

The IOL Counselor : Converting Patients to Premium IOLs

An EyeWorld Special Report
March 2007

**Free IOL Counselor™
CD enclosed for
immediate use!**



**IOL
COUNSELOR™**

Educating a patient about various refractive cataract surgical options—including the differences between monofocal, aspheric and multifocal IOLs—can be overwhelming for some patients to understand and frustrating for some physicians to explain. The IOL Counselor (Patient Education Concepts Inc. [PEC], Houston, and Eyeland Design Network, Germany) “is a patient education software program that has proven to enhance the counseling skills of surgical counselors and doctors and dramatically increase the number of patients converting from standard monofocal IOLs to premium IOLs,” said Robert Watson, the developer of the software.

The software began beta testing at several test sites

late last year, including Cincinnati Eye Institute, Ohio, Pepose Vision Institute, Chesterfield, Mo., Mann Eye Institute and Laser Center, Houston, Kirk Eye Center, Chicago, Lehmann Eye Clinic, Nacogdoches, Texas, and Carolina Vision Center, Fayetteville, N.C.

Since implementing the IOL Counselor, each beta site’s conversion rate of premium IOL candidates has greatly improved, with some sites now reporting an 80 percent conversion rate from monofocal IOLs to multifocal IOLs.

A powerful attribute of the IOL Counselor is its financing feature, which helps alleviate the pressure physicians encounter when discussing pricing by putting it in the hands of patient counselors, much like standard refractive surgery discussions.

How it Works

The IOL Counselor is a computer-based education tool that includes Stephen Dell’s (M.D., Texan Eye Care, Austin) vision assessment questionnaire



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(VAQ), which patients fill out before their first physician consultation; a six-minute patient video; various IOL simulated scenarios; an acceptance form; and a “How to Use the IOL Counselor” tutorial video and printable training manual.

The VAQ helps the physician immediately quantify the

patient’s lifestyle and personality, which, coupled with the patient’s visual acuity and candidacy for an upgrade to a premium IOL, allows the physician to recommend a particular IOL. The selection is marked at the bottom of the VAQ, and surgical counselors use this information to tailor their discussions about the IOL recommendation (and financing) with the patient.

Simulator pages allow the patient to see how a monofocal IOL compares to a presbyopia-correcting IOL by featuring scenarios at a supermarket and baseball field and on a city street. The surgical counselor has the ability to maneuver the scenes through “normal,” “presbyopic,” and “cataract” simulations, showing the patient how a presbyopia-correcting IOL can provide the full range of vision versus a single point of focus provided by standard IOLs.

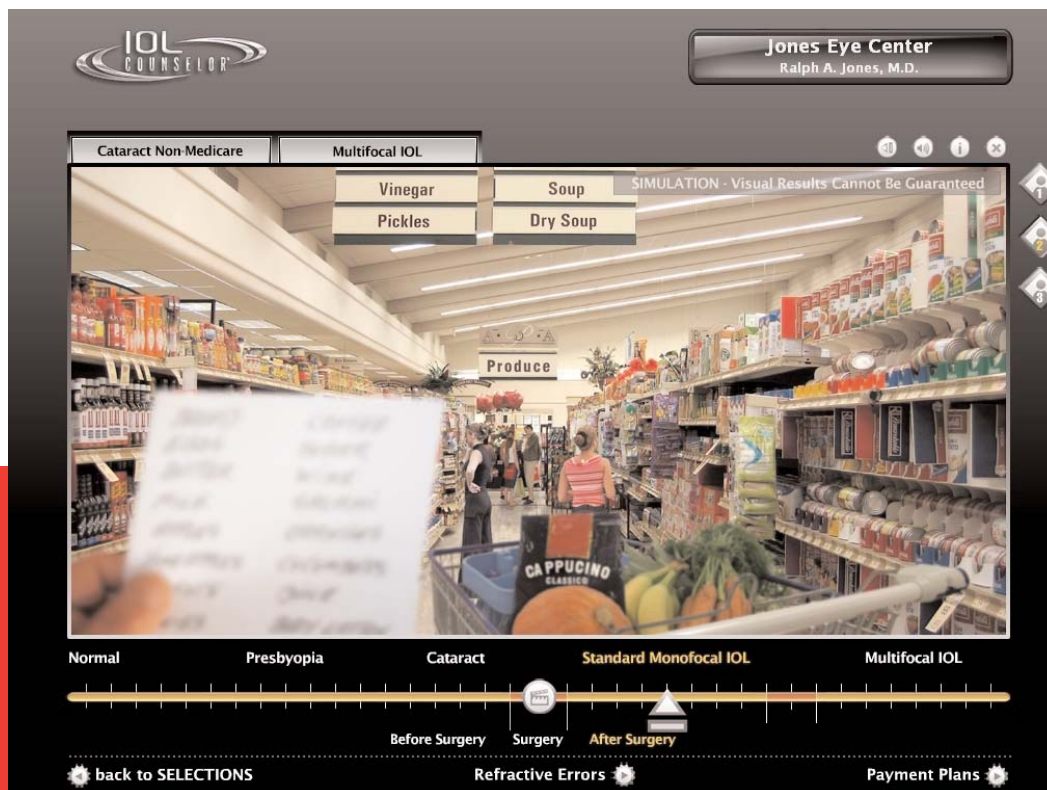
For patients interested in cataract removal surgery or limbal-relaxing incisions, an option to view animated surgeries is also available.



