The real impact of Leadership

As a leader, how do you see yourself? Even more important, how do the people you lead see you? P. 20

The 10 myths that cause investors to fail P. 8
The CareCredit healthcare credit card helps more of today’s patients fit the refractive procedures, optical products and other ancillary services you provide into their budget. There are millions of consumers who may be starting to look for information about LASIK procedures, while others might be candidates for premium IOLs, lifestyle lenses, and more. By helping to remove cost as a barrier to care, your practice can:

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As a leader in your practice, it is important to consider how the people you lead see you. In the cover article of this issue of Ophthalmology Business, we detail steps to take to ensure you have a positive impact and are viewed as a leader others want to follow. Be sure to check out “The real impact of leadership.”

Your practice name and logo are an important part of your marketing efforts, and you want to make them effective. Have you taken the time to consider what you want them to convey? Or perhaps you’ve been thinking that it’s time to rebrand your practice. We provide 16 tips to help in this area—from selecting a practice name, to designing a practice logo, to rebranding efforts.

This issue also explores an app that debuted at the 2014 ASCRS•ASOA Symposium & Congress. The Easy Drops app helps patients keep track of their pre- and postop drop regimen. In addition, it includes educational videos and information about other procedures offered by the surgeon. “The app helps to fill in a gap where certain parts of surgery and care have lagged behind,” said Niraj Desai, MD, codeveloper of Easy Drops.

“For all too many investors, reality and evidence are circumvented by false ideas that prevent understanding and sound investment decision-making. Ten myths in particular hamper the investor and need to be recognized for the false ideas that they are,” according to Mitch Levin, MD, CEO and managing director of Summit Wealth Partners. In “How to build a bombproof investment portfolio: The 10 myths that cause investors to fail,” Dr. Levin lists fables to avoid so you can make better investment choices.

Every organization needs employees who contribute to its advancement and profitability. These “A players” will make your job easier, as you do not have to deal with endless crises and can work more intentionally on developing the future strategy for your organization. Make sure to read the “7 tips for hiring ‘A players’” before you start the hiring process.

These are just some of the articles that you will find in this issue of Ophthalmology Business. We hope you enjoy it and find tips that you can apply to your practice. Thank you for reading!
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App helps with patient

by Ellen Stodola, staff writer

The Easy Drops app is designed to help patients keep track of their drop regimen

A new, free app may help patients become more compliant with their eye drops, therefore making treatment more effective. Niraj Desai, MD, Milan Eye Center, Johns Creek, Ga., was involved in the creation of the Easy Drops app.

“It is an app that my partner first created in practice and that we have been codeveloping for the past 18 months for our patients,” Dr. Desai said. The app debuted at the 2014 ASCRS•ASOA Symposium & Congress, and options for marketing it to more practices in the United States are now underway.

The app will always be free for patients to download, Dr. Desai said, adding that a subscription process for surgeons is available.

Purpose of the app

“The core purpose of the app has been to help our patients with their pre- and postop drop regimen,” he said. Most cataract surgeries are done in both eyes, and after the second eye surgery, patients are often taking multiple drops in each eye. This can get confusing for a patient who has a paper checklist of various drops with different doses.

Dr. Desai’s practice gets many phone calls and questions from patients when they are trying to figure out their drops, so he and Milan Patel, MD, decided to develop the Easy Drops app.

 “[We’ve been using the app in the practice] for about 2 years, and now it has become a regular feature,” he said.

Evolution of Easy Drops app

In the last 2 years, the app has evolved to include additional
Initially, the app was more rudimentary with just the function of eye drop reminders,” Dr. Desai said. “We took the existing app and recreated it so that it’s much more robust for the patient and surgeon.”

Now, instead of an app that only coordinates eye drops, it has the practice’s information, driving directions, and an option to email the practice. In addition, Easy Drops has integrated Eyemagnations (Baltimore) educational videos and information about the advanced technology IOLs, bladeless cataract surgery, and other types of surgeries offered by the surgeon. However, Dr. Desai said the primary purpose of the app is still to help patients with their eye drops.

**Patient response**

Patients’ response to the app has been positive overall—most are relieved when they see that they can avoid a good deal of paperwork. They like it because it fits in with the rest of ophthalmology and cataract surgery, which has become very advanced, Dr. Desai said.

“There has always been a disconnect when you offer the ‘latest and greatest’ in technologies, like the femtosecond laser, but send patients home with a piece of paper that they have to mark off with pen or pencil,” Dr. Desai said. “This app seems to flow well with the patients and their families who embrace technology.”

