HELPING PATIENTS UNDERSTAND ELECTIVE OPTIONS IN CATARACT SURGERY

Stacey S Koch ABOC
Practice Manager ~ Refractive Coordinator
Seeta Eye Centers
Poughkeepsie NY

What Separates Our Office from the Crowd?

- Approximately 12% of the IOLs being used in the USA today are elective
- Most US Surgeons do not perform Laser Assisted Cataract Surgery
- Not many practices discuss Choice of Intended Visual Outcomes
- Most schedulers of surgery are not discussing Refractive Choices
- Why is everyone afraid to discuss choices on permanent outcomes?

One Time Choice

- Cataract Surgery is the one time a patient electively chooses their final visual outcome
- Life Expectancy continues to advance making the decision significant
- Surgeons and their staff must help patients review all choices relevant for them every time
- Let the patient decide after all information has been presented!

**Stacey S Koch, ABOC**

- Licensed Ophthalmic Dispenser
- Thirty Plus Years Experience in the Eye Field
- A Vision Counselor not Sales Person
- Refractive Coordinator for Satish Modi, MD
- Very comfortable discussing financials
How Do We Do It?

- What separates our Office from all the rest? Why do we have a minimum of 40% Elective Implants for over a decade?
- Why is Intraoperative Wavefront Aberrometry used in most of our cases?
- Femto Cataract Procedures have grown every year we have had it- 80% for 2015; Why?

Whole Staff Commitment

- Everyone in our office is aware of our office commitment to Elective Options in Cataract Surgery
- Phone calls are routed appropriately because the staff is educated to refer to the coordinator what cataract questions arise
- Our whole staff knows the Cataract Patient is our emphasis

The MD Must Consistently Recommend

- In our office we approach Elective Options in Cataract Surgery with a consistent procedural approach
- We educate every cataract patient on their elective options every time
- We do not decide for our patients- We offer appropriate choices for their visual needs and lifestyle every time.

The Doctor Must Set the Stage

MD Must diagnose and then recommend. This recommendation can never be skipped. The doctor’s words are GOLDEN.

Once the diagnosis is made and K’s are acquired the conversation begins between doctor and patient. Once recommendations are made the coordinator is introduced in the examining lane.
Who is the Coordinator?

- Key Employee who works closely with the doctor
- Someone with a good understanding of the options presented by the doctor
- A communicator who makes sure the patient understands expected final results
- A Staff member given the time required for discussion
- Discussing Surgical Options is not Surgical Scheduling

Communication is Key

The coordinator must show interest and understand the patient’s lifestyle and hobbies.

The patient must understand the benefit of the surgeon’s recommendation whether laser assisted cataract surgery, intraoperative measurements or a more sophisticated implant that helps eliminate spectacle dependence or using an elective astigmatism correcting IOLs.

Recommendation Becomes the Discussion

- The Coordinator takes patient to a consultation area
- The doctor’s recommendations are discussed
- Choices are reviewed so the patient leaves with a full understanding of all options offered
- The patient will return for the A-scan knowing the options they have allowing time for once in a lifetime decisions

Pricing with Packaging

- Intra Operative Aberrometry Alone
- All Laser Cataract Surgery includes aberrometry
- All Elective IOLs include the cost of both laser cataract surgery and aberrometry
- If patients are paying for a result we must include what we need to deliver results
- Monthly payment programs makes it all easier
Why Doesn’t Insurance Cover Elective Aspects of Cataract Surgery

- The answer is the question- It is ELECTIVE!
- Cataract Surgery Coverage is to get rid of the Medical Problem
- The Elective Aspects are to yield better Refractive Results
- Refractive Results are Elective!

Final Phone Calls

- Never forget this is a One Time Decision for the patient
- Make sure the patient understands specific benefits achieved by following the surgeon’s recommendation
- The surgeon sometimes must make the call themselves
- The patient must understand although the options presented are elective they are their doctor’s recommendation for their best final results

Constant Effort is the Key to Success

- Spend the Time
- Clarify the Patient’s Visual Goals
- Remind the Patient of Specific Benefits
- Manage Expectations Realistically
- Design a Specific Repeatable Approach
- Make No Exceptions on Education
- Make that Extra Phone Call

Your Continued Efforts Make it Happen

Thank You
Stacey Koch, ABOC
skoch@seetaeye.com