“The IOL Counselor gives patients a complete visual of what they can expect. ... It helps patients understand there are limits to the lenses [and] lets them understand visually how they will see near and far with the various types of lenses.”

Robert Lehmann, M.D.

Figure 1: Simulated scenarios such as supermarket aisles, baseball stadiums, and city driving scenes make discussions more realistic for patients and make it easier for them to understand how their vision will be affected by various IOL options.



Additionally, the IOL Counselor features a disclaimer page that the counselor must read to the patient before viewing the simulations. Patients are also asked to complete an IOL acceptance form that asks them to acknowledge that the simulator does not guarantee individual post-operative visual acuity. If patients decide against the premium IOL recommended by the physician, the acceptance form makes them rethink the importance of making a decision that will affect their quality of vision for the remainder of their lives.

Images used to simulate multifocal IOLs are generic and can be used to simulate presbyopic IOLs manufactured by Alcon Laboratories (Fort Worth, Texas) and Advanced Medical Optics (AMO, Santa Ana, Calif.).

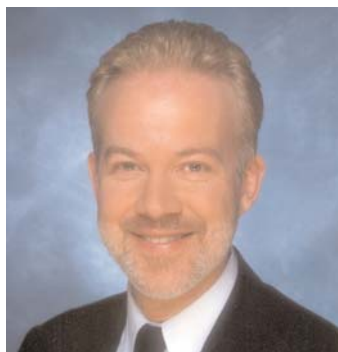
The IOL Counselor in the enclosed CD-ROM is being distributed free of charge to U.S.-based ASCRS physicians through an unrestricted educational grant provided by Alcon, AMO, and CareCredit, Costa Mesa, Calif.

Visualization a Major Role in Conversion

“The IOL Counselor gives patients a complete visual of what they can expect,” said Robert Lehmann, M.D., clinical associate professor of ophthalmology, Baylor College of Medicine, Houston, and in private practice, Southlake and Nacogdoches, Texas. “The software doesn’t sugar-coat potential visual outcomes; it shows the patient the various degrees of rings

and halos that might occur. It helps patients understand there are limits to the lenses [and] lets them understand visually how they will see near and far with the various types of lenses.”

In Dr. Lehmann’s practice, about 10 percent of those patients who were candidates for premium IOLs chose to upgrade before the IOL Counselor was implemented



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at his facility last November. About 30 percent of premium IOL candidates now choose to upgrade, he said.

Before Pepose Vision Institute began to use the IOL Counselor last October, about 30 percent of the qualified candidates chose to upgrade to premium IOLs, said the company’s director, Jay Pepose, M.D., professor, clinical ophthalmology, Washington University School of Medicine, St. Louis. Conversion rates have hovered around 50 percent since implementing the IOL Counselor, he said.

