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# EDOF Contact Lenses: Get them Working for Your Practice

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# Exploring "The Ostrich Effect"

## Understanding the Importance of Facing Facts to Build a Loyal Patient Base

**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 well known concept known as "The Ostrich Effect".

The Ostrich Effect is a cognitive bias that describes how we tend to avoid negative information, side stepping uncomfortable situations rather than dealing with the challenge head on, not embracing 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 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 patients he was losing. The business coach gave him some advice and strategies to implement in his practice and arranged a follow up meeting 3 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 optom replied, "I'm not worried about it anymore". The coach was delighted, 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. This article will focus specifically on the role that contact lens wearers can play in building a loyal patient base.

Practice revenue can be increased in two ways, retaining existing loyal wearers and through new wearer acquisition, although the later 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
- ✓ Generate positive word of mouth referrals

In fact, a 5% increase in loyalty can lead to a 25-100% increase in profitability<sup>1</sup> and 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 9 people about their experience no longer holds true. With the advent of social media, they may reach 900 or 3175 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%<sup>2</sup>. But, even loyal customers can leave a business.

## Why do they leave?

All businesses lose customers. But why? The American Society of Quality Control<sup>3</sup> conducted a study to determine why a company loses customers. The results were eye-opening (forgive me!):



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 contact lenses elsewhere (online, or from a different provider) a decision that we often assume is driven by cost. The ASQC market research suggests that this is not the case, in fact...82% of patients who are dissatisfied leave because of the product there were given not delivering to expectations or the attitude the staff<sup>3</sup>. 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 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 entire team with the ability to flex their natural behavioral 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 contact lens 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. This raises the question, how do we ensure we match the right lens to the right patient?

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

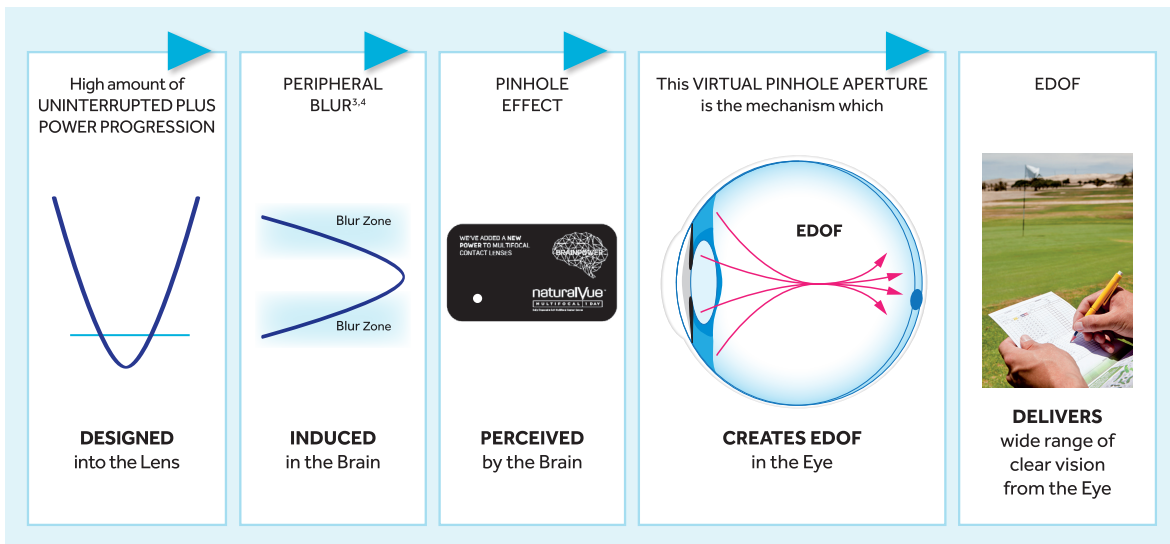
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How do we define the advancing presbyope? This is the patient who has been a successful CL wearer for many years, perhaps much of their life. They have embraced the technological advances in replacement schedules (from annual replacement to daily), 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 center 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 contact lenses so they either reduce their wearing regime to weekends and "visually non demanding events" or, disappointingly stop CL wear altogether.