Younger patients seem to like the technology aspect of the app, while older patients, who are perhaps being taken care of by a family member, also like it. The app can be synchronized across two devices, Dr. Desai said, so family members can check if the drops are being taken.

The app requires very little effort from the patient. Once the patient inputs surgical dates, everything else is automated by the specifications of the surgeon, Dr. Desai said.

When a surgeon subscribes to Easy Drops, the types of surgeries the surgeon offers, the eye drop regimen for each surgery, and any educational videos are delineated by the physician on a separate website (easydropsapp.com).

The app helps explicitly keep track of drops being used. “One of the screens within the app is called the accuracy meter,” he said. “It allows the patient as well as the surgeon to take a glance and see what percentage of drops are being taken.”

“The aspect of compliance is certainly something that we don’t take lightly,” Dr. Desai said. Easy Drops helps keep an accurate count of who is taking eye drops, when they are supposed to.

The app helps to fill in a gap where certain parts of surgery and care have lagged behind, Dr. Desai said. Easy Drops is currently available for the iPhone and iPad and will be expanding to the Android in the near future.

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How to build a bomb-proof investment portfolio:
The 10 myths that cause investors to fail

by Mitch Levin, MD, CWPP, CAPP


Investing is a reality-based, evidence-based activity—or it should be. Unfortunately, for all too many investors, reality and evidence are circumvented by false ideas that prevent understanding and sound investment decision making. Ten myths in particular hamper the investor and need to be recognized for the false ideas that they are. Avoid these 10 fables and you will have a good start on the road to sound, scientific investment choices. Here are the myths:

1. **Investment is a do-it-yourself project.** Most investors not only lack the expertise, they also lack the discipline and the time necessary to properly develop, allocate, and manage their investment portfolios. The DALBAR research organization shows that investors continue to underperform by an astounding 3–7% annually over any 20-year period of time.

2. **You can get rich through investing.** This rarely happens. If you’re already rich and have a lot of money both to invest and to hire the best advice and management, you can get richer through investing; for most people, whose capital for investment is limited, investment is a way of protecting assets and creating a fund for your goals, not a road to riches. Your gains will be a function of how much you have to invest, and a rate of return capable of turning modest means into great wealth is very unusual.

3. **Bond or stock picking can “beat the markets.”** There is risk inherent in all investments, roughly proportional to the returns, and it can’t be avoided. It’s true that at any time, some stocks or other investment vehicles outperform the market average, but relying on this to gain excess return is an unwise strategy. It’s the nature of the beast that some investments will lose money.

4. **“Track record chasing” can “beat the markets.”** Just as some investors rely on stock picking to achieve high returns, others similarly look for the best track record either of investment vehicles or of managers. While there is nothing wrong with judging an investment based on its track record (among other factors), and certainly you should carefully evaluate anyone you consider trusting with your money, the idea that you can achieve excess returns in this way is simply

continued on page 10
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false. Risk is roughly proportional to expected return, and although a good portfolio that is properly maintained will show a net gain over time, individual investments will lose money from time to time.

5. **Market-timing tactics can “beat the markets.”** Far too many investors sell out when the market is falling and buy back in when it’s on the upswing. If you don’t have capable investment advice and management by professionals, you may be doing this. Some investors believe that by choosing when to buy and sell investments based on their rise and fall, they can beat the market average and avoid risk. As with stock picking and track record chasing, avoiding risk is not possible. Risk is part of return. And market timing, by any name or means, is a fool’s errand. Unfortunately, even many stock brokers will still engage in this.

6. **Trading, custodian, and research costs don’t matter.** Many of these costs are not readily apparent. It’s easy for unnecessary fees, taxes, and other expenses to eat up your returns if you don’t keep a lid on them. Managing investment activity so as to contain these expenses is part of the package.

7. **Conspiracy theories.** The belief that there is someone, somewhere, manipulating prices, or that someone can employ “arbitrage” to outsmart the markets, or that people “in the know” can consistently take advantage of “mispricing” to get a leg up over other investors or managers leads to wild goose chases, unrealistic pessimism, and poor decisions.

8. **Oversimplifying the math.** The math of investment is more complex than a simple average, and it’s possible to have an average return that looks like a gain but is really a loss. For example, suppose you invest $100 that has a 100% gain the first year and a 60% loss the second year. That averages to a 40% gain over 2 years, or 20% per year—except it’s not because the loss in the second year is based on double the volume of the first year’s gain. That $100 investment becomes $200 at the end of the first year, and in the second year it loses 60% of its value, or $120, and you are left with only $80—a $20 loss.

