

# Who's Driving Your Refractive Bus?

Your surgical counselor is the second most important person in your practice.

BY MICHAEL W. MALLEY



The formula for a successful refractive surgery practice is quite simple:  $I + C = G$  (inquiries + conversion = growth). Although it is possible to grow your practice through increased inquiries and decreased conversion, it's a lot more profitable simply to increase conversion. And, here's the real-

ly good news: it's also a lot easier to increase conversion than to increase inquiries.

## THE RIGHT PERSON FOR THE JOB

Simple business logic confirms that boosting product sales without raising costs is the goal of every business. Fortunately, in ophthalmology, most practices already have a system in place that allows them to do just that. To increase conversion (product sales), there is usually no need to buy new equipment, hire additional staff, or even engage in extensive advertising. In most cases, it is simply a matter of giving the right personnel the right tools to do their job (notice the key word repeated here).

Oh, and I almost forgot. Increasing conversion also requires giving your personnel the financial incentive to help grow your practice. Okay, that does represent an increased cost of sales, but I'll demonstrate later how this tiny extra expense can result in substantial added revenue. First, let's get back to the right personnel and the right tools.

## WHO'S IN THE DRIVER'S SEAT?

It is no secret that hiring the right person to serve as your LASIK and/or refractive IOL counselor is the absolute key to your practice's success. (If this does come as a surprise, then you might need more than this article to help make your refractive center more profitable.) When it comes to refractive counselors and coordinators, I basically classify them into two categories: (1) the Super Suzies of the world and (2) the Lousy Lindas of the world.

The more closely your counselor represents Super Suzy, the nearer you are to maximizing your conversional potential. As obvious as this may seem, here's the shocking news:

when I visit a practice that thinks it has failed to achieve its refractive potential, I normally find someone more closely resembling Lousy Linda in the refractive driver's seat.

I say *driver's seat* because that person is really who's driving the refractive bus. If everything (the schedule) and everyone (the patients) must go through a surgery scheduler/counselor, then she is the ultimate person responsible for growing the practice. It really doesn't matter how wonderful your surgeon is if Lousy Linda can't keep the refractive bus on the road.

So, when I point out that a new driver may be necessary and that I think Super Suzy would be ideal, this is what I normally hear: "Oh no, Super Suzy is our best employee and is way too busy being successful in other areas of the practice to be put in the back as a coordinator." That immediately tells me that the directors have no respect for or understanding of the power of the surgical counselor's position.

When I point out the similarities between a portfolio manager of a retirement account and an A+ refractive surgery counselor, they still don't get it. It's not until I ask the directors if they would allow Lousy Linda to manage their financial accounts that they begin to understand the value, power, and earning potential of a great counselor. When in doubt, put your absolutely best employee in the position and see what happens.

## THE COUNSELOR'S UNIQUE JOB

Once you have the right person driving the bus, it's time to give her the right tools to keep it tuned up and on the road. According to James Tenney, a partner of the New York firm Della, Femina, Rothschild & Jeary, the right tools for a refractive surgery counselor include the abilities to help patients overcome their initial fear of having refractive surgery, assist them in navigating the (financial) obstacles, and remind them of the benefits they will gain.

In its research, Tenney's firm surveyed current glasses and contact lens wearers between the ages of 25 and 45 with minimum household incomes of \$50,000. All participants were aware of the LASIK procedure and were pooled from

major markets, including New York, Minneapolis, and Los Angeles.

Its earlier research confirmed that, just as LASIK is a two-step medical process, there are also two critical points of influence that most patients encounter. The first phase is the interest/need stage, where general information gathering takes place and a trigger event occurs that causes them to take action (ie, lost contact lens, friend's referral, new glasses prescription).

The second phase of the process is the physician examination/patient consultation, where patients share their fears, expectations, comfort level, and concerns. It is at this crucial stage when the counselor's tools become essential. Maybe *tools* is the wrong word, because it's actually the right knowledge, understanding, empathy, and encouragement that is needed to help patients make an informed decision.

Tenney points out that counselors need to remind patients what they don't like about their glasses or contacts and point out how LASIK can help them be more passionate about their lifestyle, hobbies, and working environment. The ultimate goal of a refractive surgery counselor is simply to elevate the perceived value of a particular product or service to a level that matches your asking price. This will only happen if the patient is able to visualize how LASIK or refractive IOLs will enhance his overall lifestyle.

But remember, just because a patient's perception of the value of your surgery meets or exceeds your fees for the procedure doesn't mean he can afford it. To avoid having patients feel demeaned by asking about financing options, counselors must proactively offer them to all patients, not just to those whom they think cannot afford it. Interest-free financing and programs like the Plus Plan by Carecredit (Anaheim, CA), which offers virtually all patients a financing option regardless of past credit, have substantially deepened the pool of patients able to afford refractive surgery.

### DOES YOUR COUNSELOR HAVE THE TOOLS?

To reiterate, the counselor's refractive toolbox must contain the following items: (1) adequate knowledge of your refractive procedures and the unique ability to convey that knowledge in a nonthreatening and convincing manner; (2) communication skills that enable her to help patients not only to overcome their fears and concerns about refractive surgery but also to elevate their perceived value of LASIK and refractive IOLs; and (3) the ability to look a patient in the eye and ask him to commit to surgery using options instead of standard yes-or-no techniques. For example, "Would you rather continue putting up with glasses and contacts or enjoy clearer, more natural vision with LASIK?" "Are low monthly payments important to you, or would interest-free financing be a more attractive method of payment?" "Are mornings or afternoons better for you?"

"Would you rather be seen postoperatively on Friday morning or Saturday morning?" "Do you know your schedule well enough to choose a specific date today, or should we just pencil something in that you can adjust if necessary?"

Notice, nowhere did I include the question, "Would you like to have LASIK?" There is absolutely no doubt that if you ask enough yes-or-no questions, you'll get your fill of "no" answers. Make sure your counselor carries the "option tool" in her box at all times.

### REWARD YOUR COUNSELOR, REWARD YOURSELF

No, I haven't forgotten about the financial incentive program I mentioned earlier. I'm just saving the best for last. Now that you have the right person driving your refractive bus, which is finely tuned and carefully steered, it's time to give her an incentive for delivering riders (patients) in a safe, consistent, and timely fashion. No other person in your practice (other than you, the surgeon) has more responsibility on a daily basis for transporting patients from the front of the office to the OR, keeping them satisfied, and ensuring proper payment. In addition, no one has more potential to influence your weekly surgical volume than your refractive counselor.

That is why her dedication to unsurpassed quality patient care should be rewarded financially. Don't think twice about paying your refractive counselor a bonus, because you will never do so until after she has increased the practice's revenue. A proper bonus plan will take into account a monthly standard in your refractive surgical volume. No bonus should be given for meeting the monthly minimum, but, for every 10 cases scheduled each month beyond your minimum, place a percentage into a bonus pool. I recommend 50% of the bonus pool be given to the refractive surgery counselor(s). The remaining 50% can be divided among the technicians and other staff members responsible for interacting with refractive patients.

Increase the monthly bonus percentage for each additional 10 surgeries performed until a maximum that the practice is willing to commit is reached. I find it truly amazing how many practices achieve monthly surgical volume goals that the staff had previously deemed unattainable. Remember, the beauty of this type of bonus system is that it is never paid out until the practice generates additional revenue.

The driver of your refractive bus will determine where it goes. As important as this position is, it is too often overlooked. Get the right person and reap the rewards! ■

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