

# PREMIUM PRACTICE

October 2011  
Volume 2, No. 10

TODAY



## Marketing Premium IOs

*It Is All About Building the Base*

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

# Marketing Premium IOLs

It is all about building the base.

**BY ROCHELLE NATALONI, CONTRIBUTING EDITOR**

*Why is marketing so difficult to do well? In short, it is because we make too many assumptions about the audience we are trying to reach. I have come to respect the fact that marketing is equal parts art and science. Any formula you come up with is likely obsolete before too long. In my experience, marketing is a long-term experiment in how best to attract, convert, and retain interest in your offering. This month, we delve into the challenges of reaching cataract versus LASIK patients (with a good example on the nuances of messages that are patient centric rather than procedure centric) and touch on Web presence as well as the overall planning of marketing activities.*

—Section Editor Shareef Mahdavi

Marketing is all about strategically sharing information with appropriate consumers to help them appreciate how they can benefit from specific products or services. Ironically, marketing is one of the most amorphous of the social sciences. Is it advertising, public relations, sales, education, branding, or all of the above? If it cannot be confined to one specific sector, how can a practice owner or administrator be sure his or her marketing efforts are on point?

Nowhere is this predicament more relevant than in the premium IOL market, where the technology has limited recognition among consumers, and the target market is arguably too narrow for general print and radio advertisements to be effective. In the early days of refractive surgery, radio and newspaper advertisements were the primary vehicle for creating awareness. Inviting potential patients to small group seminars aimed at creating need, reinforcing awareness, identifying appropriate candidates, and even scheduling appointments was the ultimate goal of those advertisements. Now that the Internet offers Web sites, search engine optimization, and networking via social media, the marketing paradigm of the early 1990s seems almost quaint in its simplicity. The questions are

- Do radio and print advertisements attract premium IOL candidates?
- Are the conventional marketing and branding strategies employed by traditional cataract surgical practices effective at attracting premium IOL patients?
- How big a role does education play in the marketing paradigm, and do the surgeon's time and effort spent discussing premium IOLs with patients fall under the purview of marketing?

## LASIK IS NOT IOL SURGERY

Premium IOL surgeons, marketing professionals, and consultants interviewed for this article all agree that, when it comes to marketing, what works for premium IOLs and what works for other forms of refractive surgery are quite distinct. Pitching LASIK to the general population through a commercial played on a rock or country radio station is a proven strategy, as is attracting potential patients with a clear and effective Web site that pops up within the top Google listings when the key word *LASIK* is searched. That is not the case with advanced-technology implants. Most people are not familiar with the term *premium IOL*, many do not know they have a cataract, and even those who do do not realize that there are various lens options. Therefore, say experts, it is a rare person indeed who searches for the term *premium IOL* on the Internet.

Michael Dobkowski is the CEO of Glacial Multimedia in Portland, Maine, a company that specializes in online marketing services for ophthalmology clients. He says on-line questionnaires, known as *self-tests* in marketing parlance, that typically attract 20 to 30 responses from potential LASIK patients attract one or two from premium IOL candidates. He explains that most people who are interested in LASIK know what their visual problem is, know of others who have had the laser surgery, and have made up their mind in advance that they want it, too.

"Basically, there are fewer people looking for information about premium IOLs on the Web," Mr. Dobkowski explains. Does this mean that practices should not bother trying to attract premium IOL patients via information on their Web sites? Not necessarily, he says. Rather than feature the term *premium IOLs*, for instance, he advises his clients to feature

# PREMIUM PRACTICE TODAY



Figure 1. In this screen shot from Glacial Multimedia in Portland, Maine, the numbers 1 through 4 highlight symptom-oriented navigation.

what he refers to as *symptom-based questions*. So far, he says, 20% of the Web sites that his firm designs are employing this strategy (Figure 1). “People do not necessarily know they have a cataract or that they could benefit from a premium IOL. However, if you feature questions such as, ‘How can I eliminate bifocals after cataract surgery?’ or ‘What is the best vision correction option for me?’ it can lead people to identifying what their problem is and how it can best be addressed,” he says.

