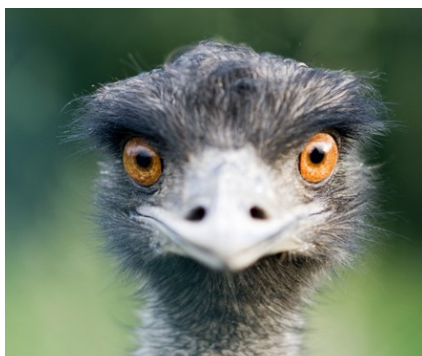


EDOF Contact Lenses: Get them Working for Your Practice

Practice revenue can be increased in two ways; retaining existing patients and through new patient acquisition. Retaining existing patients by increasing their loyalty is the most effective way to go – in fact, a 5% increase in loyalty can lead to a 25 –100% increase in your profitability.¹

So what can you do to increase patient loyalty in your practice, and how can contact lenses support your effort?

WRITER **Dr Emma Gillies**



The Ostrich...flightless. The world's largest bird and fastest two-legged animal on land. What can an optometrist possibly learn from this beautiful creature, that will help them grow a loyal patient base and increase their practice revenue?

To answer that, we must explore a concept known as 'the ostrich effect'.

The ostrich effect is a cognitive bias that describes how we tend to avoid negative information, side-step uncomfortable situations rather than dealing with the challenge head-on, and not embrace negative feedback on performance that would ultimately help us to attain our goals. Rather like an ostrich burying its

head in the sand to avoid danger... if I can't see it, it's not there!

Some years ago, at the British Contact Lens Association (BCLA) conference, I attended a lecture by a business coach who was describing his conversation with one of his optometric clients. The optometrist was concerned about the attrition rate in his practice; he had started to monitor it and was alarmed at the percentage of contact lens (CL) patients he was losing. The business coach gave him some advice and strategies to implement in his practice and arranged a follow-up meeting three months later. The optometrist looked much happier and livelier at this meeting, smiling and laughing as the meeting began. When the coach asked how the business was going, the optometrist said "great!". The coach smiled, "and the attrition rate?".

The optometrist replied, "I'm not worried about it anymore". Delighted, the coach asked what he had done to bring about such a turn around. "I've stopped measuring it" – the ostrich effect!

While this may be an effective strategy for reducing short term stress levels, in the long-term, not measuring or paying attention to patient retention results in an insidious erosion in practice turnover.

LEARNING OBJECTIVES

At the completion of this CPD activity, participants should be able to:

1. Understand how customer loyalty can grow practice revenue,
2. Be aware of the risk factors for losing customers,
3. Understand the mechanism of action of EDof contact lenses, and
4. Realise the potential for EDof contact lenses to enhance quality of life for advancing presbyopes.

Practice revenue can be increased in two ways; retaining existing loyal wearers and through new wearer acquisition, although the latter approach is more costly than retaining the current patient base. With that in mind, let us begin with the existing wearer, why do they leave in the first place, how can we address this and perhaps more importantly, why is loyalty so important anyway?

THE IMPORTANCE OF LOYALTY

Patients who are loyal to a business add value in the following ways:

- Return more frequently,
- Purchase additional products and services (imaging etc.),
- Cost less to maintain,
- Are less price sensitive,
- Often provide valuable, honest feedback, and
- Generate positive word of mouth referrals.

Word of mouth referrals are unquestionably the best endorsement of a practice. In the days before social media, negative experiences might stay within an individual's circle of friends; now, stories of bad customer service and disappointing

products can run quickly through social media networks. The old adage about a dissatisfied customer telling nine people about their experience no longer holds true. With the advent of social media, they may reach 900 people or more! Market research has shown that 94% of consumers surveyed say an online review has convinced them to avoid a business. In fact, businesses risk losing as many as 22% of customers when just one negative article is found by users considering buying their product. If three negative articles pop up in a search query, the potential for lost customers increases to 59.2%.² But, even loyal customers can leave a business.

WHY DO THEY LEAVE?