“In December, we had a high of 80 percent conversion,” Dr. Pepose said.

“A lot of patients couldn’t visualize what we were describing. The IOL Counselor has graphics that really help show patients how their vision is distorted by cataracts and presbyopia and the most likely visual scenarios after implantation with the premium lenses.”

A benefit to “making it real,” Dr. Pepose continued,

are the simulated settings that allow patients to view situations they’re comfortable with—a grocery list held at arm’s length while walking down a supermarket aisle or a pair of baseball tickets held while viewing the infield, for example.

“The IOL Counselor helps patients differentiate [among] near, intermediate, and far vision, so for the counselor, it’s a really useful tool,” Dr. Pepose said. “Our counselors are trying to get the patient to make an informed decision about this once-in-a-lifetime opportunity. With the IOL Counselor, the focus of our patient discussions really becomes education.”

Michael Woodcock, M.D., Carolina Vision Center, has been using the IOL Counselor at Carolina Vision since late 2006. He’s increased the number of patients opting for a premium IOL by 10 percent since its implementation, he said—and he’s done it without a refractive counselor.

“This has been a very useful tool for me to demonstrate

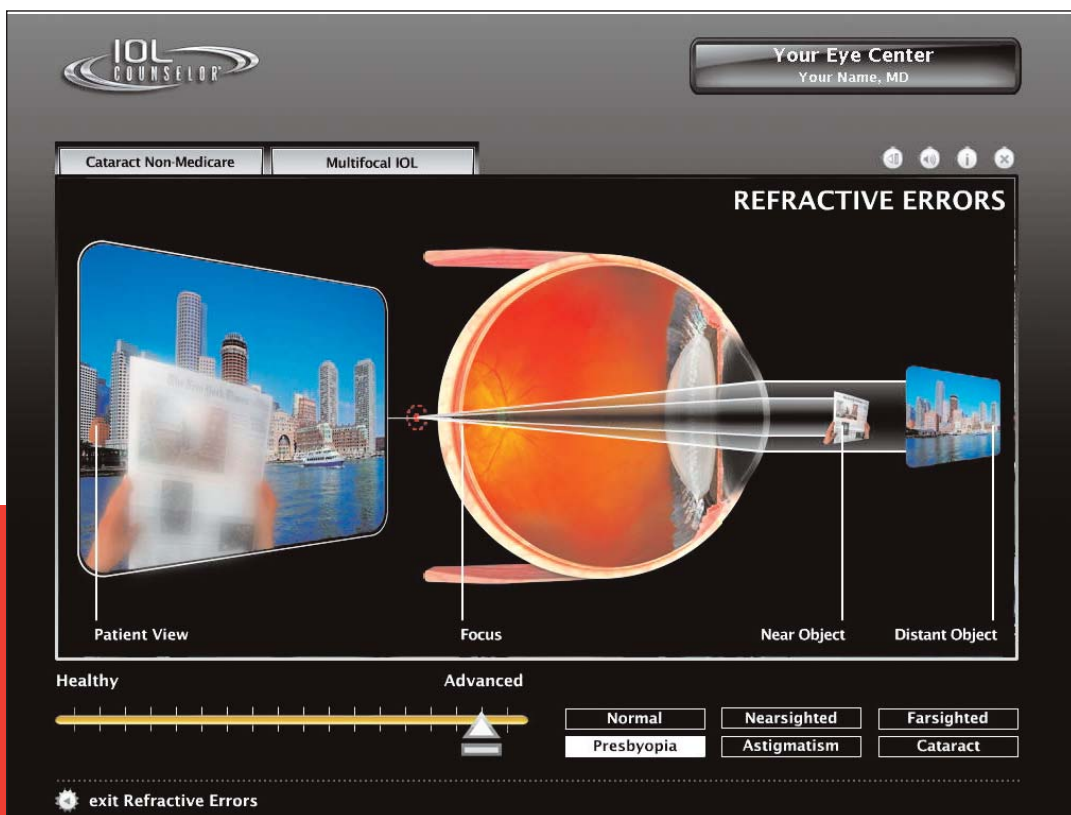


Figure 2: Sagittal views of various refractive errors further enhance patients’ understanding, especially when it comes to presbyopia and astigmatism.