9. **The Wizard of Odds is out there.** Some investors believe that there is someone with a special formula for consistent, low-risk investment, and that enlisting that person’s expertise (for a modest fee) will enable them to make a killing on the market. Expertise and knowledge about investing does vary, and sometimes people achieve surprising successes, but there is no magic formula, no way to consistently, reliably beat the market.

10. **Your behavior as an investor doesn’t matter.** Peter Lynch, the famous investment-fund manager from the 1980s, once said, “Far more money has been lost by investors preparing for corrections or trying to anticipate corrections than has been lost in the corrections themselves.” A lot of the value of stocks and other investment vehicles is created (or destroyed) by investor behavior, rather than by anything inherent in the stock itself. When the stock is doing well, money pours in, and when it does poorly, money pours out, in a pattern known as the “greed-fear cycle.” Risk tolerance changes from good to bad years, and investor panic or irrational zeal has ruined more than one otherwise sound portfolio.

A wise investor will see the investment market for what it is: a way to achieve a solid return on investment that arises because, overall, return outweighs risk. A wise investor won’t see the market as a get-rich-quick scheme; hold unrealistic expectations of never seeing an investment go sour; suffer from equally unrealistic fear of losing everything at once (virtually impossible with a diverse portfolio), or a morose conviction that ordinary investors can’t succeed because some evil capitalist mastermind is fixing prices, or a lack of awareness of the way that their own behavior and that of other investors twists and shapes the market.

**What should replace these 10 myths about investing?**

Investors should treat investment rationally as a scientific enterprise that is statistically predictable even though the performance of any one investment may not be predictable. There are sound rules to investing and most of those are common sense principles that are not at all hard to follow. These rules won’t allow you to become wildly rich from your investments, but they will allow you to gain a steady and reliable return, to safeguard your assets from inflation and taxes, and to provide an income later in life when your investments mature. Look for Part 2, “The Truth of Investing,” in the next issue of *Ophthalmology Business.*
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Read it, Watch it, Share it!

**Friday video**
*Extended depth of focus IOL and modest monovision*
Graham Barrett, MD, Perth, Australia, makes a strong case for employing an extended depth of focus IOL in the context of modest monovision as a treatment strategy for presbyopia. Optical and outcomes data are discussed.

**Saturday video**
*The variable impact of astigmatism*
Scott MacRae, MD, Rochester, N.Y., presents clinical data revealing the variable impact astigmatism has in different patients, with different pupil sizes, and with different IOLs.

**Sunday video**
*Glued-in capsular hook*
Soosan Jacob, MS, DNB, FRCS, Chennai, India, demonstrates her technique of gluing a capsular hook to sclera to stabilize an ectopic lens.

**Monday video**
*Improving IOL power selection in second eye using first-eye results*
Gerald P. Clarke, MD, Oshkosh, Wis., explains how to modify second-eye IOL power based upon first-eye residual refractive error.

**Tuesday video**
*3-year follow-up of dual-optic accommodating IOL*
Matteo Piovella, MD, Monza, Italy, discusses 3-year clinical results of a dual-optic truly accommodating IOL.

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New tools drive effective

by Frank W. Bowden, III, MD, and Patti Barkey, COE

Not so long ago, healthcare practices operated with a simple set of rules for attracting new patients—establish relationships with other care providers in your market, gain their trust that you provide quality care, then encourage them and hope they send a steady stream of referrals your way. It was marketing via personal relationships and networking, likely with little analysis of the effectiveness of each referral source and judged only by how busy your practice was. If it was sufficiently busy it must be working.

EMR as a marketing tool

Nowadays, however, simply relying on referrals from friends of the practice isn’t enough. In today’s ultra-competitive healthcare market where consumers have a multitude of choices for not only where they go for services but also what services
practice marketing

they choose, developing sophisticated multi-channel marketing initiatives to capture and retain these new customers is vital to the long-term survival of a practice. Whether marketing a specific service to a selected population or the practice as a whole, the focus should always be on providing the best care in order to win each patient for life. For example, today’s contact lens customers likely aren’t cataract patients, but if their provider takes good care of them now, they’ll return in the future should they need refractory surgery or some other procedure.

