IN CONTACT LENS PRACTICE

SEVEN AREAS OF CONCERN

- Patient consent
- Guarantees of materials, or services
- Emergency care
- Patient instructions
- Termination of care
- Care rendered by assistants
- Adequate record keeping

Miller, 1986

02N10-4-41S.PPT

10L4 02N104-41

Areas of Concern

Miller suggests seven areas of concern with regard to liability:

1 Patient consent.

2 Guarantees of materials, or services.

3 Emergency care.

4 Patient instructions.

5 Termination of care.

6 Care rendered by assistants.

7 Adequate record keeping (Miller, 1986).

While each area could be discussed at length, only a short summary of the important aspects within each topic will be attempted here. The following excerpts are from Harknett (1995) who discussed Miller's points.

44

LIABILITY ISSUES IN CONTACT LENS PRACTICE

PATIENT CONSENT

- Informed consent
- Explain procedures fully, including expected results, any risks, any side effects
- These must be 'understood' by the patient

Harknett, 1995 after Miller, 1986

02N10-4-42S.PPT

10L4 02N104-42

Patient Consent

Legally, this means 'informed consent'. Procedures must be explained fully, as must the results expected, and any possible known risks or side effects. Until these issues are relayed to the patient, and they acknowledge an understanding of their significance, the patient's truly 'informed consent' to treatment has not been obtained.

If there is no valid 'understanding' of the issues by the patient, any 'consent' obtained, even if in written form and signed, may be invalid legally.

45

LIABILITY ISSUES IN CONTACT LENS PRACTICE

GUARANTEES OF MATERIALS OR SERVICES

- It is improper to 'guarantee' materials, or services
- Don't make promises that could be construed as 'guarantees'

Harknett, 1995 after Miller, 1986

02N10-4-43S.PPT

10L4 02N104-43

Guarantees Of Materials Or Services

It is improper to guarantee either materials, or services. Therefore, practitioners should avoid making promises or statements that could be construed to be a 'guarantee'.

46

LIABILITY ISSUES IN CONTACT LENS PRACTICE

EMERGENCY CARE

- Provide the patient with written instructions on what to do in case of an emergency
- Document everything!

Harknett, 1995 after Miller, 1986

02N10-4-44S.PPT

10L4 02N104-44

Emergency Care

Miller states that all patients should be instructed on what to do if a contact lens emergency arises. These instructions should be written, given to the patient, and a note entered in the patient record.

Any non-compliance by the patient should be documented, and follow-up procedures should be put in place for patients who fail to attend recalls and after-care appointments.

47

LIABILITY ISSUES IN CONTACT LENS PRACTICE

PATIENT INSTRUCTIONS

- Extremely important
- Provide the patient with adequate instructions on lens handling, lens care, wearing schedule, and after-care

Harknett, 1995 after Miller, 1986

02N10-4-45S.PPT

10L4 02N104-45

Patient Instructions

Obviously, it is extremely important that the patient be given adequate instructions on lens handling, lens care, wearing schedule, and after-care appointment schedules.

48

LIABILITY ISSUES IN CONTACT LENS PRACTICE

TERMINATION OF CARE

- Document reasons for termination fully
- Include referral information if appropriate

Harknett, 1995 after Miller, 1986

02N10-4-46S.PPT

10L4 02N104-46

Termination Of Care

Keep all documentation relating to the termination of care for a patient. Include in this documentation a referral if appropriate, and the reasons for termination.

49

LIABILITY ISSUES IN CONTACT LENS PRACTICE

CARE RENDERED BY ASSISTANTS

- A practitioner may be liable for actions of their staff
- Negligent conduct by employees is your responsibility

Harknett, 1995 after Miller, 1986

02N10-4-47S.PPT

10L4 02N104-47

Care Rendered By Assistants

Under the legal doctrine of *Respondeat Superior* (let the master answer), an employer may be liable for the negligent conduct of employees when this conduct occurs within the line and scope of their employment.