things, not only to patients but to their families,” Dr. Woodcock said. “Being able to bring the family in for consultations has been invaluable. The enthusiasm of the family is great. Instead of talking about dull clinical topics, the IOL Counselor gives them visuals they can grasp. They can take one scenario like sitting in a car driving down a city street and see on the computer how their vision is changing from normal through presbyopia and cataract, and they can see how their vision will be with the different lenses.”

One of the IOL Counselor’s best features is “being able to convey to the patient what halos look like,” said Dr. Woodcock. “We can show them the nighttime aberrations they can expect, so it’s something they can get their arms around. We’re still showing them the positive aspects of multifocal IOLs but acknowledging that they’re not perfect.”

To date, Dr. Woodcock has implanted about 950 premium lenses and has yet to explant one.

“It is of paramount importance that you be able to counsel a patient and [pinpoint] those who are not going to be psychologically adaptable to the technology of multifocal IOLs,” he said. “The IOL Counselor builds realistic expectations for patients; it doesn’t just give them the positives of the new lenses, but I think it’s important that it discusses potential problems like halos as well.”

Administrators’ Perspective

At Cincinnati Eye Institute, the surgical schedulers who have used the IOL Counselor “will not let it go,” said Don Holmes, the establishment’s vice president of refractive services, marketing, and communication. “It allows a practice to have a common, across-the-board messaging and communication system to discuss premium IOLs with their patients.”

Based on the feedback from the initial counselors, Mr. Holmes said Cincinnati Eye Institute plans to train all its cataract surgery schedulers (the Institute has one or two schedulers who work with each of the 15 cataract surgeons on staff).

Dawn Cavanaugh, chief operations officer, Pepose Vision, said the IOL Counselor has helped steadily increase patient conversions for qualified candidates to about 50 percent.

“The best feature is that the IOL Counselor has allowed us to educate both

our team and our patients in the most effective way. Everyone in the office can sit down and learn it and see how patients are perceiving images,” she said.

The majority of the administrative time spent with patients is now focused on the education component—helping them understand their surgical options, Ms. Cavanaugh said. The IOL Counselor simulates this in a way that allows all patients to make informed decisions that impact how they visualize everything for the rest of their lives.

“[Patients] need to understand what’s happening to their eyes. Patients have one opportunity to make a decision about the lens that’s going into their eye, and the IOL Counselor lets them see what they’re going [to get],” she said.

The IOL Counselor allows the administrators to “really show the patient what we are talking about,” said Trent Roark, administrator at Kirk Eye Center. “A picture really is worth 1,000 words.”



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Because the patient is viewing the same simulations as the counselor, the discussion about choices and options “can be held on common defined terms, and the patient is empowered to ask questions and understand the desired outcomes,” Mr. Roark said.

It also gives the staff more confidence when talking to patients about financing



Figure 3: Night-driving simulation allows the counselor to discuss neuroadaptation as the rings become less noticeable over time.



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and “provides consistency in what is conveyed to the patient,” he said.

Joan Wahlman, director of internal marketing, Mann Eye Institute, said the night-vision demonstration is one of the software’s best features.

“It introduces patients to cataracts and how their vision will change over time,” she said. “I appreciate that it also has a demonstration of glare and halo and how they don’t necessarily go away over time. [The IOL Counselor] doesn’t over deliver.”

Before using the IOL Counselor, one Mann office had a conversion rate of about 30 percent; a second office had a conversion rate of about 10 percent. After implementing the software, Ms. Wahlman said, conversion rates in the first office rose to between 50 percent and 60 percent and have improved to about 30 percent in the second office.

Figure 4: Surgeon and IOL fees are incorporated into the IOL Counselor using CareCredit payment plans to make discussing fees easier for cataract counselors not trained in refractive sales techniques.