In order to live up to the goal of capturing and retaining customers, marketing efforts need to be more varied and focused than they have ever been. At Bowden Eye and Associates (Jacksonville, Fla.), we can manage the bulk of these efforts through our practice’s Nextech EMR (Tampa, Fla.), which allows us to use patient-specific information to identify prospects and accurately track them by referral source. Using patient data we already have in our EMR, our staff can send reminders to patients for subsequent procedures. The tracking ladders allow us to follow our surgical and medical patients to ensure they are complying with their treatment and also quickly identify and follow up with those patients who have cancelled procedures, which can expose our practice to additional risk and decreased revenue.

Tracking referrals
Patient referrals from providers are still a major source of new customers for any practice. Where tracking patient referrals was once a tedious manual process, today’s marketing and inventory modules leverage a practice’s EMR to allow for sophisticated referral monitoring. These tools easily show how many patients were sent from a specific provider, the procedures for which they were recommended, and the total revenue generated by these new patients. Likewise, by continually monitoring this data, a practice can spot early on when a physician has significantly dropped his number of referrals. This information allows a practice to proactively contact the physician, discover the reason for the drop off, and address it quickly in order to preserve the relationship and the referral stream.

Individual patients, too, can be tracked by how they were originally recommended to the practice. Physician referrals are significant, but so too are word-of-mouth endorsements from existing patients. We also generate referrals from more traditional marketing activities such as our partnership with two professional sports teams and TV, radio, print and internet advertising. Whenever a new patient comes into one of our practices, it is important that we capture referral source information. This allows us to continually assess our marketing programs and further understand our patients’ needs. Every month we pull this data from our tracking module to see which programs work and which may need to be discontinued or modified in the future.

Marketing ancillary services
The future of medicine is ever changing, and practices that rely solely on revenue from reimbursed products and services won’t be able to thrive in the new consumer-driven health market. For this reason, it is vital for...
ophthalmologists to provide a variety of ancillary services as an additional revenue stream. In our practice, the optical shop offers a significant opportunity to increase revenue. To help drive sales at Bowden Eye, we use our EMR’s inventory and sales modules to track our customers’ purchases and purchase histories, then follow up with them throughout the year with special deals. We also offer patients additional services that make sense for them based on their age, medical history, and purchase history. In many cases, our patients weren’t aware that we offered these useful products and services. By contacting them with these targeted promotions, we can keep them positively engaged with our business and drive additional revenue.

As ophthalmologists create marketing efforts to drive ancillary sales, it’s important to remember that virtually all of these additional products and services will be paid for out of pocket. A practice must pay attention to its retail environment; it should be warm and inviting and a place where patients feel comfortable doing business. Patients are customers first, so consider their needs. There are plenty of other businesses where they could spend their money on additional products, so practices must ensure that they are the first choice for their patients’ eyecare and related needs now and in the future.

Effective marketing drives patient engagement

As the healthcare industry shifts toward a patient-as-a-consumer model, it is even more imperative that all aspects of the practice become more patient-centric. This includes marketing initiatives. As such, marketing campaigns are shifting away from traditional advertisements and have become a vital component of patient engagement efforts. In the end, the most important thing to focus on is the patient’s needs. With advanced marketing modules now available that produce referral tracking information, ROI calculations and reminders for subsequent procedures, marketing capabilities should be an extension of the provider’s practice management solution to improve the overall patient experience.
Choose your name and logo design carefully to reach patients

You’ve given a lot of thought to how you want to treat patients at your practice. Have you considered what your practice name and logo should convey?

Your practice name and logo are an important part of your marketing efforts, and you want to make them effective. Here are some suggestions for an attention-getting practice name and logo. If you’ve already got those in place and want to change them to something more effective, we share some additional tips to rebrand your practice.

Selecting an ophthalmic practice name

1. Brainstorm with others to pick a name. Bonnie Raad, owner of Amaryllis Marketing, a Vernon Company, Parrish, Fla., likes to have a naming brainstorm session with her clients, where they can make a list of potential names and whittle down the options to what may work best for the practice.

2. Don’t let your name limit you geographically. If your practice is “Springfield Eye Care,” community members may think you only see patients from that particular town, Ms. Raad cautioned.

3. Keep it simple. For example, you may want to incorporate your last name into the practice name, but if you have a long last name or one that’s hard to pronounce, use something easier, Ms. Raad said.

The partners at Associates in Ophthalmology, now called AIO, decided to change the practice name because it didn’t roll off the tongue easily and was hard for patients to remember, said Michael J. Lutz, COE, CMPE, MBA, chief operating officer of Associates in Ophthalmology, with 7 locations in and near Pittsburgh.

