Special Report…
EyeWorld documents practice successes after implementing the IOL Counselor

The IOL Counselor
Increasing conversion rates of premium channel IOLs
The IOL Counselor at-a-glance

The IOL Counselor is a computer-based education tool designed to educate potential premium lens patients about their options, and to explain in a visual presentation just what is affecting their vision, including simulations for presbyopia, astigmatism and general cataract.

The IOL Counselor includes a vision assessment questionaire (VAQ) that patients complete before their first physician consultation, a 6-minute patient video, numerous IOL simulated scenarios, and a "how to use" tutorial for the IOL counselors. The program also incorporates CareCredit's financing module to ease discussions about the cost of the lens by incorporat- ing payment plan options.

The VAQ is based on Dr. Steven Dell's questionaire and quantifies the patient's lifestyle and personality. Based on responses, the practice's surgical counselors can use the information to more easily explain the premium lens options available to the patient.

According to Robert Watson, developer of the software (Patient Education Concepts in Houston, Texas, in partnership with Eyeland Design Network in Germany), there are about 2,500 active practices using the IOL Counselor, with about 100 to 200 new practices coming on board each month.

“We have conducted numerous Webinars about the IOL Counselor and had guest speakers from various practices,” Mr. Watson said. Since its beta-testing last year at the Lehmnan Eye Center (Nacogdoches, Texas), Cincinnati Eye Institute (Ohio), the Pepose Vision Institute (St. Louis), the Mann Eye Institute and Laser Center (Houston) and the Kirk Eye Center (Chicago), Mr. Watson said the program is now available in multiple languages, including French (both Canadian and European versions), Portuguese, Spanish, German, Chinese, Japanese and Russian. It is now available in a Web version in addition to the original DVD version.

The IOL Counselor was funded by an unrestricted educational grant from Advanced Medical Optics (Santa Ana, Calif.) and Alcon Laboratories (Fort Worth, Texas), with additional sponsorship from CareCredit, a GE Money Company (Costa Mesa, Calif.).

Simulation scenes
Simulator pages let patients evaluate how a monofocal IOL compares to a presbyopia-correcting IOL in side-by-side computerized screens emulating typical real-life scenes. Current scenarios include a supermarket, a baseball field and a city street from a driver's perspective.

The software allows the user (typically the surgical counselor) to take patients through the scene, highlighting what "normal" vision is, compared to how they probably see with either presbyopia or cataract. Then the surgical counselor can move the icons to show patients the differences between a monofocal IOL outcome and a presbyopia-correcting IOL outcome. There is an option for patients to view simulated surgery as well.

Mr. Watson said additional scenes will be introduced over the next few months that "will allow individual practices to purchase scenes that are more geographically relevant to their patients.” Patient Education Concepts is also customizing posters, DVDs and CDs/videos for the practices, with physician bios, contact information and links to the practice website.

While the IOL Counselor currently highlights only multifocal lenses, he hopes simulations explaining toric IOLs will be available for demonstration at this year's American Academy of Ophthalmology annual meeting.

Initial practice success
According to Mr. Watson, the IOL Counselor helped all the beta sites increase their patient conversion rates. Pepose Vision Institute had been converting about 30% of its eligible patients before implementing the IOL Counselor; in the first three months of use, the conversion rate increased to 50%. At the end of last year, conversion rates for December were closer to 80%, Mr. Watson said. While some practices increased conversion rates from 5 to 33%, most increased conversion rates from 30 to 60%.

IOL Counselor
- Education software program designed to inform potential premium lens patients about their options. Uses real-life scenarios that allow surgical counselors to explain the visual effects of progressing from normal vision to presbyopia to cataracts, and how patients would see through standard monofocal IOLs versus presbyopia-correcting IOLs.
- Includes Dr. Steven Dell's vision assessment questionaire, the IOL Counselor software, the IOL acceptance form, an overview patient education video, a tutorial video to train counselors, and a tutorial video to explain how to activate the IOL Counselor.
- Using CareCredit's payment calculator, patients are provided several low payment options while viewing the simulated images of the presbyopia-correcting IOL; if interested in financing, they can be instantly linked to CareCredit's online pre-approval website.
Pictures are worth 1,000 words

At Associated Eye Care in Minnesota, the IOL Counselor helps ease patient concerns about surgery.