50

LIABILITY ISSUES IN CONTACT LENS PRACTICE

ADEQUATE RECORD KEEPING

- Accurate, thorough, and contemporaneous documentation is essential
- Document ALL aspects of the contact lens examination

Harknett, 1995 after Miller, 1986

02N10-4-48S.PPT

10L4 02N104-48

Adequate Record Keeping

Adequate record keeping requires accurate, thorough, and contemporaneous documentation of the essential aspects of the contact lens examination (Harknett, 1995).

Miller concludes by explaining that the most common threads in all liability problems are lack of education, and lack of documentation.

51

LIABILITY ISSUES IN CONTACT LENS PRACTICE

REMEMBER…

Education, and documentation, are the keys to preventing problems and constitute your best defense against any legal action…

02N10-4-49S.PPT

10L4 02N104-49

Education is the key to preventing problems. Documentation is also critical, offering the best defence against any subsequent legal action.

XI Documentation

52

DOCUMENTATION

- What did the practitioner do, or fail to do?
- The most conclusive evidence will be drawn from the practitioner's records

"In the courtroom, work not written is work not done" and "records are witnesses that never lie."

Scholles, 1986

02N10-4-50S.PPT

10L4 02N104-50

Documentation

In questions of professional liability the jury will ask ultimately "What did the practitioner do, or fail to do?"

The most conclusive evidence will be drawn from the practitioner's records. Scholles cites two truisms that are often quoted, "in the courtroom, work not written is work not done", and "records are witnesses that never lie" (Scholles, 1986).

53

DOCUMENTATION

INADEQUATE RECORDS CAN LOSE A CASE JUST AS QUICKLY AS INADEQUATE PATIENT CARE!

02N10-4-51S.PPT

10L4 02N104-51

Inadequate Documentation

Inadequate records can lose a case just as quickly as inadequate patient care.

54

DOCUMENTATION

"It is essential that full and accurate records be kept, stored, and accounted for in a manner which is systematic, and clear…"

from *The Association of British Dispensing Opticians* leaflet *Advice to members engaged in contact lens practice*

02N10-4-52S.PPT

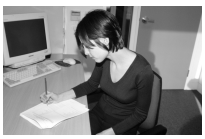
10L4 02N104-52

The Association of British Dispensing Opticians (ABDO) has distributed a leaflet for the past 10 years entitled *Advice to Members Engaged in Contact Lens Practice*.

The ABDO advises that it is essential for full and accurate records to be kept, stored, and accounted for in a manner that is systematic, and clear.

55

SIMPLE YOU THINK…
JUST WRITE IT ALL DOWN



- Record EVERYTHING
- If it is not written, it is assumed it was not done
- Record all NORMAL findings
- Record all ABNORMAL findings

02N10-4-53S.PPT

10L4 02N104-53

Record All Information

The key point is: All information must be recorded.

If it is not recorded (documented), it will be assumed that the test, or procedure, was NOT done. Importantly, all the things that are NORMAL must be recorded, as well as those things that are ABNORMAL.

56

OMISSION OF INFORMATION

When a record is scrutinized, the omission of information communicates a lack of action in that area

02N10-4-54S.PPT

10L4 02N104-54

When a record is scrutinized, the omission of information communicates a lack of activity in that area.

XII Problem-Oriented Record Keeping

57

PROBLEM-ORIENTED RECORD KEEPING

THE BASIC ELEMENTS THAT A RECORD SHOULD CONTAIN: Weed, 1986

- Data base - All the information on which clinical judgments are based
- Problem list - A numbered list of all the patient's problems

02N10-4-55S.PPT

10L4 02N104-55

58

PROBLEM-ORIENTED RECORD KEEPING

THE BASIC ELEMENTS THAT A RECORD SHOULD CONTAIN: Weed, 1986

- Initial plan - Deals with each problem on the list numbered correspondingly
- Progress/Summary notes - Follow-up on the outcome of the steps taken in the initial plan, and further action if appropriate

02N10-4-56S.PPT

10L4 02N104-56

Problem-Oriented Record Keeping

Weed developed an organized approach to medical records in the 1960s. His proposal for a 'problem-oriented record' has been adopted as a reasonable approach to caring for patients and is repeated here.