That said, if you use something too generic, you may have trouble standing out against other ophthalmologists in town.

4. Avoid using technology in your practice name if it will become outdated quickly. Many physicians like to use technology in practice names, such as “laser vision” in eyecare. Although laser vision has a well-established history in ophthalmology, you may want to rethink a name-related focus on other technology entering the field as it could become outdated over time, Ms. Raad said. You also don’t want to use “laser” if every other practice in town uses that in its name.

5. Optimize search optimization. When setting up your online presence, you want locals to find your practice easily, said Mike McDonald, marketing analyst at Health Promotions Now, Moorestown, N.J. “There’s a delicate balance between being unique and being relevant when it comes to online branding and search results,” he said. “While you’ll want to try to stand apart from the pack, it still is important to incorporate who you are, where your practice is located, and the services you provide.”

6. Consider your website name carefully. Mr. McDonald said. Are patients more likely to find you online by your practice name? The name of one of the ophthalmologists in the practice? Or the name of a practice specialty, such as femto-second laser cataract surgery or LASIK?

Designing a practice logo

7. Think about a logo that will convey the goals of your practice, said Donald Rollins, owner of Great Blue Images, a sign company in Sarasota, Fla. “Your logo should reflect the professionalism of the business. An inflatable slide company and a doctor’s office have two different branding goals. One is for fun and play, and the other is for professional care and deep experience,” he said.

8. Keep the colors and design simple so it can be used in many settings. If you look at some of the most well-known corporate logos, such as Walmart or Coca-Cola, you’ll notice that they use simple designs and are usually only two colors. That makes their logo easy to reprint in various large and small formats.

“A logo should be created with multiple applications in mind and be scalable to fit and look good on business cards, building exteriors, and in lobbies as window graphics or wall displays,” Mr. Rollins said. The logo should look good online as well.
You’ll also want your logo to match your personality—be it something modern versus something more traditional.

9. Avoid generic logos. Although there are companies that will sell generic logos online, it can be hard to reach someone at those companies if you have a question, Ms. Raad said. A marketing professional or ad agency with medical practice experience can help design an ideal logo for your needs.

10. Share your potential logo with a variety of people for their feedback. You want a logo that will appeal to a wide range of tastes and personalities. You also want a logo that you can live with long term and does not look dated, Mr. McDonald said.

11. Ask for a graphics package. The person creating your logo should have a vector file that defines the logo and documents the colors used in the design, Mr. Rollins said. That way, you can easily use your logo in print documents, online, or in signs without having to recreate it.

Rebranding your practice name and logo

12. Give careful thought to your new name and logo. When Associates in Ophthalmology rebranded, they worked with an ad agency to develop a new logo, tagline, URL, and practice name. They decided to go with AIO because staff members, referring providers, and patients already referred to the practice as AIO, so that would make it easy to find them on the internet and in advertising, Mr. Lutz said. They also added the tagline “Visionary Eye Care.” “It captured perfectly the philosophy of the practice and our reputation for providing the most advanced technology and treatments available in the region,” he said.

13. Consider everything you’ll need to change with a rebranding so you get a sense of the costs involved. “Stationery, business cards, envelopes, indoor signage in your offices, outdoor signage for your buildings, consent forms, and order instructions are just some of the many items that need to be reprinted,” Mr. Lutz said. Staff members there used existing stationery until there was no more. Some signs with their old logo remain in place as they would be cost prohibitive to replace. The practice’s phone recording now says AIO, and clerical staff use AIO when referring to the practice, he added.

14. Roll out everything within a week’s time. During that week, you’ll want to hang new signs, tell patients about the change, make any website changes, and send out a press release about the rebranding. By doing it all within 1 busy week, it will help avoid confusion among patients and community members. “The rebranding becomes part and parcel of what’s familiar to them,” Ms. Raad said.

15. Get the word out. Rebranding without telling anyone you have done so is like a tree falling in the woods with no one to hear it, Mr. Lutz said. Part of the advantage of a rebranding is to get some local publicity. Still, his practice decided not to be overly aggressive in their marketing because they were only changing their name to AIO. They highlighted their rebranding via a print and TV ad campaign where they had already signed a long-term commitment. They also updated their website with the new branding.

16. Give web traffic a few weeks to become accustomed to your new practice name. “It may take some time before the search engines correlate the old brand with the new brand,” Mr. McDonald said. You may have a brief loss of online rankings or organic search traffic.

Leaders at AIO decided to maintain their old URL and have it redirect people automatically to their new URL, Mr. Lutz said.