Being able to explain to a patient who is 75 or 80 years old the technology behind the newer premium lenses and the medical terminology of his particular visual field loss is difficult, to say the least, said Phil Jackson, director of refractive services at Associated Eye Care in Minnesota.

“The IOL Counselor helped tremendously in that case,” he said. “It really is a case of a picture being worth 1,000 words. Once we take patients through the IOL Counselor, we can show them with the simulations, ‘This is what you have,’ be it cataract or cataract and presbyopia, and ‘This is what you could have,’ with the comparison of the monofocal IOL right next to the premium lens views.”

In his geographic area, retirees—some on a fixed income—compose the majority of the practice’s patient population, Mr. Jackson said.

“The second most important thing we do is to always bring in the spouses or family members when patients have their initial consultations,” he said. “Simply put, the family members sell this lens for me. Once they view the different outcomes with a monofocal lens versus a premium lens, they’ll talk the patients into doing it. The visuals on the IOL Counselor, from a sales point of view, are a major benefit.”

When Associated Eye Care surgeons first began implanting the premium lenses, “we were converting just under 10% of everyone who walked through the door,” Mr. Jackson said.

“Now we’re up to about a 40% range of conversion with candidates who qualify for the lifestyle IOLs,” he said, which is up from about 22 to 23% before implementing the IOL Counselor.

“We’ve also taken our LASIK model of scheduling candidates and moved it to an IOL program. Our demographic necessitates a longer process of talking to the patients and explaining the treatments,” Mr. Jackson said. “But if you get someone to sign up for this procedure, our time is well spent.”

Associated Eye Care offers financing through CareCredit. “I don’t want the financing to be an afterthought for patients,” he said. “Essentially, financing allows us to tell the patients they’ve got an alternative in lieu of out-of-pocket expense.”

He added that about 25 to 28% of the patients opt for the financing options.

Patient perspectives

“Patients are never going to turn around and say what an excellent program the IOL Counselor is,” Mr. Jackson said. “As far as they’re concerned, the video is just part of the educational process they need to go through before surgery.”

That being said, Mr. Jackson noted he’s often had patients come in and immediately dismiss the premium lenses based on pricing alone. “They’ll say they’re on a fixed income, but once we’ve taken them through the IOL Counselor’s scenarios and shown them what we call the government-issued lens and what their vision could be like with the multifocal lens, they begin to ask questions. The fact that there will be a dramatically reduced need for glasses with the premium lenses is a statement we use a lot, and it’s helped us turn a lot of patients who were on the fence about the technology and the cost,” he said. The enhancement value of the premium lenses coupled with manageable payment plans encourage patients to seriously consider the procedure.

At his practice, Mr. Jackson says the patients fall into one of two categories. “Some have already been told they have a cataract and, in effect, know what they’re coming into our office for; others come in not knowing what’s wrong other than their vision is worse. Those are our ‘deer-in-the-headlights’ patients,” he said. “They’ve just been told they need surgery. We tailor our counseling and IOL Counselor presentations to the patient.”

Typically, that will involve the surgical counselors determining if the patient knew cataract surgery was needed before entering the practice. If they’ve just been told it is needed, “we do some counseling to explain what cataract surgery is, send them home with information and an educational DVD, tell them to look it over, and we’ll call them in a few days. I still show them the IOL Counselor, but they’re too focused on the surgery aspect,” Mr. Jackson said. “As counselors, we need to focus on the patient and his perspective: Is he shell-shocked? Was he expecting to hear about his surgical options?”

Reduced surgeon chair time

From a surgeon’s perspective, the IOL Counselor can significantly decrease chair time. “We play the DVD version before the surgeon comes in, including all our financing options,” Mr. Jackson said. “The surgeons here used to talk about cost; they’d spend a lot of time on that with patients. The biggest thing I
The IOL Counselor: Increasing conversion rates of premium channel IOLs

Educating the patient

At Southeast Eye Specialists in Tennessee, a surgical counselor who’s undergone bilateral premium lens implantation coupled with use of the IOL Counselor is a recipe for success.

