

# Good— The Enemy of Great

Why refractive surgeons must adopt a philosophy of continuous improvement.

BY SHAREEF MAHDAVI



This past fiscal quarter, the refractive surgery industry in the US reached a milestone: 10 million eyes have now undergone laser vision correction since the first excimer lasers received FDA approval 1 decade ago. That's 5 million Americans who are ambassadors for LASIK as well as for the new generation of refractive procedures available to surgeons and their patients.

That's good, but it's not great.

I'm not sure whether the 10-million mark is a tremendous accomplishment or a mild disappointment. My columns over the past 5 years have explored why market adoption for LASIK and other refractive surgeries hasn't been higher, stronger, or faster. On the one hand, LASIK is now the single most commonly performed elective procedure in the country, far outpacing procedures performed by plastic surgeons. On the other hand, LASIK's adoption should be much higher given its high success rate (90% achieving a UCVA of 20/20), the immediacy of visual improvement (the "WOW" factor), and the emotional impact on peoples' lives ("*It's a miracle!*").

## FAT AND HAPPY

The rapid rise in LASIK's popularity in the late 1990s proved highly lucrative for surgeons. Despite healthy advertising budgets and excellent outcomes, however, the rally proved unsustainable. I think this early success led many surgeons to stay satisfied with their business results and blinded them to the need to continually improve their overall delivery system for the LASIK procedure.

## CASE IN POINT: PHONE SKILLS

I recently had the opportunity to audit the performance of LASIK telephone counselors at 42 of the top prac-

tices in North America. The audit was an offshoot of the Telephone Improvement Project (TIP), a year-long study sponsored by Carecredit (Costa Mesa, CA) that involved more than 500 phone calls to LASIK practices nationwide. Mystery shoppers made calls pretending to be interested in LASIK. They asked counselors for basic information about the procedure and followed up with specific questions about the surgeon's practice. My team and I recorded and graded each call using the same criteria in the TIP study, and then we gave the results to the participating surgeon.

I expected the scores of this high-profile group to rank well above those in the national study, but the opposite was true. On a 100-point scale, this group averaged 42.5 points on their call scores versus a national average of 49. Most revealing was the range of the scores: approximately one-fourth of these top practices achieved a "good" score (57 points or higher) using the scale developed for the TIP, whereas the remaining three-quarters scored below what would be deemed acceptable performance in educating a first-time caller and motivating him to move forward in his

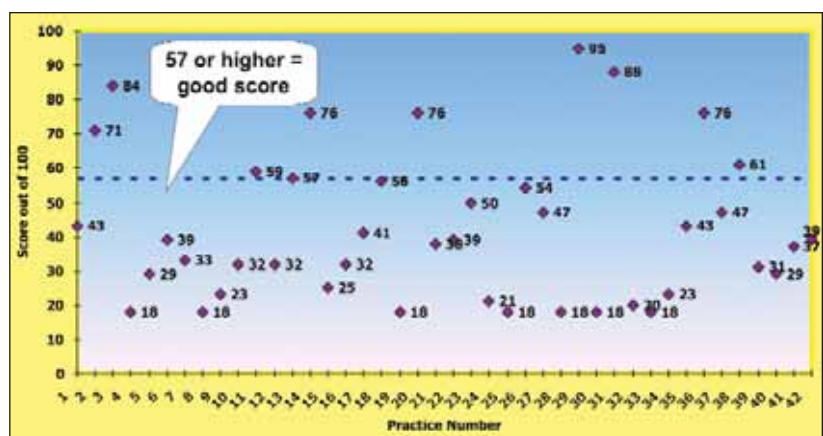


Figure 1. This graph shows the distribution of call scores for 42 top LASIK practices that participated in an audit of phone skills. Even for these practices, telephone skills on average fall well below the guidelines for what would be considered good performance in handling an initial phone inquiry from a person interested in refractive surgery. Only one in four practices exceeded this benchmark in the study.

decision-making process (eg, schedule a consultation).

The top practices struggled with the same issues as were found in the national TIP study. Of the 13 topics we measured, the skills counselors most commonly lacked were the ability to anticipate the needs of the caller, the initiative to suggest a next-step call to action, and the follow-through to capture the lead source (ie, asking how the caller learned about the practice). Furthermore, callers reached a live phone counselor only 78% of the time and were sent to voicemail (or put on hold for longer than 3 minutes) in 22% of the phone calls. Considering the expense of this elective purchase, I recommend that callers be able to reach a live person 100% of the time. Once they have summoned the nerve to call a practice, they are anxious and want information. Retrospective interviews with LASIK patients clearly indicate that they don't sit and wait for a return call if they have to leave a voicemail message. They will continue to call other local providers until they get through to someone who can begin to answer their questions.

### “HOUSTON, WE HAVE A PROBLEM”

After listening to many of the phone calls, it is clear to me that poor telephone skills are an industry-wide problem that is affecting business performance. Counselors often came across as rushed and would frequently “punt” the caller over to the practice's Web site. Alternatively, they would offer a plethora of information before asking the caller why he called (known as “qualifying”) or what he

might already know about LASIK. Counselors often assumed the level of the caller's interest and subsequently tried to set up an appointment without giving the caller a chance to determine if this practice were worth his visiting in the first place.

### WHAT IT ALL MEANS

On a deeper level, the calls suggest that most practices are missing the opportunity to make a great first impression. The caller and counselor should have a warm and friendly conversation during which the caller feels listened to, starts to trust the counselor, and is left excited and wanting to learn more about the potential offered by refractive surgery.