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Keep the colors and design of your logo simple so it can be used in many settings.
Your business doesn’t run itself. The quality of your organization depends on the quality of your team—a motivated, energized staff is the key to companywide success. You want “A players,” those colleagues who contribute to the advancement and profitability of the organization.

In the same way that the Pareto Principle states that 80% of results come from 20% of your employees (based on research by the Italian economist Vilfredo Pareto in the early 1900s), your “A players” have a measurable impact on your bottom line.

The Pareto Principle is often used in a sales environment, but it applies equally to a variety of different industries. If you can build a team of “A players” around you, then your job as a business leader becomes much easier, as you do not have to deal with endless crises and can work more intentionally on developing the future strategy for your organization.

When you are seeking “A players” for your organization, don’t just look for skills and experience...
When you are seeking “A players” for your organization, don’t just look for skills and experience but start by looking for someone with a great attitude.

but start by looking for someone with a great attitude.

Here are 7 tips to help you find your own “A players.”

1. **One-page plan**: Have a simple, one-page plan that you can share with future employees. This plan highlights what you have achieved as an organization during the past year and also what your vision is for the next 3 to 5 years. “A players” are motivated as much by being part of an organization that has clear goals and aspirations as they are by salary and benefits. They want to be part of an organization that has a purpose.

2. **Think outside the box**: Don’t just look in the same old places for new employees. Think about looking outside of your industry for people with the right attitude and a track record of success. You can always train skills and product knowledge.

3. **Telephone screening interview**: Consider having a 15 to 20 minute telephone interview with potential candidates. This can save both parties a lot of time and expense before a more formal interview is arranged.

4. **Personality profiles**: Use DISC or another similar personality profiling tool to make sure that you have a good fit for the role you are seeking to fill. Different fields require their own unique brand of skills, such as high-influencing personalities or levels of compliance.

5. **Watch the body language**: Always have another person interview with you, and if possible get them to ask the questions so that you can concentrate on listening to the answers given and observe the body language to make sure that it is congruent with what is being said.

6. **References**: Always insist on speaking to a former boss for a reference. Sometimes it is not what is said about the candidate but the way in which it is said over the phone that can alert you to potential problems but also provide clues to the positive aspects of the candidate. Written references are usually very brief and not very helpful.

7. **Staff referral program**: Have a program in place that rewards existing members of staff if they recommend someone for a position you are trying to fill. For example, you could offer a cash bonus to your employees if their recommended candidate is taken on, and another bonus if the candidate is still with you and performing well 6 months later. This has the added benefit of ensuring that the new member of staff has a mentor looking out for them during their initial 6 months.

Try some of these tips and see what works best for you. If you can surround yourself with a team of “A players” who have great attitudes, are motivated by achievement, and are strong in areas where you are weak, then your role as a leader becomes far easier. You can concentrate on setting the future strategy for your organization while your team achieves amazing results. **OB**

Mr. Bryan is an international speaker, executive coach, and author of the forthcoming book Being Frank: Real Life Lessons to Grow Your Business and Yourself. For more information, visit www.richardjbryan.com.
As a leader, how do you see yourself?

Even more important, how do the people you lead see you?
The real impact of leadership

by Alesia Latson

William James, the famed American philosopher and psychologist, once said, “When two people meet there are really six people present. There is each person as they see themselves, each person as the other person sees them, and each person as they really are.” As a leader, how do you see yourself? Even more important, how do the people you lead see you?

Realize that every action you take and every interaction you have leaves a lasting impact on others. You can have the best of intentions, but if your impact isn’t aligned with the intention, then your leadership may not be as effective as it could be. Why? Because in the end, what matters is not who you think you are, but the experience that other people have with you.

Before you say, “I don’t care what other people think of me,” realize that you don’t need to care what they think. You do, however, have to care about the impact you have on others, on your organization, and your industry. Your impact leaves a lasting mark. What mark do you want to leave in the world?

In order to make sure you have a positive impact and are viewed as a leader others want to follow, take these steps.

Detail the kind of impact you want to have.

Most leaders have never detailed their personal creed. But doing so can be incredibly powerful. Therefore, get clear about who you think you are. Who are you and what do you stand for? What do you value? What is your personal creed or stance in the roles that are most important to you in your life? How do you want to be known in your practice and industry?