All businesses lose customers. But why? The American Society of Quality Control³ conducted a study to determine why a company loses customers. The results were eye-opening (forgive me!):

1. Customer dies – 1%,
2. Customer moves away – 3%,
3. Customer influenced by a friend to go elsewhere – 5%,
4. Customer lured away by competition – 9%,
5. Customer dissatisfied with the product – 14%, and
6. Customer turned away by the indifferent attitude of the staff – 68%.

Without asking the patient exactly why they are no longer returning to the practice for continuing optometric care, it can be easy to assume that they are merely purchasing their CLs elsewhere (online, or from a different provider), a decision that we often assume is driven by cost. ASQ market research suggests that this is not the case, in fact 82% of patients who are dissatisfied leave because the product they were given did not deliver to expectations, or because of the staff attitude.³ This highlights the importance of having a means of measuring attrition.

The two biggest contributors to patient attrition identified in this study are arguably the ones practitioners have the most control over. While a discussion around customer service is beyond the scope of this article, I would like to take a moment to challenge the reader with a conundrum. Is the reported dissatisfaction driven by true indifference of the staff, or 'perceived' indifference on the part of the patient?

Regardless, both result in the loss of a patient, but the positive from this observation is that the practice team may be coached on their attitude and/or how it is perceived. As optometrists, we encounter many different personalities in practice, and our ability to build trust and connect with our patients is vital to building loyalty. Imagine the impact of an entire team with the ability to flex their natural behavioural style to connect and communicate more effectively with a patient. What impact would that have on the 68%?

THE RIGHT LENS FOR THE RIGHT PATIENT

We have a plethora of CL options available to choose from and, although none of them are a panacea, customer dissatisfaction with a product is not because the only lens option available doesn't work, it's because the product they were prescribed didn't do the job they needed it to do. This raises the question, how do we ensure we match the right lens to the right patient?

Perhaps a good place to start is by reverse engineering this and asking, why do our existing CL wearers choose to stop? Although there are many documented reasons for drop out, which vary slightly with age and refractive error,⁴ let's focus on a particular group of patients that over-index in the dropout stats – presbyopes. More specifically, the 'advancing presbyope'.

The advancing presbyope is the patient who has been a successful CL wearer for many years, perhaps much of their life. They have embraced the technological advances in replacement schedules (from annual replacement to daily), determinedly fought their way through the adaptation periods when they needed to move into a multifocal design (both the first time and the second time when they moved from the low to the mid ADD of their centre near aspheric multifocals) and have now reached that stage where they really need a bit more help with near, but the high ADD option is starting to degrade their distance vision. This is especially true of mid-power myopes moving into a spectacle ADD of +1.75D or more, as they are particularly critical of their distance acuity. This is the turning point where they all too often decide their functional vision is no longer good enough with their CLs, so they either reduce their wearing regime to weekends and 'visually non-demanding events' or, disappointingly, stop CL wear altogether.

From a patient care perspective, this is frustrating to us as optometrists, knowing how much effort we have put into finding the best solution for them. From a business perspective, it is a much more gloomy outlook, with the loss of both CL revenue but also fewer practice visits. They may even be more likely to be influenced by their friends or lured away by a competitor. Yet these patients are motivated to stay in CLs and are more inclined to embrace new lens technology.

NEW EDOF OPTION FOR PRESBYOPES

The introduction of a new daily disposable multifocal CL from Visioneering Technologies (VTI) has renewed enthusiasm in many optometrists when it comes to fitting presbyopes, specifically the advancing presbyopes. But what makes this lens any different to the other multifocals available? The NaturalVue (etafilcon A) Multifocal 1 Day CL is a patented, centre distance,

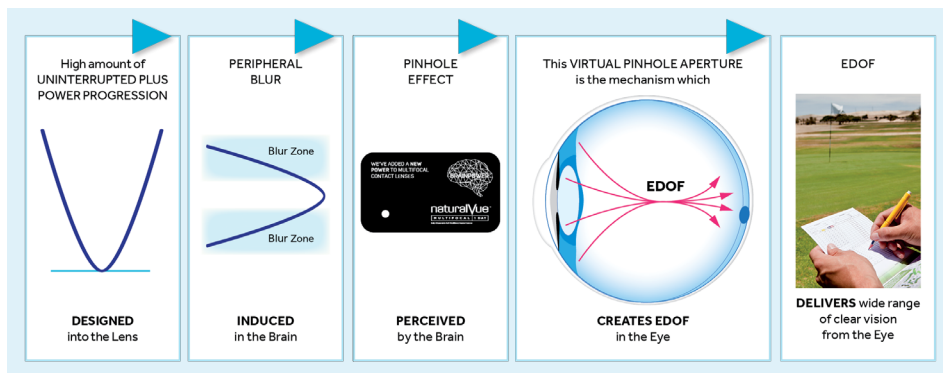


Figure 1. Functionality of an EDOF lens.