Vicki Cureton has more than just empathy for the patients she sees at Southeast Eye Specialists—she was recently a patient there herself and underwent bilateral ReZoom implantation.

“I’m at 20/15 and J1+, and now that I’ve had it done myself, I can tell patients exactly what to expect,” she said. She attributes the success her practice has had in converting patients to the premium IOLs to her ability to talk to them from experience, and to the IOL Counselor, which has been in her offices since May.

“The IOL Counselor is one of the best education tools available to show patients what the strengths and limitations of these lenses are,” she said. “We can show them exactly what we’re talking about, even with the toric lens. The simulation is exactly what it’s like. And I know. I’ve had the surgery.”

Ms. Cureton personally follows through with every candidate for premium lenses. “From day one, it really makes sense to the patient. Before the IOL Counselor, it was hard to describe what patients should expect from the surgery and from the lenses. It was hard to get a ‘real picture’ from them about their visual complaints. Plus, the IOL Counselor has helped us explain glare and halos. That used to be our biggest post-op complaint, but after patients have seen the simulations, they know what to expect and that those symptoms will get better 90 days later,” she said.

Patient perception

When patients first see the IOL Counselor simulations, “surgery and the options become real to them,” Ms. Cureton said. “They’re dilated immediately relate. They can show how things are changing for them, and how they’re continued on page 5
Visually demonstrating lifestyle values

Using the IOL Counselor to demonstrate what premium lenses can offer patients is the key to Clemson and Greenville Ophthalmology’s success.

How a practice positions premium IOLs and explains the technology and the surgical procedure can make all the difference in the world, said Mary Lou Parisi, executive director of Clemson and Greenville Ophthalmology (N.C.). “The main advantage of the IOL Counselor for us is that it enables us to visually demonstrate the lifestyle value of the multifocal IOL for our patients,” she said.

What she likes best are the lifestyle scenarios. “It’s great to show the scenarios to the patients. In the second half of the screen where we slide the little arrow through the ‘surgery,’ it’s like, ‘Wham!’ for the patients as they understand they’re going to see clearly again,” Ms. Parisi said. This coupled with the payment plan options make these visual outcomes an achievable reality. Patients particularly like the option of being able to see the phaco procedure. “It shows them visually how the cataract is removed and what limbal relaxing incisions are. It really helps patients understand what they’ll be going through,” she said.

Patient presentation
“We’re demonstrating the lifestyle value of the new technologies,” Ms. Parisi said. “We tell our patients it’s an opportunity to change their vision and their lifestyle.”

Going to change after surgery. The program lets us use what we can to fit patients’ needs. They can see the value up front. This means better vision with an easy-to-manage payment plan.

Since implementing the IOL Counselor, there has been an increase in conversion rates every month, Ms. Cureton said. “Of our candidates, maybe two don’t convert. Some people don’t want to pay the money or can’t afford to. We do not advertise. We get our referrals from optometrists. We’re really more of a co-management consultation business.”

The IOL Counselor serves as more of an education tool for everyone in the office, Ms. Cureton said. “We’ve involved our entire office in the IOL Counselor and how to use it. It takes a whole team to make it work. It’s not about selling a lens,” she said.

Before the IOL Counselor, Southeast Eye rarely financed the upgraded lenses. “We finance quite a bit now,” Ms. Cureton said. “I invite the patient’s family to come in to see what the patient is being offered. I decided to do this as some spouses don’t know what their husbands or wives are going through because they’ve got good vision themselves. We’ve seen family members who decide they’ll finance for their relatives.”

Patients are expected to be fearful of the procedure, she said, but the IOL Counselor helps to de-mystify the surgery. “It really does help in taking the fear out of the unknown. I tell our patients that I’ve been doing this for 15 years, and when it came time for my surgery, I was nervous because it was still the unknown. I’m here to help our patients get through the fear and through the education process.”

Improving physician efficiencies
Southeast Eye averages 4,000 cataract surgeries a year, Ms. Cureton said. “When we first saw the IOL Counselor, the thing that came to all our minds was that we’re too busy. We have more than 150 referring optometrists and 18 different satellites our docs come to,” she said.