Weed suggested that the basic elements are that a record should contain a database, a problem list, an initial plan, and progress notes/summary.

- The **database** is the record of all information on which clinical judgments are/were based.
- The **problem list** is simply a numbered list of all the patient's problems.
- The **initial plan** deals with each problem on the list numbered correspondingly.
- The **progress notes/summary** follow-up on the outcome of the steps taken in the initial plan, and further action if appropriate (Weed, 1968A and 1968B).

XIII Good Record Keeping is Essential

59

GOOD RECORD KEEPING

IS ESSENTIAL!

- Good record keeping is the essential collection of data that documents the abilities of the clinician

- There are many ways to record and keep data

02N10-4-57S.PPT

10L4 02N104-57

Good Record Keeping Is Essential

Good record keeping is the essential collection of data that documents the abilities of the practitioner.

There are many ways to record and keep the data.

60

GOOD RECORD KEEPING

THE SOAP SYSTEM

- Subjective
- Objective
- Assessment
- Plan

02N10-4-58S.PPT

10L4 02N104-58

61

GOOD RECORD KEEPING

THE SOAP SYSTEM

- Subjective - Information provided by the patient concerning course of symptoms, compliance with therapy, instructions, new concerns, clarification of exact symptoms
- Objective - The practitioner's findings

02N10-4-59S.PPT

10L4 02N104-59

62

GOOD RECORD KEEPING

THE SOAP SYSTEM

- Assessment - The practitioner's interpretation of the status of the problem being followed
- Plan - The course of action to be followed to correct the problem

02N10-4-60S.PPT

10L4 02N104-60

SOAP

One common approach to record the progress notes/summary is by use of what is titled the SOAP system:

- Subjective
- Objective
- Assessment
- Plan

In the *Introduction* to his text on primary eyecare, Catania (1988) described the SOAP approach as a 'universal' clinical format.

- **SUBJECTIVE** – This includes information supplied by the patient concerning their symptoms, compliance with any therapy prescribed, and any direct instructions given, any new concerns they may have, and clarification of the exact symptoms they experience currently.
- **OBJECTIVE** – A collection of the practitioner's findings presented as succinctly as possible.
- **ASSESSMENT** – The practitioner's interpretation of the status of the problem being dealt with.
- **PLAN** – The course of action to be followed by the practitioner, and the patient, to correct, eliminate, or reduce the problem.

63

THE SOAP SYSTEM OF DATA COLLECTION

Koetting suggested these simple questions when collecting data:

- Subjective - What does the patient have to say?
- Objective - What did you observe?
- Assessment - What do you think is wrong?
- Plan - What do you think will correct the problem, and how?

02N10-4-61S.PPT Koetting, 1992

10L4 02N104-61

Koetting (1992) has suggested that collecting data using the SOAP system includes asking these simple questions:

Subjective – What does the patient have to say?

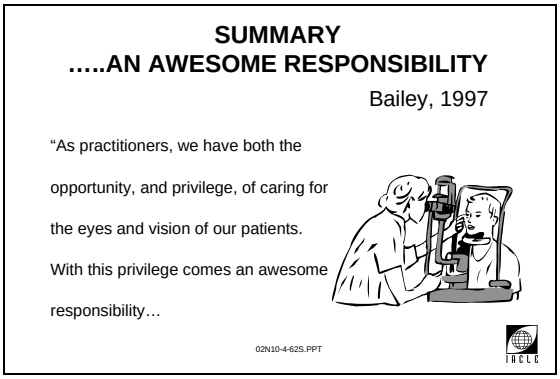
Objective – What did you observe?

Assessment – What do you think is wrong?

Plan – What do you think will correct the problem, and how?