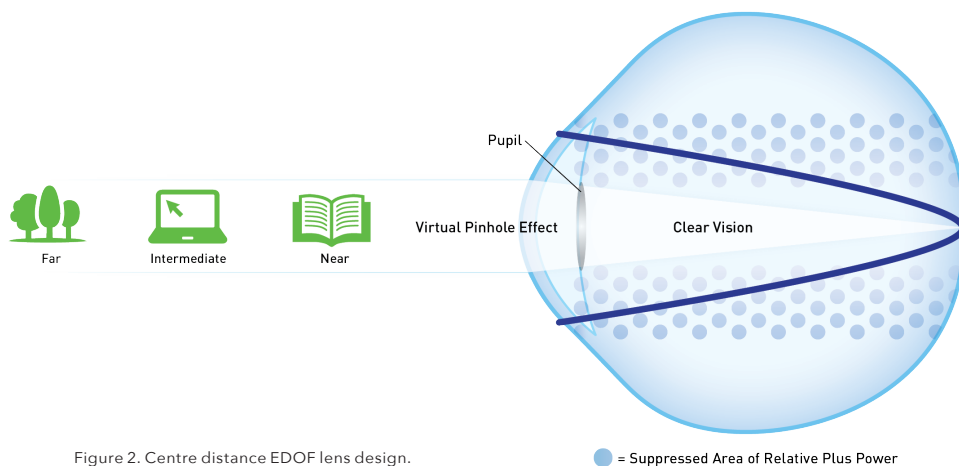


Figure 2. Centre distance EDOF lens design.

extended depth of focus (EDOF) design, initially created for presbyopes, although it is also CE approved for myopia management and the correction of ametropia.

The lens is quite unique in that it does not have an ADD, rather the range of clear vision the patient experiences is created by a custom designed rapid, uninterrupted increase in plus power that begins at about five microns from the optical centre and continues out to the edge of the optic zone. The visual cortex suppresses this additional plus, creating a virtual aperture, which produces clear vision from distance, through to intermediate and near.

One huge benefit of having an optical design without an ADD is that there is no need for the patient to adapt to a new design as their visual demands change with advancing years (recall the challenges many patients have re-adapting to the new optics of a mid or high add as they get older). This means the design works particularly well as a means to reintroduce the high ADD myopic presbyope back in to CL wear and as a way to keep these advancing presbyopes away from the ‘drop-out danger zone’, comfortably wearing lenses and potentially enjoying improved distance clarity.

The lens is a centre distance design, which not only delivers exceptionally good distance vision, but also maintains the patient’s binocularity, producing stereopsis levels that are comparable to spectacles. Anecdotally, from my experience fitting patients, a number have reported their vision feeling more ‘real’ when transitioning from a high ADD centre near aspheric multifocal or from monovision to NaturalVue.

Clinical Performance

VTI undertook a pre-market evaluation of the NaturalVue EDOF lens to determine the reported vision and comfort of the lens, and to compare the performance to the patient’s habitual correction.

Eligible subjects (n=59) were enrolled, and the visual acuity with their current vision correction was evaluated at distance, intermediate, and near. The subjects answered a number of questions about their current vision correction that covered a variety of daily activities at those distances. Their rankings, on a zero to 100 scale (where 100 is excellent), were recorded. The habitual correction was removed and an assessment of their external ocular health was performed.

N	59
Age	43 - 65 (50.9+/- 5.2)
Distance sphere	-1.00D to -7.25D
ADD	+1.00 to +2.75
Habitual correction	47% MFCL

Table 1. Pre-market evaluation results.