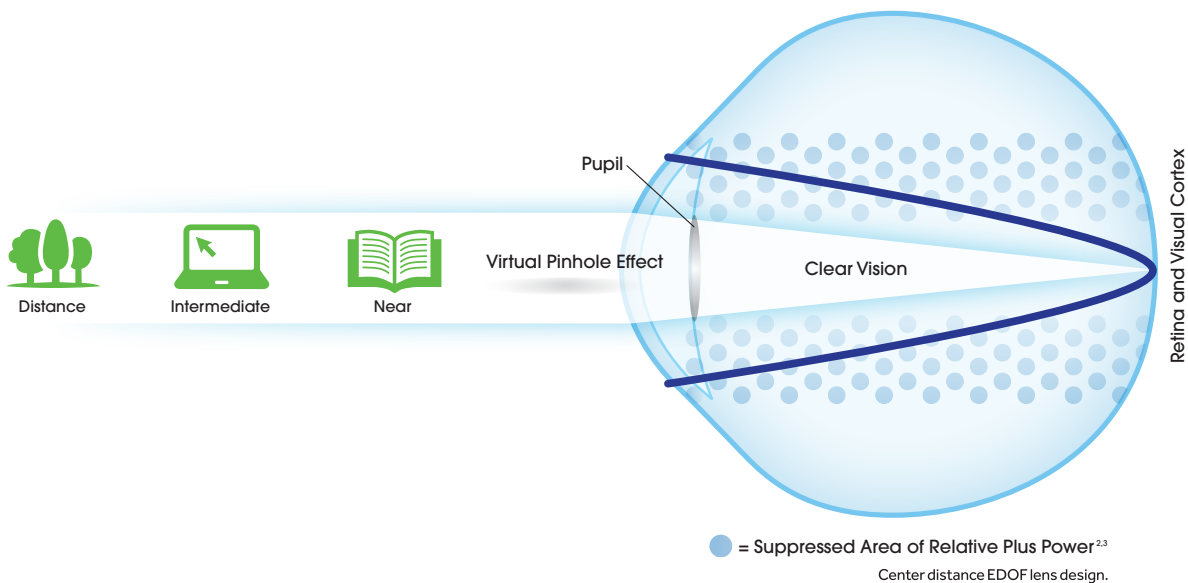
From a patient care perspective, this is frustrating to us as optometrists, knowing how much effort we have put into finding the best solution for them. From a business perspective, it is a much more gloomy outlook, with the loss of both contact lens revenue but also fewer practice visits. They may even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

## New EDOF option for Presbyopes.

The introduction of a new daily disposable multifocal contact lens 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 contact lens is a unique, center distance, extended depth of focus (EDOF) design initially created for presbyopes, although it is also CE approved for Myopia management and the correction of ametropia.



Functionality of an EDOF lens.



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 5 microns from the optical center and continues out to the edge of the optic.

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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 contact lens 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 center distance design, this not only delivers exceptionally good distance vision, but also maintains the patient’s binocularity, producing stereopsis levels that are comparable to spectacles. Anecdotally, a number of patients have reported their vision feeling more “real” when transitioning from a high ADD center near aspheric multifocal or from monovision to NaturalVue (author experience fitting patients).

### Clinical performance

VTI undertook a pre-market evaluation of the NaturalVue EDOF lens to determine not just the reported vision and comfort of the lens but also to compare the performance to the patient’s habitual correction.

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

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 0 to 100 scale

(where 100 is excellent) were recorded. The habitual correction was removed and an assessment of their external ocular health was performed.

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 subject 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 contact lens. 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 1), but also in the level of stereopsis achieved wearing the lens<sup>5</sup> (Figure 2).

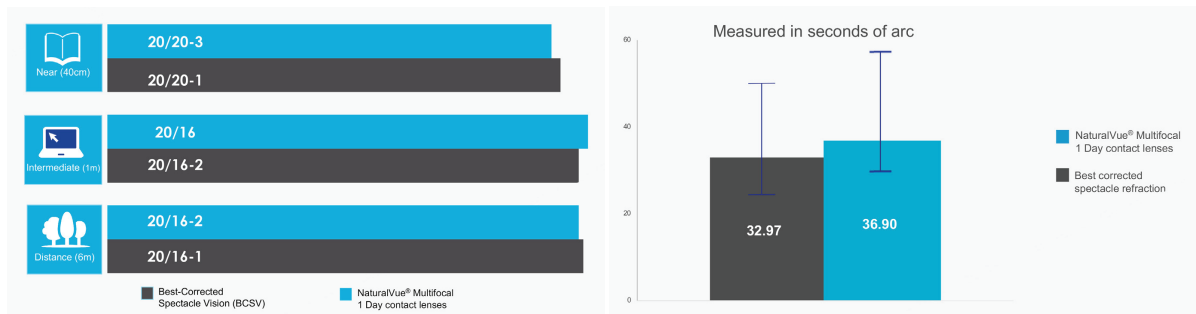


Figure 1. Acuity across all distances measured. \*p=0.05, NaturalVue Multifocal 1 Day CLs significantly different vs habitual correction. VTI data on file 2015, n=59. Data assessed after one week of wear.

Figure 2. 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.

\*p=0.05, NaturalVue Multifocal 1 Day contact lenses significantly different vs habitual correction. VTI data on file 2015, n=59. Data assessed after 1 week of wear.