Once you have those questions answered, ask the most important question of all: “How do the things I just detailed show up when I’m frustrated or when things aren’t going well? Who am I then?” It’s easy to be all of those lovely things when everything is going well. But what about when things aren’t going well? How do you want to show up during the hard times? How do you want to be known when things are tough? How do you want people to experience you in the midst of adversity? Most leaders lose credibility when things are bad because they haven’t thought about who they are in those situations and the kind of impact they’ll have.

Find out how others view your impact.

There are two ways to get information about your impact: You can ask for feedback either indirectly or directly. An indirect approach is doing an online and anonymous survey of some sort using a tool like Survey Monkey. While it’s simple to do, the results are not always specific.

A direct approach is to talk with someone you trust face-to-face and ask specific questions so you can get key insights. The secret to making direct questions work is to phrase them properly. If you ask someone, “Can you give me feedback on my leadership style?” you won’t get the information you need. That’s a difficult question for most people to answer because it’s not focused enough, and no one wants to hurt another person’s feelings. Additionally, if they’re not prepared for the question, they can feel like they’re being put on the spot. Therefore, ask a more focused question, like, “During today’s meeting, I think I may have sounded defensive when I told Chris that the idea would never work. How did it land for you? What was your experience of being in that meeting?”

Notice that you’re not asking for an evaluation. You’re pointing out a specific incident or behavior and asking the person about their personal experience during that moment—the impact you had. Of course, this doesn’t guarantee that the person is going to tell you the truth, but it
does create a condition where they’re more likely to be open.

**Change your impact, not you.**

If the results of the feedback you receive don’t align with your personal perceptions about yourself, it’s time to make some changes—not to you, but to your impact. First, get curious about the mismatch, not furious about the information. A good question to ask yourself is, “Under what conditions might a person experience me this way?” This validates not that you agree with the feedback, but that it is a legitimate perception. Because here’s the truth: You might be a motivating, empowering, and uplifting kind of leader, but under certain conditions, even the most esteemed person can come across as harsh, cold, and defensive. So you need to get mindful of the kinds of conditions that can hinder your success. In other words, know your blind spots so you can shed some light on them.

With this new knowledge, you can take steps to consciously alter the impact you have on others. If taking one approach isn’t getting you the results you want, what other approach can you try? No matter what approach you try, you’re still the same person, just doing certain things in a different way to have a more positive impact. As long as the new approach you try supports your values and what you deem important, then you’re acting with integrity and in alignment with your goals.

**Get real**

There’s no avoiding it: All leaders leave a lasting impact. What’s yours? And is it the legacy you want? When you can align who you think you are with how others perceive you, you’ll be the kind of leader people naturally gravitate toward, and your enduring mark on the world will be a positive one. **OB**

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**Ms. Latson is a speaker, trainer, coach, and founder of Latson Leadership Group, a consulting firm specializing in management and leadership development. Contact her at alesia@latsonleadershipgroup.com or visit www.latsonleadershipgroup.com.**
Visit digital.ophthalmologybusiness.org to view current and past issues.
Implementing cutting-edge

by Megan Sweeney and Michelle Schnabel

New tear film and laboratory-developed tests for ocular disease are changing diagnostic, treatment protocols in ophthalmology

Historically, ophthalmology has relied heavily on imaging diagnostics like wavefront, topography, OCT, and fundus photos, as well as the physician exam. Unlike other areas of medicine, where laboratory testing plays a role in 70% of all medical decisions, ophthalmology has relied very little on blood work, point-of-care testing, and laboratory-developed tests.

With the recent introduction of a number of innovative diagnostic tests designed to address the needs of patients and clinicians in large care areas of ophthalmology, that paradigm is shifting. Specifically, advanced diagnostic tools have recently been introduced that evaluate tear film components and identify genetic and/or other biomarkers for complex diseases.

With new diagnostic capabilities also come new challenges. Doctors and practices are now trying to determine how best to integrate new technologies into the clinical workflow and how to use the information from these test results to improve patient care.

These topics were recently discussed in an “Update on the Ophthalmic Space” webinar.
diagnostic tools

sponsored by Ophthalmic Women Leaders (OWL). Part of OWL’s mission is to provide professional development and opportunities for collaboration across ophthalmology.

**Advanced tools to understand the ocular surface**

Several new tests that measure the contents and structure of the tear film are now available in the U.S. market, including LipiView (TearScience, Morrisville, N.C.), which measures lipids in the tear film via interferometry, the TearLab Osmolarity System (TearLab, San Diego), which measures tear osmolarity, and InflammaDry (Rapid Pathogen Screening, Sarasota, Fla.), which identifies the presence in the tears of an inflammatory marker, matrix metalloproteinase-9 (MMP-9). Each of these tests provides more information that can help practitioners diagnose dry eye quickly, identify whether inflammation is present and in some cases, better understand the root cause of the disease.

