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Value-Added Services: **Strengthen** Your Rapport With Patients and Increase Your Revenue

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Premium Practice Today is a monthly feature section in **CRST** providing articles and resources to assist surgeons and their staff in the pursuit of premium practice development to facilitate exceptional experiences for patients and business success.

Value-Added Services: Strengthen Your Rapport With Patients and Increase Your Revenue

Diversifying your practice only works if the strategy benefits your patients.

BY ROCHELLE NATALONI, CONTRIBUTING EDITOR

Diversifying your practice by incorporating value-added services can grow cataract and refractive surgery practices. The term *value-added services* refers to treatment options that complement the core service offerings of a company or medical practice but that are not vital to the core model of the enterprise. Value-added services are often introduced to customers, clients, or patients after they have purchased or undergone the core services or surgery.

In some instances, a value-added service is something extra that is provided at no additional charge. Perhaps a practice provides free WiFi and iPad (Apple, Inc.) use in the waiting room or offers a complimentary car service to transport patients home after surgery. Some ancillary services are offered to existing customers or patients for extra fees. The actual billing structure for a value-added service usually depends on whether the provider views the service as an amenity by which to strengthen rapport with patients or as a source of additional revenue. In the case of ophthalmology practices, a value-added service could be a tangentially related procedure—such as an “anti-aging” facial laser treatment—offered in the same place where patients have their cataracts removed. One-stop shopping is convenient, and convenience is universally considered a valuable commodity.

Eye care professionals say diversifying into value-

added services only works if the strategy is predicated on sound clinical judgments designed to benefit patients. For instance, when Cherry Tabb, CEO and cofounder of the Herzig Eye Institute in Toronto (www.herzig-eye.com), considers augmenting the practice’s menu with a new technique or service, she says the addition must provide more value from a clinical perspective; otherwise, it does not make sense in the long term. “I always ask ‘why’ before I do anything,” she says. “If we are just focused on revenue, I think it falls by the wayside.”

DRY EYE TREATMENT

Ms. Tabb developed an entire strategic business unit for value-added offerings aimed at satisfying the needs of “eyes over 40.” The practice invested in the LipiFlow Thermal Pulsation System (TearScience; www.tearscience.com) for the treatment of dry eye disease (DED), created a DED clinic within the practice, hired an optometrist who is solely dedicated to the treatment of the condition, and brought on board an additional ophthalmic surgeon who has a special interest in oculoplastics to perform dermal filler and onabotulinumtoxinA (Botox; Allergan, Inc.) injections as well as blepharoplasties. “If patients want to get rid of their reading glasses, we can accommodate them,” Ms. Tabb says. “If they want to get rid of their dry eye, we can accommodate them. If they want to get rid

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—Cherry Tabb

of their facial wrinkles, we can help them. It's nice to have options to help people improve things that will make them be happier and have a better quality of life.”

With respect to the LipiFlow system, she says, “Our practice philosophy is that our business decisions follow and facilitate our clinical decisions, and being able to offer the LipiFlow procedure has been beneficial to our practice on a number of levels.” The procedure, which treats the cause of DED as opposed to its symptoms, is one option among a host of other traditional interventions offered in the DED clinic. At \$750 per eye (for LipiFlow), it is not unusual for patients to balk at the price. According to Ms. Tabb, however, it is an effective treatment, and when patients run out of other options and undergo the therapy, they are invariably satisfied. “Dry eye is often considered a nuisance diagnosis,” she comments. “For patients to have a place to go where they can be assessed properly and treated in an organized way is very validating. It also has given us a vehicle for one of our optometrists to specialize in dry eye and really focus on treating the specific needs of dry eye patients.”

One interesting twist, says Ms. Tabb, is that, when someone presents requesting refractive surgery, and it turns out he or she is contact lens intolerant because of DED, the philosophy of the practice is to recommend the LipiFlow treatment to address the condition before embarking on refractive surgery. “Given that laser vision correction rates are falling precipitously throughout the country, there was some concern that recommending the postpone-

ment of refractive surgery could have a negative impact on the practice,” she says. “We feel, if we don't treat the dry eye first, we will end up with a very unhappy patient, because the surgery would exacerbate the dry eye. It's part of our DNA as a practice to assess what's wrong with the patient and resolve that. Anything that we can do to benefit the patient ultimately gives us one more tool in the tool chest to manage problems.”

Ms. Tabb continues, “When we think about all the reasons why we offer these extra value-added procedures, it's because it's good for the patients. People want to be the best that they can be. If you can do anything that helps further that goal, you've got repeat patients. You've got goodwill. You've got all the things that build the practice for the long haul.” Another benefit of these ancillary services, she says, “is that, unlike cataract and refractive surgery, these other things are ongoing; they are services that are recurring. So, the synergies of the practice really start happening. People come in for one thing and get introduced to another thing. It lowers the bar for the entry point into the practice.”