The best corrected spectacle refraction was determined, and acuity measured, at all three distances under high and low illumination, using high and low contrast logMAR acuity charts. Then the subjects were asked to respond to the same questions and rank their vision under the same situational scenarios.

The appropriate NaturalVue Multifocal diagnostic lens powers were determined, the lenses placed on the eyes, and the subjects allowed to adapt to the trial lenses for at least 10 minutes before vision was evaluated. After the adaptation time had passed, visual acuity was measured at distance, intermediate, and near, using high and low illumination and the same high and low contrast logMAR charts. At both visits, the range of clear vision (near to intermediate) and stereoacuity were also measured. Patients were seen after two days of wearing the test lenses to determine if any changes were necessary in the lens powers, and to check ocular health and comfort with these lenses. If a modification was required, new lens trial packs were dispensed. No adverse events occurred in the two-day period for any subject, nor throughout the study. All patients returned for the final/exit

visit after one week. At the final visit, patients again answered the same group of questions, ranked their vision at the various distances, and stated a preferred CL. Acuity was measured at distance, intermediate, and near using high and low contrast logMAR charts, under high and low illumination conditions.

Visual acuity with NaturalVue was found to be comparable to the best corrected spectacle vision, both in terms of acuity across all distances measured (Figure 3), but also in the level of stereopsis achieved wearing the lens (Figure 4).⁵

Additionally, for the subgroup of patients with a spectacle ADD of higher than +1.75 (the advancing presbyopes) there was no difference in acuity between NaturalVue Multifocal and the best corrected spectacle vision. Also, the subjective visual ratings for near work, including very small print and reading books/newspapers, were significantly higher than the patient’s habitual correction (Figure 5).⁵

Case Study

New to the practice, 57-year-old GR, a male insurance executive, was unhappy with the intermediate and near vision with his current centre-near aspheric multifocal CLs.

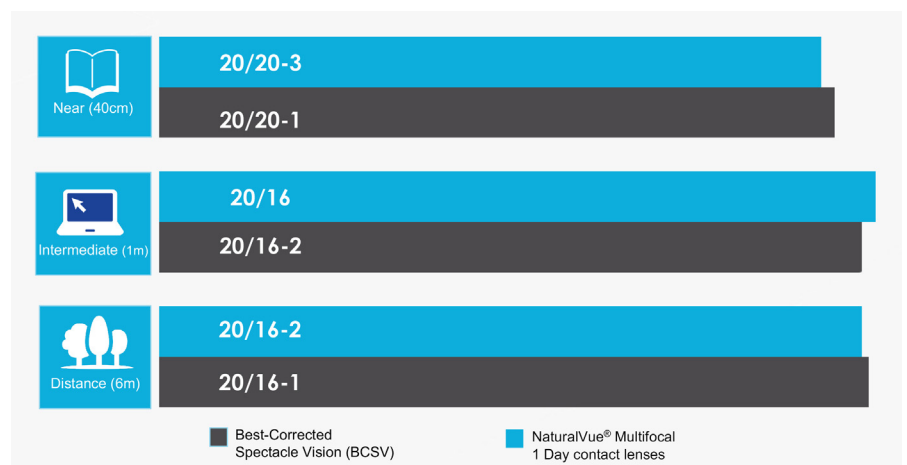


Figure 3. Acuity across all distances measured. *p=0.05, NaturalVue Multifocal 1 Day CLs significantly different vs habitual correction. VTI data on file 2015, n=59. Data assessed after one week of wear.