For the subgroup of patients with a spectacle add of higher than +1.75 (the advancing presbyopes) again there was no difference in acuity between the best corrected spectacle vision and the subjective visual ratings for near work (including very small print and reading books/newspapers) was significantly higher than the patient's habitual correction (p=0.05)<sup>5</sup>. (Figure 3)

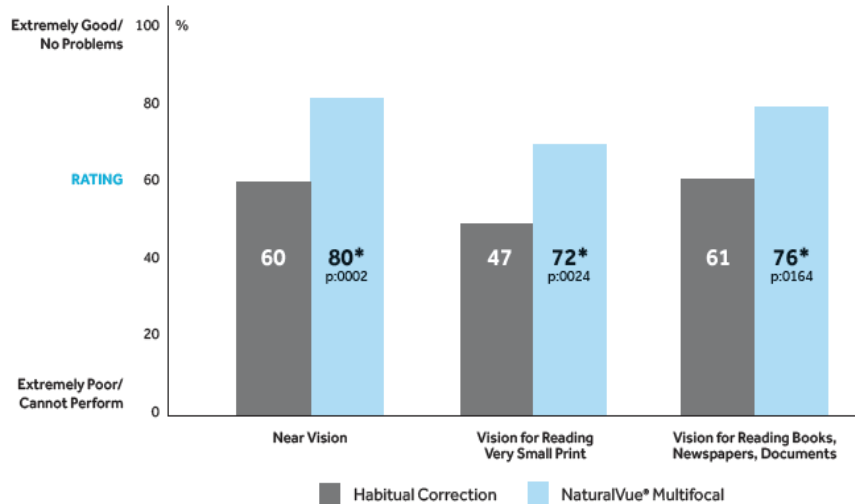


Figure 3. Subjective visual ratings ADD ≥ +1.75 for near work and reading. \*p=0.05, NaturalVue Multifocal 1 Day CLs significantly different vs habitual correction. VTI data on file 2015, n=59. Data assessed after one week of wear.



#### CASE STUDY

**GR, a 57 year old male insurance executive, new to the practice.**

He was unhappy with the intermediate and near vision with his current center-near aspheric multifocal contact lenses.

#### Binocular acuities:

Distance vision	20/20	Distance VA	20/15
intermediate	20/40	Intermediate VA	20/20
near vision	20/50	Near VA	20/20+

#### 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 (<https://global.vtvision.com/practitioner/resources/quickstart-calculator/>)

At the one-week follow-up visit, the patient 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 has needed no change to his contact lenses 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 contact lenses and is a lens that may be used to pre-empt this dissatisfaction when fitted earlier in the presbyopic journey.

### **New wearer acquisition**

The second way to increase practice revenue is to bring new contact lens wearers into the business. The cost of acquiring a new customer/patient is somewhere between 5 and 25 times more expensive than retaining an existing one (this figure varies with the industry being measured)<sup>6</sup>. Consider the cost of introducing a neophyte contact lens wearer to the practice. There is the initial chair time associated with the eye examination, then additional time for the contact lens assessment (including any additional measurements or scans if it is a myopia management case or a complex cornea fit), the insertion and removal teach 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!

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*"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<sup>7</sup>"*

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Despite this, much of the optical industry ironically has a rather myopic approach to business strategy, capitalizing 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 contact lens wear<sup>8</sup>. While the initial investment in time yields minimal immediate financial return, contact lens wearers have been shown to be approximately 60% more profitable than spectacle wearers per year<sup>9</sup>.

Practitioners must begin to see the world from their patient's perspective, acknowledging that contact lenses 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<sup>7</sup>.

A presbyopic contact lens wearer generates revenue through multiple channels. In addition to the contact lens sale – 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" contact lens wearers. These patients present to the practice more frequently<sup>7</sup>, 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 al<sup>10</sup> examined the 12 month retention rate of neophyte contact lens wearers through retrospective analysis of 524 patient records in a multicenter study across the UK. At the end of the 12 months, 26% of the neophytes had ceased contact lens wear...that's 1 in every 4 patients! Almost half of those patients dropped out within the first 60 days, that number increasing to 75% by 6 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<sup>11</sup>. This study captured the wearers perspective on contact lens 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 3 reasons were:**

**1**

Poor distance vision

**2**

Poor near vision

**3**

Difficulty handling the lenses

These studies show that the majority of neophytes stop lens wear within the first 2 months after the initial fitting appointment. How can optometrists deliver “over and above” 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 contact lens wearer success rates<sup>12</sup>. The test group received a call to follow up and ask how the subject was going with their contact lenses and the control group did not receive a call. 72% the test group became successful contact lens wearers compared with just 56% of the control group. In addition, 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<sup>13</sup>.

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 is all too common in optometric practice.



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