“Our first office has a counselor who had been trained to close,” Ms. Wahlman said. “Having the tool only enhanced the conversion. In the second office, the technician was very qualified but was doing all the surgical counseling. With this tool, she can bring up the closing rates significantly, and we’ve continued to see that office’s conversion rates improve.”

Financing Made Simple

All the administrators agreed that the financing option on the IOL Counselor is a benefit.

“Some counselors are not comfortable discussing financing with patients,” said Ms. Wahlman. “A financing screen on the IOL Counselor makes the conversation very simple for the [inexperienced] closer. These lenses are not [completely] covered by insurance, and no one likes to talk about the money side of things.”

CareCredit, a division of GE Money, provides the financing portion of the IOL Counselor. The finance company began enrolling cataract practices that

wanted to offer financing for presbyopic IOL implantations about 18 months ago.

“Providing financing for these settings is a tremendous opportunity because the people who get these multifocal lenses are part of the wealthiest generation in history, but most live on fixed incomes such as pensions or IRAs, and [many] can’t afford \$4,000 or \$5,000 upfront, but they can afford small monthly payments,” said Tony Seymour, senior vice president, sales/practice development, CareCredit. “The financing aspect will entice more people to upgrade to a premium IOL.”

Patients interested in the premium IOLs “go through the whole discussion and see the simulations with the surgical counselors, and then when they’re told it’s \$5,000, it sets them back because [they were] thinking the IOL was paid for by the government. With the financing option built into the software, it’s much more palatable to tell them monthly payments are \$70,” Mr. Seymour said.

According to Mr. Seymour, about 5 percent to 10 percent of patients who choose a premium IOL opt for financing, which is similar to the percentage of patients that financed LASIK when it was first available. Today, about 30 percent of patients currently finance LASIK, and Mr. Seymour sees the same trend for the Presby IOL market.



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Joan Wahlman

The screenshot displays the IOL Counselor software interface. At the top, it says "IOL COUNSELOR" and "Your Eye Center" with a field for "Your Name, MD". Below this, there are two tabs: "Cataract Non-Medicare" and "Multifocal IOL". The main area shows two side-by-side simulated visual results of a grocery store aisle, labeled "Standard Monofocal IOL" and "Multifocal IOL". Each simulation includes a list of items: BREAD, EGGS, BUTTER, MILK, APPLES, BANANAS, COCAINES, PEAS, CARROT, COFFEE, SQUARK, WINE, SALAMI, COCAINES, CHILE, and BODY LOTION. Below the simulations, there are two columns of payment plan information for "Estimated CareCredit® Payments".

Standard Monofocal IOL				Multifocal IOL			
Amount Financed: \$ 2500.00				Amount Financed: \$ 3200.00			
No Interest Payment Plans				No Interest Payment Plans			
3 month plan	6 month plan	12 month plan	18 month plan	3 month plan	6 month plan	12 month plan	18 month plan
\$ 834.00	\$ 417.00	\$ 209.00	\$ 139.00	\$ 1067.00	\$ 534.00	\$ 267.00	\$ 178.00
Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount
\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 96.00	\$ 96.00	\$ 96.00	\$ 96.00
Minimum Amount	Minimum Amount	Minimum Amount	Minimum Amount	Minimum Amount	Minimum Amount	Minimum Amount	Minimum Amount
Extended Payment Plans				Extended Payment Plans			
24 month plan	36 month plan	48 month plan	60 month plan	24 month plan	36 month plan	48 month plan	60 month plan
\$ 118.00	\$ 85.00	\$ 66.00	\$ 56.00	\$ 151.00	\$ 107.00	\$ 85.00	\$ 72.00
Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount

At the bottom of the interface, there are three buttons: "exit Payment Plans", "Print Payment Plans", and "Submit Application".

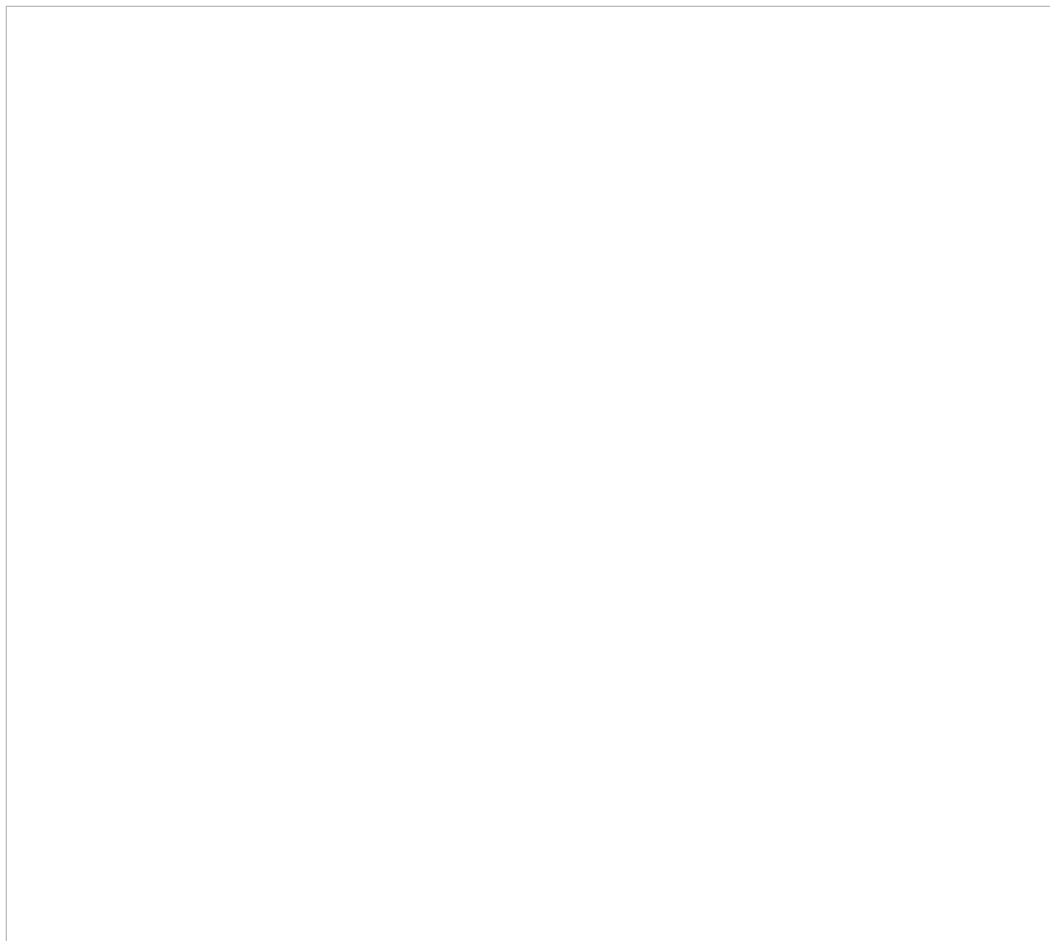
“As you get more of main-stream cataract patients interested in premium IOLs, financing will play a bigger role in the future,” he said.

Currently, more patients in the St. Louis region finance LASIK procedures than premium IOLs, said Ms. Cavanaugh.

Both Drs. Lehmann and Pepose said while they offered financing before using the IOL Counselor, the software makes it much more convenient to offer.

Future Plans

PEC plans to create ancillary items such as posters, Internet simulators for individual Web sites, and more simulator scenes that physicians can download, said Mr. Watson. The IOL Counselor has been designed to be easily adaptable as different lenses are introduced, he said. PEC expects to have more than 5,000 IOL Counselors in place at cataract locations throughout the country by the end of the year.



This supplement was produced by EYEWORLD under a grant from Alcon Laboratories Inc., Advanced Medical Optics Inc., and CareCredit Inc.

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For assistance using the IOL Counselor CD, please contact Patient Education Concepts at 281-583-5577.



Figure 5: Counselors select the scenery, patient type, and IOL recommendation before they begin discussing IOL options.