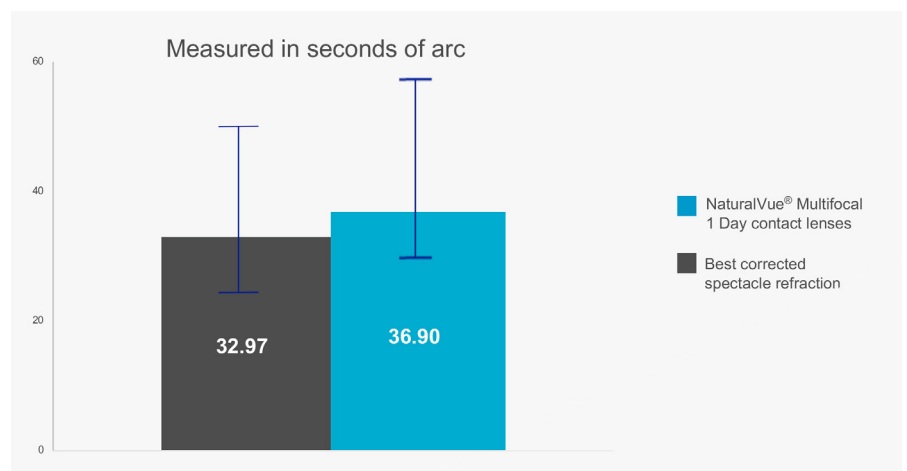


Figure 4. Measured stereopsis. *p=0.05, NaturalVue Multifocal 1 Day CLs significantly different vs habitual correction. VTI data on file 2015, n=59. Data assessed after one week of wear.

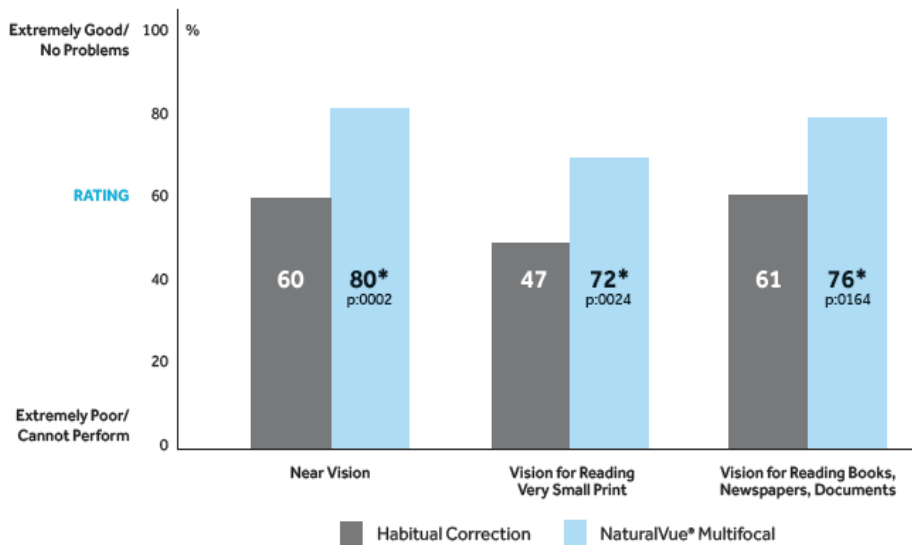


Figure 5. Subjective visual ratings ADD \geq +1.75 for near work and reading. *p=0.05, NaturalVue Multifocal 1 Day CLs significantly different vs habitual correction. VTI data on file 2015, n=59. Data assessed after one week of wear.

Binocular acuities

Distance visual acuity (VA)	20/20
Intermediate VA	20/40
Near VA	20/50

BCSR (BVD 13mm)

OD -5.50-0.75x180 = 20/20

OS -4.75-0.50x180 = 20/20

OU = 20/20+, Add +2.00 = 20/20

NaturalVue Multifocal 1 Day diagnostic lens powers

OD -5.50; OS -4.75.; calculated using the Quickstart Calculator (global.vtvision.com/practitioner/resources/quickstart-calculator/)

Distance VA	20/15
Intermediate VA	20/20
Near VA	20/20+

At the one-week follow-up visit, GR reported no VA change and rated vision a 10/10 at all distances. He was particularly impressed with the ease he had in going from his computer to a contract (lying on his desk). He purchased a one-year supply, and after three years, is still very happy with VA and comfort. More importantly, despite a change in his near ADD over the three years, he hasn't needed to change his CL script.

The NaturalVue EDof multifocal design delivers visual performance that is comparable to spectacles and often outperforms the patient's habitual correction. It is an excellent option for advancing presbyopes who have become disenfranchised with the visual performance of their CLs and is a lens that may be used to pre-empt this dissatisfaction when fitted earlier in the presbyopic journey.