Oculoplastic surgeon Richard Weiss, MD, concurs: “Botox and fillers, if done properly, keep the patients coming back regularly, which keeps your name top of mind when [they are] considering other procedures.” Dr. Weiss, Newport Beach, California, has performed oculoplastics in the same practice for 26 years in what he describes as a demographically distorted bubble of an area. He points out that, even with value-added elective procedures, the economy matters (📍 www.drweiss.com). “On the other hand,” he says, “all people care about the way they look.”

EYE WHITENING

Pterygium surgery, sometimes referred to as eye whitening, is another procedure that can be offered in an attempt to broaden a practice's reach beyond cataract and refractive surgery into the deeper end of the patient pool. There are three reasons to remove a pterygium (or pinguecula) according to John Hovanesian, MD, of Harvard Eye Associates, Laguna Hills, California (📍 www.harvardeye.com). “One is because it is causing irritation of the eye, another is because it is threatening to affect or [is] already affecting vision, and a third

is that it is unsightly and disfiguring.”

Pterygium surgery is a large part of Dr. Hovanesian’s practice and is increasingly becoming more common, he says, because the techniques have improved so significantly. “In the past, pterygium surgery was painful and led to recurrence in an unacceptably high number of patients—up to 50%— so surgeons and patients were reticent to consider surgery,” he explains. “Now, with newer techniques that involve autografts made of conjunctiva, fibrin tissue adhesive instead of sutures, and amniotic membrane to prevent recurrence, the recurrence rate is down to less than 1% in my own practice, and only 2% of patients complain of anything other than mild discomfort. It is a totally different surgery than it once was.”

Although today’s safer, more effective, and less painful pterygium surgery could be considered a value-added offering, Dr. Hovanesian says providing quality care for patients is what drives him to offer it. If it benefits the bottom line, that is essentially a happy coincidence. “My motivation is to take the best care I can of patients,” he says. “Practice building comes when you have good techniques to do that. If you are going to do pterygium surgery, you are not going to build your practice if you don’t do right by patients, and you are not going to do right by patients if you don’t use the best techniques. You need to invest the effort into learning the best techniques.” (See Dr. Hovanesian’s pterygium surgery videos at www.bettereyesurgery.com.)

Dr. Hovanesian says pterygium and pinguecula surgery is expanding his practice for several reasons. Patients are turned away by other surgeons who recommend against having the surgery, because they still consider it painful and ineffective, and his reputation for performing the procedures successfully with a low recurrence rate and minimal discomfort has grown. “We get patients from all over because they talk to other patients on the Web,” he explains. “I see patients who say they’ve been to a couple of other physicians and were told that the surgery would be uncomfortable and the pterygium or pinguecula would grow back. When they hear about my results and the experience of my patients, it is compelling.”

There are some pterygium-removal techniques that Dr. Hovanesian does not recommend or support.

“The indiscriminate use of mitomycin [C] is something that I would very much discourage, because it adds risks that are long term and unknown,” he says. “In addition, there are techniques that involve the wide excision of conjunctiva that appears red. The idea of just removing tissue because it looks red is a dangerous one. Very often, patients have underlying causes, such as dry eye, that can be treated.” In the case of pinguecula, he points out, it is a somewhat different story in that there is a discrete area where the tissue is abnormal. Here, he explains, “it is reasonable to remove the abnormal tissue and then graft it with normal tissue. These patients heal well, look great, and are very happy.”

He says that pterygium surgery has evolved in the way that phacoemulsification did over extracapsular surgery, the results now are far better, and the recovery is far simpler. “I’m not a better surgeon,” says Dr. Hovanesian. “I’m just a surgeon using a better technique.” He encourages all eye surgeons to learn and offer the improved techniques. “If you don’t want to, you should at least refer the patients to someone who offers them, because it is no longer appropriate to tell patients that they can’t benefit from this surgery,” he says. “Treat [patients] the right way and give them advice that will lead them in the right direction.”

CONCLUSION

Every practice needs new patients to flourish, but do not underestimate the value of existing patients with new and/or recurring needs. In the business world, it is widely known that acquiring new customers is expensive, and the same can be said for attracting new patients. It is estimated that a new customer costs five to 10 times that of retaining an existing one, and the average expenditure of a repeat customer is a whopping 67% more than a new one. Although it certainly makes sense to attract new customers, offering new services to existing clients can be quite valuable as well. ■

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