In 2006, the practice averaged four to six patients a month who opted for premium lens implantations, but now that the IOL Counselor is fully integrated into the practice, they’re averaging 10 patients a month, Ms. Cureton said.

“The physicians said they didn’t want to just sell a lens, they wanted choices. So we decided every patient with cataract should see the IOL Counselor.”

To cut down on physician chair time, everyone in the office has been trained on how to use the IOL Counselor, and the technicians complete the workups. The technician determines from the Dell questionnaire and patient interviews if the patient is interested in the premium lenses.

At that point, Ms. Cureton explains the IOL Counselor and shows the patient the various scenarios. Then, and only then, will the patient see the surgeon. If the surgeon determines that the patient is a good candidate, Ms. Cureton goes through the whole IOL Counselor tutorial with the patient.

“It’s not about selling a lens. It’s about customizing a lens to the patient’s lifestyle. That’s the foundation of my presentations to our offices and physicians,” she said.

Once the patient has committed to the premium lens, Ms. Cureton and her staff are the primary contacts.

“We’re taking the chair time out of the doctor’s lap and putting it into ours. We’ve made the commitment to our patients to provide them the most education we can. We never tell them this is an upgrade; we say we’re customizing a lens for their needs.”

One obstacle Ms. Cureton had to overcome was the initial resistance from the OD referral offices.

“They thought we were going to try and implant these lenses in every patient just to make money, so a lot of our up front time was devoted to re-educating the OD that we must be selective on who to implant the lens in. Patient education is just as important as patient selection,” she said.

Vicki Cureton is the director of patient services at Southeast Eye Specialists in Chattanooga, Tenn. She can be reached at (423) 508-7337, ext. 107. She has no financial interest in the IOL Counselor or the products featured in the software program.
The main advantage of the IOL Counselor for us is that it enables us to visually demonstrate the lifestyle value of the multifocal IOL for our patients.

Mary Lou Parisi

Chair time factors
Surgeon chair time with patients has decreased, “but that’s not only because of the IOL Counselor,” Ms. Parisi said. “We are doing more pre-educating of the patient about lens options prior to him actually seeing the doctor. We caution the patient that it’s the doctor’s decision on candidate status. This way, even patients who are not candidates have been educated and will talk to their friends and family about what they’ve learned.

“Our physician chair time has been reduced because of the high level of pre-education they’ve received,” she said.

Part of that education is mailing packets of information with a letter from the surgeon explaining what the lens options are and brochures about the lenses.

“While patient are dilating, we have them watch the video. By the time they see the doctor, they’re pretty clear on what the options are. We make sure the doctor doesn’t talk about the money; that’s for the patient counselors,” Ms. Parisi said.

Financing the lenses
In addition to having a separate office to show the IOL Counselor, the practice has separate financial counseling offices within the practice locations.

“Along with the IOL Counselor, it’s certainly helped increase conversion rates for us. A lot of people in our area are talking about the newer lenses. Word of mouth for us is a major factor. We’ve gone over the last six to 12 months from a 20% conversion rate to about 50% conversion rate,” Ms. Parisi said.

In her region, fewer than 5% of the patients opt for free lenses. “Most of the people who are financing these lenses are uninsured, so they’re footing the bill for everything. Those with insurance can usually handle the expense,” Ms. Parisi said.

Mary Lou Parisi is the executive director of Clemson and Greenville Ophthalmology in South Carolina. She can be reached at (864) 268-1000. She has no financial interest in the IOL Counselor or the products featured in the software program.

Different strokes, different folks

When patient face time is limited, condensing as much information as possible is easier to do visually than verbally.

Florida’s Center for Sight is one of the state’s leading high-volume surgery centers, and as such, face time with patients is severely limited, said Catherine Kelly, director of patient relations at the Venice office.

“On average, we only get 6 to 8 minutes with a patient to completely educate him about cataract surgery and his options before he goes to the surgeon for consultation,” she said.

“People learn in different ways. Before we started using the IOL Counselor, all we were doing was communicating verbally what patients were going to undergo, but now we can appeal to their vision. People absorb a lot of info through what they see. We can talk to them about specifics after they’ve seen the surgeon.”