XIV Summary

64

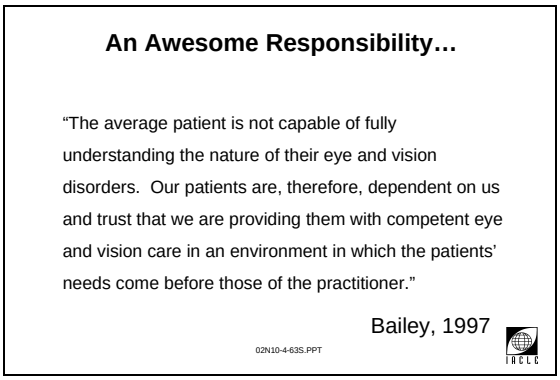


10L4 02N104-62

.....An Awesome Responsibility

"As practitioners, we have both the opportunity, and privilege, of caring for the eyes and vision of our patients. With this privilege comes an awesome responsibility" (Bailey, 1997).

65

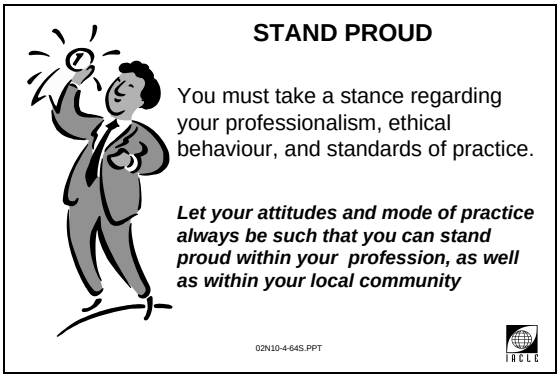


10L4 02N104-63

An Awesome Responsibility.....

"The average patient is not capable of fully understanding the nature of their eye and vision disorders. Our patients are, therefore, dependent on us and trust that we are providing them with competent eye and vision care in an environment in which the patients' needs come before those of the practitioner" (Bailey, 1997).

66



10L4 02N104-64

Stand Proud

As you embark on a career as a contact lens practitioner, you will need to decide on your own stance regarding professionalism, ethical behavior, and standards of practice.

Your general attitude to others, and mode of daily professional practice, should always be such that you:

- Are respected by your patients.
- Are respected by the society in which you live, and which you may serve in non-contact lens-related roles.
- Are accepted and respected by your peers.
- Can justify your place in your chosen profession.

🕮 References

Agarwal, R (1999). *Professional oath for optometrists.* Brit J Optom & Dispensing 7(1): 4.

American Optometric Association (1997). *Code of Ethics of the American Optometric Association.* In: *Self-Study Course for Optometric Assisting*. Butterworth-Heinemann, Boston. 2.

Bailey N (1997). *Professional behavior and the optometric profession.* J Am Optom Assoc. 68(11): 693 – 698.

Brown L (Ed.) (1993). *The New Shorter Oxford English Dictionary.* 1993 ed. Clarendon Press, Oxford (UK).

Cameron D, Veys J (1995). *Successful management of the modern contact lens practice*. Optom Today. 35(6:.

Catania LJ (1988). *Primary Care of the Anterior Segment.* Appleton & Lange, Norwalk: xiv.

Day SH (2002). *A structured curriculum on ethics for ophthalmology residents is valuable.* Arch Ophthalmol. 120: 963 - 964.

Haffner AN (1986). *Professionalism in optometry.* J Am Optom Assoc. 57(4): 275 – 278.

Harknett T (1995). *Guest Editorial: Clinical records in contact lens practice.* J BCLA. 18(2): 41 - 47.

Harris MG (2000). *Legal and ethical issues in optometry 2000.* Personal communication.

Koetting R (1992*). Marketing, Managing, and Contact Lenses*. Butterworth-Heinemann, Boston. 81 – 91.

Miller P (1986). *Liability issue in contact lens practice*. J Amer Optom Assoc. 57(3): 227 - 229.

Ozar, D (1997). *Teaching professional ethics.* Optom Ed. 22(4): 116 - 119.