“The lifetime value of a CL wearer is not a new concept. In fact, for the past 15 or more years, market research has consistently shown the merits of developing a strong CL wearing patient base”

NEW WEARER ACQUISITION

The second way to increase practice revenue is to bring new CL wearers into the business. The cost of acquiring a new customer/patient is somewhere between five and 25 times more expensive than retaining an existing one (the figure varies with the industry being measured).⁶ Consider the cost of introducing a neophyte CL wearer to the practice. There is the initial chair time associated with the eye examination, then additional time for the CL assessment (including any additional measurements or scans if it is a myopia management case or a complex cornea fit), teaching insertion and removal takes time (varying with the confidence of the patient), there are follow-up appointments over the first 12 months, and the inevitable ‘urgent’ appointments to

manage the lost lens or ocular discomfort. Many practitioners may be discouraged by the heavy investment in time with such a patient, but the long-term value of these patients far outweighs the initial costs, particularly when they rapidly become happy, loyal patients.

The lifetime value of a CL wearer is not a new concept. In fact, for the past 15 or more years, market research has consistently shown the merits of developing a strong CL wearing patient base.⁷ Despite this, much of the optical industry ironically has a rather myopic approach to business strategy, capitalising on the immediate revenue hit of selling a pair of glasses (or two) rather than investing time into a discussion around the emotional and functional benefits of CL wear.⁸ While the initial investment in time yields minimal immediate financial return, CL wearers have been shown to be approximately 60% more profitable than spectacle wearers per year.⁹

Practitioners must begin to see the world from their patient's perspective, acknowledging that CLs and spectacles are not mutually exclusive. If they are considered as nothing more than products, then yes, they are entirely different, but, if they are viewed as solutions to a patient's needs, then it becomes clear that a practitioner can successfully promote both options as part of a total visual solution.⁷

A presbyopic CL wearer generates revenue through multiple channels. In addition to the CL sale, there will be multifocal spectacles, prescription multifocal sunglasses and often multiple pairs of sunglasses (that may just be me), not to mention eye drops and lid hygiene treatments for the more ‘experienced’ CL wearers. These patients present to the practice more frequently,⁷ giving the astute business owner an opportunity to ensure their visual needs are fully met, and also to showcase new equipment/assessments that may be undertaken, or the new range of designer sunglasses.

How do we ensure that new wearers succeed in this new experience and how do we transition them from neophytes to happy, loyal advocates for the practice? Again, we start with why they stop!

New Wearer Retention Studies

Sulley et al¹⁰ examined the 12-month retention rate of neophyte CL wearers through retrospective analysis of 524 patient records in a multicentre study across the UK. At the end of the 12 months, 26% of the neophytes had ceased CL wear...that's one in every four patients. Almost half of those patients dropped out within the first 60 days, with that number increasing to 75% by six months.

While comfort is still a factor in drop out across all ages and lens designs, poor



vision and handling challenges were the key reasons for stopping lens wear in the presbyopic group (interestingly, cost was not a factor in cessation). A follow-up prospective study was undertaken and published the following year.¹¹ This study captured the wearers' perspective on CL wear through the completion of online questionnaires. Similar results were found with regard to retention rates, but more detail was captured regarding the reason for drop out. In the presbyopic group, the top three reasons were:

1. Poor distance vision,
2. Poor near vision, and
3. Difficulty handling the lenses.

These studies show that the majority of neophytes stop lens wear within the first two months after the initial fitting appointment. How can optometrists deliver 'above and beyond' service to support these new wearers (and protect their own time investment)? It turns out that a simple phone call can have a profound effect.

A study at the University of Manchester investigated the impact of a 'comfort call' on neophyte CL wearer success rates.¹² The test group received a call to follow-up and ask how the subject was going with their CLs and the control group did not receive a call. Of the test group, 72% became successful CL wearers compared with just 56% of the control group. Additionally, more than twice as many initially unsuccessful patients in the test group returned to trial a different lens. This is important, as 77% of drop-outs can be successfully refit with a more suitable lens type.¹³

AND FINALLY

Author's note: Ostriches don't actually bury their heads in the sand... it's a myth that most likely originated from the bird lying low when danger approaches and pressing their necks down to the ground in an attempt

to become less visible. Their plumage blends into the sandy soil, giving the impression that they have buried their heads. However, the ostrich effect still applies and is all too common in optometric practice. **mi**

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