Ms. Kelly, whose background is in economics, studied the efficiency models in place at Center for Sight and radically altered them so the practice is more successful in its conversion rates. “I believe 85% of our success is in our ability to connect with our patients. The remaining 15% is in our abilities and medical knowledge,” she said. “But if I don’t connect with the patient in those first 6 or 8 minutes, the rest won’t matter. The IOL Counselor gives us a competitive edge in the market by allowing us to connect with the patients and have them see us as people who can show them what is going to happen and what their outcomes may be. It puts the patients at ease with us, and lets them connect with us. That’s the biggest advantage the IOL Counselor has given me and my team.”
Explain lens technology
Center for Sight started implanting multifocal lenses in October 2006 and started using the IOL Counselor in May 2007.

“Truth be told, I wasn’t very enthused when I heard about it,” Ms. Kelly said. “But our patients couldn’t understand what we were talking about with the lenses. So one day I just started going through the program, and now I can’t be more positive about it.”

The fact that the IOL Counselor shows cataract patients their refractive errors is “huge,” Ms. Kelly said. “It’s so much easier to explain to patients when they are looking at a screen as they’re hearing the terminology. All of a sudden, we’re able to connect to and educate our patients. They love that we’re able to take the time to explain what an LRI is, or astigmatism, or what a LASIK enhancement would entail.”

Ms. Kelly added that enhancements are a particularly difficult subject to educate patients on “because we just don’t know how the neurological system works. Eyes are different from other parts of the body, but once we explain to patients that scientists are still trying to figure out how the eye works, it makes it easier for patients.”

Instead of being scared of surgery, “now they’re educated about it. It puts them much more at ease,” Ms. Kelly said.

When chair time is at a premium
Because of the volume of patients that pass through Center for Sight’s doors each week (more than 100), chair time with the surgeon can’t be increased, Ms. Kelly said. If patients begin asking specific questions about the lens options while in with the surgeon, he refers them to the patient care counselor.

“His chair time is reduced, and the surgeon knows the tool and how we use it. He’ll make a note on the patient chart for us to take the patient through the IOL Counselor scenarios,” she said.

Because the patient has seen the scenarios and (if desired) the phaco surgery itself, there are significantly fewer post-op questions. “Our ODs know we have it and will remind patients about it as well. We do it all in one visit: Bring in the patient, show him the IOL Counselor and convert him/close him. It does make it much easier for the ODs with post-op follow-up,” Ms. Kelly said.

When to introduce the software
After implementing the IOL Counselor, conversion rates increased about 20%, Ms. Kelly said, adding “We did an excellent job before we had this tool, too. We’re converting about 30% of our entire practice to premium lenses.”

Where the software helps increase candidate conversion is “on the back end,” Ms. Kelly said. “For those who get the lenses, they knew what to expect. We call at one and three months out to ask how our patients are doing. When they say they still have glare and halos, they also add they know that’s to be expected.”

At her practice, Ms. Kelly found the best time to introduce the patient to the IOL Counselor is with the technicians, after the patient is told they have a cataract and what exactly a cataract is. This patient has to be motivated for the premium lenses before he sees the surgeon. Before the IOL Counselor, that was always the hardest part for us because some of the patients just couldn’t grasp the concept.”

Financing options
Center for Sight “absolutely offered financing before we implemented the IOL Counselor,” Ms. Kelly said.

With the majority of her patient base retired, she found offering a no-interest/24-month payment option suited her demographic. “We tell them to get the lens and use that money for a year. Most of our patients have CDs that are due, minimum distributions they have to take on their investments, etc. We really use the financing options and try to make it as easy for our patients as we can. We’re very strong on the financial end, and a large majority of our patients have annuities or other options that they can use to finance the surgery.”

Never say ‘surgery’
A key to the center’s success has been how it markets the lenses, Ms. Kelly said.

“We don’t use the term ‘surgery,’ we use ‘procedure,’” she said. “It’s a subtle difference. That, coupled with the ability to show patients how they can get back to ‘normal’ vision with the premium lenses compared to how the standard IOL will bring them back to a presbyopic state really hits home for them. They need to ask why they would want to resign themselves to being presbyopic when they can go back to the vision of their youth. We use the IOL Counselor to visually stress the difference between what their vision is and what it could be.”