Scholles JR (1986*). Documentation and record keeping in clinical practice*. J Amer Optom Assoc. 57(2): 141 - 143.

Seward J (1997). *Restoring the ethical balance in health care.* Health Affairs 16(3): 195 - 197.

Smith ME (2002). *A structured curriculum on ethics for ophthalmology residents is not valuable.* Arch Ophthalmol. 120: 965.

Weed LJ (1968A & B). *Medical records that guide and teach*. New Eng J Med. 278: 593 – 600, and 652 - 657.

Practical 10.4.1

(1 Hour)

Discussion:
Eight Categories of Professional Obligation

Discussion:
Eight Categories of Professional Obligation

Instructions: Use this material as a practical class exercise. Review the *Eight Categories of Professional Obligation* and, as a class, or with a colleague, discuss each point. If you are completing this module as a self-study unit, it is best to ask a fellow student or colleague to complete the exercise with you.

INTRODUCTION

Ozar's *Eight Categories of Professional Obligation* is a tool that can assist you in balancing professionalism with commercialism. It is also useful when analyzing your professional obligations.

Ozar offers these directions when reviewing the eight categories:

"The best way to use it is to think of each category as asking a set of questions about a practitioner's professional conduct. If you can give a careful answer to each of the eight sets of questions about your profession's standards, you will have a rich set of conceptual tools for deliberating about how to act professionally when that is in doubt, and for communicating to patients, colleagues, co-workers, and others, your reasons for believing that you, or someone else, ought to act in a certain way."

THE EIGHT CATEGORIES

One – The Chief Client

Every profession has a chief client, or clients. This is the group of persons whose well-being the profession, and its members, are chiefly committed to serving. Who are your chief clients? Who do you serve?

Two – The Ideal Relationship Between Practitioner and Patient

The aim of the relationship between a professional and a client is to bring about certain outcomes for the client that cannot be achieved without the professional's expertise. Bringing about these outcomes requires a number of judgments/choices by both the professional and the client about the professional's interventions. The question addressed in this category of professional obligation concerns the proper roles the practitioner and the patient play as they make these judgments/choices, and the ideal relationship the professional strives to develop with every patient.

Three – The Central Values of the Profession

No profession is committed to securing for its clients everything that is of value to the client. Instead, there are values that are the focus of each profession's expertise, and it is the job and obligation of that profession to work to secure these values for its clients. The question asked here is: what are the central values of the profession and, if there are several, in what order are they ranked?

Four – Competence

Every professional is obligated to acquire, and then maintain, the expertise that is essential to the execution of those tasks that define their profession. Every professional is also obligated to undertake only those tasks that are within their own level of competence. Should the client's needs be beyond the professional's expertise, their task becomes one of locating a practitioner who can assist the client.

Five – Sacrifice and the Relative Priority of the Patient's Well-Being

Most professions have self-descriptions, e.g. published codes of ethics, commitments to service and the public's best interest, etc. Frequently, these manifestos only receive prominent coverage when there has been a transgression. However, such proclamations are often subject to differing interpretations, each with significantly different implications for professional practice. Professionally, it is important to ascertain the obligatory levels of sacrifice required of personal interests, and other commitments.

Six – Ideal Relationships Between Co-Professionals

Although most are implicit and unexamined (legally), professions usually have norms covering the proper relationship between members of the same profession, as well as between members of different professions when they have a client in common.

Seven – The Relationship Between Contact Lens Professionals and the Larger Community

In addition to the relationships between, and within professions regarding their clients, the activities of every profession also involve relationships with individuals who are neither co-professionals nor clients. These relationships may involve the larger community as a whole, various significant subgroups of it, or particular individuals.

Eight – Integrity and Education

Finally, there are subtleties in personal behaviour used to communicate to others where you stand, and what you stand for. This communication is not only by your behaviour itself, but also in your choice of behaviour, and its execution when presenting to others.