Many clinicians who have successfully implemented these new diagnostic tools have standing orders for staff to perform particular tests when certain conditions are met so that results can be available to the physician at the time of the exam and a decision about treatment made quickly. Another best practice is to provide all patients with a SPEED (Standard Patient Evaluation of Eye Dryness) questionnaire upon checking in to help determine the frequency and degree of severity of their dry eye symptoms.

We know that dry eye is one of the largest disease entities in every ophthalmic practice and projected to double in the next 5–10 years. It is most common in women, contact lens wearers, glaucoma patients, and those with systemic disease or allergies. Dry eye is occurring at younger ages with the increase in the use of digital media.

Signs and symptoms do not always correlate, and because it is a multifactorial disease for many patients, it can be difficult to diagnose whether the cause of ocular surface disease is aqueous deficiency, evaporative dry eye, or a combination of both.

Lemp et al stated that evaporative dry eye caused by MGD is implicated in 86% of dry eye cases. LipiView tests for the lipid layer thickness, the average blink rate that can indicate tear film stability and partial or incomplete blinks. Interferometry results are paired with an assessment of the meibomian gland function with the meibomian gland evaluator (MGE). The MGE applies a standardized force of 0.3 PSI, which mimics the normal blink force and provides a metric of evaluation. The gland structure is then graded for the degree of atrophy, and based on the completed test, the physician will be able to make the appropriate recommendation for the patient and set realistic expectations for the LipiFlow treatment (TearScience) thermal pulsation therapy.

The goal of thermal pulsation therapy is to unblock and evacuate the meibomian glands to help the body resume the natural flow of lipids for a stable tear film and healthy ocular surface.

It is important that patients with MGD are identified, diagnosed, and treated correctly to avoid progression and further gland atrophy.

**When ocular surface issues are rooted in something deeper**

Patients with early stage dry eye or MGD may not even be symptomatic; others have already spent a lot of time, money, and effort trying to figure out (and fix) what is wrong with their eyes. That is the case for many patients with underlying Sjogren’s syndrome, a serious autoimmune disorder in which the first signs and symptoms include dry eye, but may go undiagnosed for years. About 1 in 10 patients who have dry eye also have Sjogren’s syndrome. A new advanced diagnostic panel (Sjo, Nicox, Sophia Antipolis, France) is able to detect novel biomarkers that are expressed significantly earlier in the disease process, and the panel has higher specificity and sensitivity than previous tests.

Eyecare professionals are uniquely positioned to play a pivotal role in helping to identify this disease. The specimen used for the Sjo test is prepared in the office simply by using a lancet to prick the patient’s finger, collecting blood drops on a collection card, and sending the specimen off to the lab for analysis. A best practice is to have one or two people in the office who are highly trained in the collection process. Patients are billed for the test, and its interpretation and the cost of the test is typically covered by insurance.

**Genetic testing**

A number of genetic tests are available to assess patients’ genetic markers for AMD and their associated risks for developing...

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While some advanced diagnostics may be covered by insurance, many are not, and successful providers have positioned these technologies in their practices as premium services and adopted an approach to patient education that focuses on value.

**Educate patients about value**

For any premium service, from thermal pulsation therapy and genetic testing, to dermal fillers and multifocal IOLs, practices must establish a premium environment. Reduce wait times, greet patients warmly by name, and revisit all processes, from scheduling to technician workflow, to ensure everything runs smoothly.

No one wants to feel that they are being “sold.” However, patients place a high value on their ocular health, vision, and comfort. When patients are educated about their condition and the available treatments, they will feel empowered to take the doctor’s recommendation and make the best decision. Financial options should be available so that cost is less of a barrier.

Ideally the education process should start before the patient even sees the doctor. Brochures and videos in the waiting area, specific, targeted patient recall tactics, on-hold messages about premium offerings, and new scripts for the receptionist are a good place to start. Seminars and video testimonials can be quite powerful ways of speaking to patients and to referral sources in the community. Vendors of these diagnostic tests can provide practices with additional tools to successfully implement them so that patients can fully appreciate the value of these innovative tools.

**Differentiate the practice**

Some of the new diagnostic and genetic tests on the market are revenue generators or can help guide patients to revenue-generating treatments. In other cases, they may replace time-consuming and non-revenue generating conventional tests and help clinicians reach a
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