She advised centers that are thinking about using the IOL Counselor not to be concerned with the amount of training time it may take. “It saves time on the back end; it helps with referrals. For most practices that are wondering if they should get it, all I can say is, overall it will really decrease the OD chair time. Let your ODs know you have this program, and they’ll buy into it as well,” she said.

Catherine Kelly is the director of patient relations at Center for Sight in Venice, Fla. She can be reached at (941) 373-6236. She has no financial interest in the IOL Counselor or the products featured in the software program.
The ability to see potential outcomes clarifies lens decisions for patients.

Having patients being able to “visualize the nighttime effects of the multifocal platforms” is a significant advantage of the IOL Counselor, said William J. Lahners, M.D., medical director at the Center for Sight office in Sarasota, Fla., and an assistant clinical professor of ophthalmology at the University of South Florida. “It’s been helpful in showing patients what distance and near vision are with real world examples, but the thing that really sold me on the software was how easy it became to explain multifocality.”

Being able to give patients a visualization of glare and halos means “they no longer view it as a problem, just an occurrence with these types of lenses.”

Further, he said, “Patients are better educated before they sit in front of me. The software is truly designed to be patient-centric. Most patients don’t really understand what near vision is, but they readily grasp being able to see the cell phone screen. The IOL Counselor does a nice job of putting an image with the terminology or phraseology, and it’s something the patients can easily grasp.”

“We use patient care counselors, and they go over the lenses, as well as the lens technology. Usually by the time [patients] are fully dilated and ready to see me, they understand presbyopia, cost concerns are out of the way, and they’re excited about moving forward with surgery.”

William Lahners, M.D.

Easy transitions

Another big advantage “was the capacity to link to CareCredit patient financing and provide a seamless transition,” Dr. Lahners said. “We can show them the lens, and immediately open a screen to show patients how much it will cost on a monthly basis.”

As ophthalmologists, “we have learned the hard way that it doesn’t matter what the cost of a product is, we have to make it affordable for the patients,” Dr. Lahners said. “We can show patients how to make reasonable monthly payments. Car companies have taught us a lot about making things affordable. I love the interface screen and the instant link to CareCredit.”

At his practice, Dr. Lahners’ chair time has significantly decreased since he began using the IOL Counselor in January (during the last phase of its beta-testing).

“We use patient care counselors, and they go over the lenses, as well as the lens technology. We take all our patients through the IOL Counselor while they’re dilated. Usually by the time they’re fully dilated and ready to see me, they understand presbyopia, cost concerns are out of the way, and they’re excited about moving forward with surgery.”

At Center for Sight, a vast majority of the surgery is refractive, but Dr. Lahners said the IOL Counselor is helping to change that. His personal year-to-date conversion rate to premium IOLs is “around 70%. We had weeks where we had 100% conversion. But I think our practice structure may be different than most. We have a large number of patients coming in for LASIK with healthy eyes who are ready to spend money. These are patients who are interested in and embrace technological advances, and they are extremely interested in pursuing presbyopia-correcting IOLs once they’ve seen the options.”

Even before the IOL Counselor, Dr. Lahners’ conversion rate to premium IOLs was higher than most—around 50%—he said, again attributing it to his particular patient demographic.

Further, originally Dr. Lahners was financing fewer than 1% of patients who opted for the lenses. “Now we’re financing about 70% of our patients through CareCredit,” he said.

William J. Lahners, M.D., is the medical director at Center for Sight in Sarasota, Fla., and an assistant clinical professor of ophthalmology at the University of South Florida. He can be reached at (941) 925-2020. He has no financial interest in the IOL Counselor or the products featured in the software program.

For additional information on the IOL Counselor software, please contact, Robert Watson, President, Patient Education Concepts, Inc.; robertw@patientedconcepts.com; (281) 583-5577.

This supplement was produced by EYEWORLD under a grant from Advanced Medical Optics Inc., Alcon Laboratories Inc., and CareCredit Inc. Copyright 2007 ASCRS Ophthalmic Corporation. All rights reserved. The views expressed here do not necessarily reflect those of the editor, editorial board, or the publisher, and in no way imply endorsement by EyeWorld or ASCRS.