Refractive surgeons as a group have not focused on their staffs' training nor on the rigor required to successfully capture the interest generated by the \$100 million collectively spent each year on advertising. The TIP results indicate that practitioners are not being represented by their counselors as they would like. Most first impressions are far from what the surgeon desires (and often thinks is already being given). This discrepancy is typically not the fault of the counselor but much more likely attributable to a lack of attention and priority paid by the surgeon (whom I consider the CEO of the practice).

Why haven't phone skills been the subject of more coaching? As I hypothesized earlier, business has been good enough that most surgeons have not felt the pain of dropped phone calls and/or were unaware that a problem

## PUSHING BEYOND THE COMFORT ZONE

As with everything in life, the path to improvement often requires us to move outside of our comfort zone. Those of you who know me know that I'm not an endurance athlete. I enjoy weekend activities like tennis, golf, and an occasional 3-mile jog.

Late last year, I became aware of a situation involving the daughter of one of our extended family members in the refractive surgery community. Sami Speer, age 7, was diagnosed with an aggressive form of leukemia, AML, just before Christmas. Sami is the niece of LASIK surgeon Stephen Coleman, MD, of Albuquerque, New Mexico, and daughter of Ann and Neal Speer (Ann is the sister and “right hand” to Stephen at his Coleman Vision center).

Wanting to do something positive to help, I joined a tremendous organization, Team in Training (TNT), which is part of the Leukemia and Lymphoma Society. TNT's mission is to raise money for the society by providing professional coaching for endurance events such as marathons, triathlons, and road cycling. I am now training for a 100-mile endurance cycling event, known as a “century,” that is coming up right after Memorial Day weekend at Lake Tahoe.

Finding a cure for Sami has become important to me; this little girl is the same age as one of my daughters. As my honoree, Sami inspires me to push well beyond my own comfort zone with a training regimen that includes all-day rides, long climbs, and descents reaching 40 miles per hour.

I invite you to join my effort in finding a cure. You can easily participate by visiting my Web site (below) through May 15<sup>th</sup>. Similarly, at least one surgeon with whom I spoke wants to train for a future event. TNT holds events all year long and all across the country. Get involved! You will feel great knowing you are helping cure cancers that strike 100,000 Americans each year.

Go Team!



[www.active.com/donate/tntgsf/shareef](http://www.active.com/donate/tntgsf/shareef)

## TODAY'S PRACTICE

existed. In other words, it seems that good performance has been a barrier to great performance. Achieving greatness requires you to change what you do on the phone, nothing more and nothing less.

### SUMMARY

Phone conversation is a skill that absolutely can be learned and improved. The refractive counselor's telephone skills are the key determinant of whether or not a candidate will proceed with scheduling surgery. A consumer's first call to a refractive center is the signal that he is interested in learning about his candidacy for surgery. His fear of any procedure related to vision is so great that his first question typically is, "how much does this cost?" It's a reflex to protect him against the real source of his anxiety: "Am I going to go blind?" Your counselor's ability to reassuringly answer these questions is perhaps the key influence in a consumer's decision to move forward. Enthusiasm and empathy also go a long way toward building callers' trust and lessening their fear so that they become excited about meeting the surgeon and team.

There are two key lessons from these phone studies. First, if you don't measure it, you can't manage it. We now have a tool to measure the weakest link (the telephone conversation) in the refractive surgery decision-making process. Second, staff training on any topic needs to be ongoing, not a one-time event. It is like the blocking and tackling drills that professional football players practice before every season, no matter how long they've been playing the game. We can better teach and train counselors on the proper way to handle that initial phone contact and make a great first impression. Doing so is part of an overall philosophy of continuous improvement in a clinical culture that focuses on enhancing the quality of the overall experience. ■

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## EFFECTIVE CONSUMER MANAGEMENT

By Michele Mominee

All of us who work in refractive surgery centers are searching for new ways to improve the bottom line without sacrificing the attention we pay to patients. I have discovered some valuable tools that have allowed my practice to increase patient volume while allowing me to focus even more time on the patients we serve.

So-called "lost calls"—due to the conflicting demands of seeing patients while taking inbound calls—are no longer a problem for us. For the past 3 years, we have outsourced to Refractive Partners (Sarasota, FL) phone response services. Their vision correction counselors answer all LASIK calls to our office promptly and are specially trained to answer questions. We spend a lot of time and money generating consumer interest, and people do not like being sent to voicemail. Outsourcing has made it possible to capture all calls that would previously have been lost, thus increasing the number of surgeries we perform each month.

The counselors are also trained to process our patient financing, which is through Carecredit (Costa Mesa, CA). When I am sitting with a prospective patient, having his financing approved over the phone within minutes alleviates any hesitation he may have and even builds his enthusiasm for undergoing the procedure.

Another unique service has increased our visibility on the Internet, an increasingly important resource for consumers searching for vision correction options in our market. We have been able to better capitalize on Internet leads by using LocateADoc.com, which consistently has placed our practice at or near the top of Web searches.

Finally, an online resource called PatientBuilder.com has reduced the time I devote to preparing marketing materials. Previously, I created all these materials myself, although I am not a graphic designer. Now, I can easily produce colorful, highly customized, and professional marketing communications—brochures, inserts, direct mailers, etc.—within 5 minutes. I do everything online and then e-mail the materials directly to my printer.

Outsourcing these consumer-related services is the best fit for our practice, and I highly recommend that other practices consider doing the same.

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