Based on Ozar D (1997). *Framework for discussing ethics.* In Optom Ed. 22(4): 119

Tutorial 10.4.1

(1 Hour)

Critical Thinking Exercise:
In Sickness and In Health

Critical Thinking Exercise:
In Sickness and In Health

Instructions: The story presented below, and the discussion and question session that follows, are intended to prompt critical thinking. The exercise can be conducted as a class, or with groups of class members. (Reprinted from Christensen J (1997). *Teaching Tutorial: Assisting the learning of ethics.* In the Summer, 1997 issue of Optom Ed. 22(4): 120 - 124)

A chill wind sent the last of the autumn leaves skittering noisily across the blacktop parking lot like brittle crabs. There'll be snow soon, thought Dr. Hunter Ramsey, who shivered as he walked slowly from his car toward his office. He'd had a bad night's sleep, and the cold that had kept him awake showed no signs of lessening its grip. The decongestant that he'd taken a little over an hour ago was already wearing off. It promised to be a long day. He paused at the outer door to his optometric office and dabbed at his nose with a handkerchief.

Inside he stopped at the reception desk and checked with Lucy. You might know it, he thought, the appointment book was full today. And the first patient was due in ten minutes. Stifling a sneeze, he asked Lucy to bring the files for the morning's patients back to his office.

"Sounds like your cold's gotten worse," Lucy said.

"Yeah, last night it came on full force. I feel like a zombie and the drugs I've taken don't help." said Dr Ramsey

He continued back to his office where he hung up his coat, and put his briefcase in its usual spot. He pulled on a clinic jacket and picked up a cup and took it up the hallway to the small room that served as a staff lounge. There he poured a full cup of hot coffee from the decanter sitting on the coffee pot and quickly took a burning sip. His throat had become sore in the night and the hot liquid soothed it.

Minutes later, back in his office, Lucy came in with a handful of patient records.

He took them from her and said, "I may need you, or one of the staff, to run down to Johnson's Pharmacy and get me some throat lozenges. The kind with the analgesic. And some decongestants."

Lucy started out of the room, then stopped and turned back. "Dr. Ramsey, it's not really my place to say anything, but….do you think you should see patients when you have such an active cold? If it were me, I wouldn't want to pick one up. Especially just before the holidays."

He flipped open the record on top and spread the sheets inside, speaking without looking up, "Oh, I'll just stay out of their faces and it's only a cold anyway. It's not going to kill anybody. We're down this month and I don't want to try and reschedule. Might lose some of them."

He had a big mortgage with the new house he and Carol had bought, and Christmas always strained their budget.

Lucy shrugged and left him alone with the files.

CLASS DISCUSSION:
(The group leader, or instructor, can use these questions to begin the discussion. If you are a student working on this exercise alone, think through these questions.)

1. What would you do if you were in Dr. Ramsey's place?

2. What other courses of action could Dr. Ramsey have taken?

POSSIBLE ANSWERS FOR DISCUSSION: Not seeing patients today; informing patients of the situation and letting them decide; wearing a mask (not effective with a virus).

If you chose to do what Dr. Ramsey did in the story, how would it alter your choice if:

3. One of the patients was an 83 year old with a history of heart trouble?

This All-Important Issue Needs to be Examined in Any Case Where There is a Possible Conflict:

4. What moral issues are in conflict in this case?

ANSWER: Patient well-being versus self-interest.

This is an important question that should be asked in all ethical-case problems and dilemmas. It makes a lasting impression on students to learn that self-interest is a cause of conflict in so many instances.

This excerpt from Ozar D (1997). *Teaching professional ethics.* Optom Ed. 22(4): 116

Tutorial 10.4.2

(1 Hour)

Critical Thinking Exercise:

Think About It

Critical Thinking Exercise:
Think About It…

To foster critical thinking, instructors need to attempt to teach students HOW to think, not WHAT to think.