## EDUCATION, EDUCATION, AND EDUCATION

Mr. Dobkowski stresses the importance of education with respect to the marketing strategy for premium lenses. “Education plays a huge role in marketing,” he says. For someone to make the decision to buy, they need to be educated as to what their options are. The more confident the surgeon is about how the information is presented, the more likely they will be to make the conversion. That’s not to say that they should sit back and do nothing else. They still need to be proactive with their marketing efforts, to draw attention to their Web site, and there needs to be a clear message on the Web site. For instance, on the Web sites that we design, we always prominently display a statement such as ‘See better after cataract surgery with premium lens implants’ or ‘See at near, far, and intermediate distances after cataract surgery with premium lenses.’”

Ultimately, Mr. Dobkowski says, internal marketing efforts are much better suited to increasing premium IOL conversion rates. “General practice advertising and branding will draw patients, and then internal marketing efforts can be applied to identify premium IOL candidates and educate them about these lenses,” he explains.

## GENERAL MARKETING AND BRANDING

Cataract and refractive surgeon Kiper Nelson of Southern Eye Center in Hattiesburg, Mississippi, agrees with

### MARKETING PLANS

A marketing consultant who specializes in working with medical practices, Keith Borglum, recommends writing a 1- and 5-year marketing plan. He says that practices with a plan typically outperform those without one. “The first and most important part of a marketing plan is the goal. This is the foundation for all the other decisions,” says Mr. Borglum, with Professional Management and Marketing in Santa Rosa, California. He advises clients first to develop 5-year goals, because a 1-year goal should fit within the context of the practice’s 5-year plan, and a 5-year goal is more broad in scope and strategic.

“After each year, reevaluate and amend next year’s goals based upon whether or not you achieved [the current] year’s goals. Concentrate on developing strong, well-crafted goals by limiting them to no more than five,” Mr. Borglum says. He stresses that the components of a properly crafted goal are that it should be challenging yet attainable, clear and specific, written and measurable, and time sensitive. For example, “ABC practice aims to increase its premium IOL conversion rate by 5% during the next 12 months through a combination of branding and internal marketing efforts.”

The remaining steps in a marketing plan are factors that can have an impact on the goals that are set.

**Define target market:** age, location, diagnosis, language, and insurance coverage

**Practice self-assessment:** availability, ability, location, capacity, experience, and reputation

**Competition-assessment:** ability, location, capacity, experience, and reputation

**Market-assessment:** demand, payers, economy, demographics, and geographic shift

**Marketing budget:** 10% or more of overall budget for elective procedure market

**Marketing strategy:** internal/external, conservative/assertive, online/traditional media

**Create a calendar of implementation:** production lead-time, seasonality, pacing

**Execute:** engage support services, involve staff, implement the plan

**Review and adjustment:** track and review results monthly, adjust plan as needed



Figure 2. Kiper Nelson, MD, of the Southern Eye Center says that the DVD the practice sends out is the one thing that “ties it all together and makes a real impression on our patients.”

Mr. Dobkowski. The \$20 million practice has a \$400,000 marketing budget and a 35% to 40% premium IOL conversion rate. The vast majority of the marketing budget is dedicated to general marketing, including LASIK and practice branding. “Patients who learn about us from our radio and newspaper ads or see our Web site often end up being cataract patients who are premium IOL candidates,” Dr. Nelson said. “In many cases, even patients who are interested in LASIK end up being appropriate candidates for presbyopia-correcting IOLs.”

That is when the internal marketing takes over. Every Southern Eye Center patient who is scheduled for a cataract consultation is mailed a DVD describing various IOL options prior to his or her visit with Dr. Nelson. In the DVD, he talks about what a cataract is and how it affects vision, and then there is a clear demarcation where he stresses how the type of lens that patients choose will have an impact on how they see for the rest of their lives. Next, he describes the benefits and features of the available IOLs.