This is especially true when studying ethics, where indoctrination is itself unethical. A logical initial goal is to distinguish rational thought from emotional reaction. The recognition of self-interest, intolerance, and the unthinking acceptance of other's views, are important steps in the process of critical thinking. There are a number of critical thinking skills students should be aware of, and be attempting to master. Some of these are:

- *Thinking independently*
- *Developing insight into egocentricity, or sociocentricity*
- *Exercising fair-mindedness*
- *Exploring thoughts underlying feelings, and feeling underlying thoughts*
- *Developing intellectual humility, and suspending judgement*
- *Refining generalizations, and avoiding oversimplifications*
- *Comparing analogous situations: transferring insights to new contexts*
- *Developing one's perspective: creating or exploring beliefs, arguments, or theories*
- *Clarifying issues, conclusions, belief*
- *Clarifying and analyzing the meanings of words and phrases*
- *Evaluating the credibility of sources, or information*
- *Analyzing or evaluating arguments, interpretations, beliefs, or theories*
- *Generating, or assessing, solutions*
- *Reading critically: clarifying, or critiquing texts*
- *Listening critically: the art of silent dialogue*
- *Comparing and contrasting ideas with actual practice*
- *Noting significant similarities and differences*
- *Examining or evaluating assumptions*
- *Distinguishing relevant from irrelevant facts*
- *Recognizing contradictions*
- *Exploring implications and consequences*

Learning critical thinking skills is not only useful to the student's study of ethics, but will also carry over into other courses, into patient care, and into practice.

Utilizing the list above to guide your thought process, think about how to think

Reprinted from Christensen J (1997). *Teaching Tutorial: Assisting the learning of ethics.* Optom Ed. 22(4): 120 - 124

Appendix 10.4.1

Code of Ethics

APPENDIX 10.4.1

Code of Ethics of the American Optometric Association
Adopted 1944

CODE OF ETHICS

It shall be the ideal, the resolve, and the duty of the members of the American Optometric Association

- TO KEEP the visual welfare of the patient uppermost at all times;
- TO PROMOTE in every possible way, in collaboration with this Association, better care of the visual needs of mankind;
- TO ENHANCE continuously their educational and technical proficiency to the end that their patients shall receive the benefits of all acknowledged improvements in visual care;
- TO SEE THAT no person shall lack for visual care, regardless of his or her financial status;
- TO ADVISE the patient whenever consultation with an optometric colleague or reference for other professional care seems advisable;
- TO HOLD in professional confidence all information concerning a patient and to use such data only for the benefit of the patient;
- TO CONDUCT themselves as exemplary citizens;
- TO MAINTAIN their offices and their practices in keeping with professional standards;
- TO PROMOTE and maintain cordial and unselfish relationships with members of their own profession and of other professions for the exchange of information to the advantage of mankind.

Appendix 10.4.2

Patients' Bill of Rights

APPENDIX 10.4.2

Adopted by the World Council of Optometry Governing Board in November, 1998, and ratified by the General Delegates in May, 1999.

BILL OF RIGHTS
OF ALL PATIENTS OF THIS PRACTICE

As a patient of this practice, you have the right to:

- Receive personal attention, and qualified, comprehensive clinical care of the highest quality
- Expect that your patient file will remain confidential
- Benefit from up-to-date clinical procedures and vision science, and safe and modern technology
- Receive full and accurate disclosure of clinical diagnosis, recommended treatment and prognosis
- Anticipate frank disclosure of the adverse consequences of any proposed diagnostic or treatment procedure
- Expect referral to a different practitioner if another opinion, or specialist service is warranted
- Ask as many relevant questions as are necessary for your understanding of the examination and treatment
- Receive accurate advice in advance of likely costs of recommended treatment
- Receive prescribed therapeutic aids only of high quality materials and workmanship
- Receive an itemized account detailing the fees and charges
- Return and express dissatisfaction to the attending practitioner, to be heard out in a conciliatory manner, to gain redress if appropriate, and to have recourse to an independent adjudicator if a complaint cannot be resolved through discussion with the attending practitioner
- Be treated at all times to the highest possible standards of professional conduct.