Each of these patients also receives in the mail a “menu” of lens options that describes in print the benefits and features of each of the premium IOLs. This is followed by a telephone call from a refractive counselor who reviews the information and answers questions. Patients are further educated about the lens options by the technician who performs their in-office workup. “Every cataract patient learns about the lens options three times before they ever walk in the door, then, we discuss it again during the consultation,” says Dr. Nelson.

He adds that the DVD (Figure 2) is the one thing that “ties it all together and makes a real impression on our patients.”

### MARKETING MOVES THE PRACTICE

Keith Borglum, a marketing consultant specializing in medical practices with Professional Management and Marketing in Santa Rosa, California, says that administrators

and managing physicians often view marketing solely as advertising and other methods aimed at attracting new patients. He stresses, however, that marketing is in fact any activity that moves a practice in a desired direction, whether that is increasing income, deterring new competitors, retaining market share, shifting payer patterns, introducing new services, recruiting new providers, entering new marketplaces, or combating negative publicity. (See Mr. Borglum’s suggestions in the sidebar, *Marketing Plans*).

One important and timeless measure is keeping the name of the practice in front of patients and referrals, says

## Understanding Search Engine Optimization

### Can patients find you on the Web?

Having a great Web site can be an effective way to attract patients to your practice—but only if they can find it! That is where search engine optimization comes in. If your practice does not pop up on the first page of Google listings, when a key word is searched, the odds are that the person doing the searching is not going to click or scroll to the second page.

Michael Dobkowski, CEO of Glacial Multimedia in Portland, Maine, explains that there are three main aspects to the way the first page of search results are displayed: paid, local, and organic. He says, “Paid, local, and organic listings are the three main aspects that you need to be aware of for solid presence on the search engines. Without an understanding of how these three parts of the first page work, you cannot dominate the search landscape in your vicinity.” To learn more, visit: [www.glacial.com/companyblog/blog/detail/2011/03/07/location-aware-the-importance-of-local-search-in-2011.html](http://www.glacial.com/companyblog/blog/detail/2011/03/07/location-aware-the-importance-of-local-search-in-2011.html).

Mr. Borglum. It is easy to get sidetracked by the trends associated with how a practice puts its name out there, but ultimately, the crucial thing is keeping it visible, whether through an effective strategy for search engine optimization or by sponsoring an "active adults" program at the local community center. "It is estimated that it takes five or more encounters with your practice's name for it to be recognized," he says. "Your name should appear anywhere potential patients would look. Your practice's name, address, phone number, and Web address should appear on every single piece of paper that leaves your office. This includes all of those patient-education pamphlets, which would otherwise be generic pieces of information doing nothing to promote your practice if passed on to a friend."

All of these marketing pearls are just as effective for surgeons aiming to increase their practice's premium IOL share as they are for general ophthalmologists looking to improve their dispensary's revenues, says Mr. Borglum. In the end, it is all about increasing the patient base. "Think of it like a pyramid, general exams and referrals are the base of the pyramid, and then, as the patients have more acute and critical needs, they move up," he explains. "There are fewer of them, but they move up in the pyramid. As far as premium IOLs go, the key marketing message takes place in the exam lane between the patient and the surgeon. The older population is typically more respectful of physicians, so this one-on-one presentation means a lot to the patient."

## CONCLUSION

Beverly Hills, California, cataract and refractive surgeon A. James Khodabakhsh, could not agree more. He says that the ultimate piece of the puzzle that converts a cataract patient to a premium IOL patient is the surgeon's willingness to spend time with him or her. "If the surgeon or coordinator does not spend time with the patient, the patient will not be happy and will not upgrade. That's the single most important step a surgeon can take to build up a premium practice" he says. (To hear more of Dr. Khodabakhsh's ideas about how to build up a premium practice, visit [www.cnpg.com/Video/flatFiles/1848/index.aspx](http://www.cnpg.com/Video/flatFiles/1848/index.aspx).) ■

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This activity has been made possible in part by grants from:

