

Refractive Cataract Surgery: Premium Lens and Refractive Surgery Technology Thriving After COVID-19

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DOI: <https://doi.org/10.17925/OPHT.2021.15.1.9>

CCOVID-19 has changed many things about the world we live in, including the options we have in delivering healthcare to our valued patients. In this article, we share experiences from our clinic in terms of adapting to the pandemic to deliver the best care to patients.

Keywords

COVID-19, healthcare, patient experience, cataract surgery, lens technology

Disclosures: Vance M Thompson has no financial or non-financial relationship or activities to declare in relation to this article.

Review process: Double-blind peer review.

Compliance with ethics: This article involves a review of the literature and did not involve any studies with human or animal subjects performed by any of the authors.

Authorship: The named author meets the International Committee of Medical Journal Editors (ICMJE) criteria for authorship of this manuscript, takes responsibility for the integrity of the work as a whole, and has given final approval for the version to be published.

Access: This article is freely accessible at [touchOPHTHALMOLOGY.com](https://touchophthalmology.com) © Touch Medical Media 2021

Received: 28 August 2020

Accepted: 28 January 2021

Published online: 12 July 2021

Citation: *touchREVIEWS in Ophthalmology*. 2021; 15(1):9–11

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Support: No funding was received for the publication of this article.

The changing healthcare landscape

COVID-19 has changed many things about the world we live in, including the options we have in delivering healthcare to our valued patients. As we work to adapt to the new business landscape following shutdowns and social distancing measures, our patients are concerned about their safety, dreaming about a better future and looking to us for support and clarity for their vision.

In light of the financial and logistical challenges that face healthcare due to COVID-19, is there still a place for premium lens and surgery technology in cataract surgery? Based on our experiences at Vance Thompson Vision, the answer is a resounding “yes!” In fact, we are finding our patients today have a much higher than expected interest in the added vision options we can provide with premium technology. Our refractive corneal, phakic intra-ocular lens (IOL) and cataract surgery volumes are higher than pre-COVID.

Patients still value options

Today, people are using their vision more than ever, and COVID-19 has only amplified this trend. According to a study by the Vision Council, 37% of adults over the age of 60 now spend more than 5 hours a day on their digital devices.¹ The necessity of working from home is also increasing the hours of computer work for many people, with video calls replacing face-to-face meetings.

People are also searching the internet more to assess their options, and many people working from home feel they can recover from a procedure without missing much work (i.e. not using up their leave); therefore, now is a good time to get the procedure done.

With the ageing population, this means more older people are still in the workforce and want a more premium option, as do those doing more hobbies and wanting better vision both for distance and near-sightedness. This indicates the value to our patients of having the option for clear vision at near- and mid-range without the need for glasses or contacts.

We also consistently find that our patient satisfaction is increased across our entire practice when we prioritize great education around our premium technology options. Whether our patients choose a monofocal lens, a trifocal lens, refractive laser cataract surgery or any other technology option, they always appreciate how we educate them and share all the options with them. Educated patients are a fantastic driver of word-of-mouth referrals.

Supporting the fiscal health of the practice

In addition to our primary goal of offering patients the best possible vision outcome to live their best lives, returning our focus to educating and offering premium technology is vital to the fiscal health of our practice.

We are always looking for care options that offer great benefit to our patients and can support our practice growth. Premium cataract technology does both.

Challenges to the refractive cataract workflow

Our patients need us today more than ever, but there are new challenges we face in the practice due to COVID-19 restrictions on how we gather, educate, measure and counsel our patients. Those restrictions are loosening to a certain degree, but I believe some will be in place forever and that COVID-19 has brought some positive changes that can help make our patient care environment safer in the long term.

Physical meetings are back, but are still augmented by phone calls and virtual meetings; waiting rooms are back, but we still find value in the 'parking-lot wait' if the patient so desires; virtual check-ins still happen by patient choice, but they can check-in in person if they have been vaccinated and are free from COVID-19 symptoms, and if socially distanced seating is still in place. Eye doctors have been forced to find new ways to work together, to refer patients and to partner in care. The number of patients we can see in a day is affected by our cleaning protocol and staff availability, but has definitely increased compared with the pre-vaccination period of the COVID-19 pandemic.

Certainly there are challenges in managing the new workflow of cataract surgery, but within these challenges there is also opportunity. The practices that accept and adapt to the emerging workflow have the opportunity to differentiate themselves and add great value to the patient journey. We address these challenges on a weekly basis and are sensitive to what is going on in our world. Our staff and patients appreciate this.

The secret to success

What is the secret to our success at Vance Thompson Vision? I believe it is the love and care our staff have for each other. There has to be a great team experience to create a great patient experience. What are we as a team doing to continue adding value to our patients' lives and vision?

The secret is our consistent focus on building the patient experience. *The patient experience is the missing link between a practice in its current state and reaching its full potential.*

Many practices know the value of a great patient experience, and some practices work hard to build a consistent experience. At Vance Thompson Vision, we are relentlessly focused on the patient experience. We discuss it, measure it, troubleshoot it, dream about improving it and have built our entire programme around it. The patient, their needs and their experience is at the centre of everything we do.

COVID-19 has dramatically changed how we build our patient experience, and it has forced us to rethink and adapt our workflow.

Mapping a new, optimized patient journey

As we reopened and endeavoured to maintain our ability to offer premium cataract technology to patients, the first step our team worked through was to map an updated patient journey workflow that would be safe for both patients and staff. We knew that significant parts of our workflow would need to move from the physical office to a virtual platform.

There are many parts of the patient education process that can be done virtually. Talking to patients via video or phone, video education, email education, patient counselling and partnering with other eye doctors to educate patients can all be done easily outside our centre's physical location. We made a decision to move as much of our education process as we could to these platforms. For example, we have been using video education for a long time as an option to share with patients via email

before their cataract consultation. This is a great way to customize education to each patient and to pre-educate them before they begin the full consultation process with our staff.

While these videos used to be optional for our patients, they are now a requirement before a patient can schedule a telehealth visit with a doctor. This requirement ensures our ability to optimize the education process and to best help our patients efficiently learn and understand their options.

Of course, some parts of our education and surgery process require the patient to be in our centre. Diagnostics, exams, advanced testing and final counselling with the patient all need to happen in person. For this part of our workflow, we adjusted our schedules to create space for cleaning protocols and to reduce contact between patients and staff.

Patient safety: An opportunity to care and connect

In fact, focusing on going 'above and beyond' in the area of patient safety is a powerful way to add value to your experience and to differentiate your practice from other local businesses. We have found that many of our patients appreciate even the simple things we do consistently to improve their safety and comfort during these times.

We always begin our day with an extra clean, manicured and prepared building. While we have adopted advanced cleaning protocols inside our building, we have also taken more care to prepare the space outside our building. This will have added importance at our centre as the winter months approach. Our goal is to have the cleanest, safest building in the community so patients enjoy coming to our centre.

Cookies and coffee

One major adjustment we forced ourselves to make was to remove the coffee and cookies from our welcome area. Traditionally, our patient experience in the welcome area was filled with the smell of fresh cookies, coffee and other multi-sensory experiences. However, in order to avoid patient gatherings and overlap, we removed these items before vaccination became available.

We have also reconfigured our seating areas to allow for social distancing. Patients are able to sit safely in our waiting area or they can choose to wait in their vehicles until we call them in.

These changes were hard on our patient experience, but necessary for the safety of both patients and staff. To balance out these changes, we have increased the focus on our relationships with our patients. We communicated the reasons for these changes, and the patients really appreciated that we cared about them this much.

Now vaccination is available, we are still careful, but we are offering cookies that are individually wrapped. We are also making coffee again and handing it to each patient individually in a to-go cup. They really seem to appreciate this extra 'fuss'.

Connecting with patients

Something we have learned over the years is that, above and beyond cookies and coffee, many patients are truly longing for a welcoming and warm personal connection with staff and doctors. While we have been forced to adapt our welcome area offerings, we have added new emphasis on connecting with patients in meaningful ways at each visit.

When a patient enters our centre, the front desk makes a note of what they are wearing and where they sit down. This allows our tech staff to approach them individually and greet them by name instead of calling their name from across the room. It seems simple, but this addition to their experience has made a world of difference to our patients.

We have trained our staff to be extra focused on greeting each patient with a warm smile and eye contact, while also staying socially distant. This combination of safety (distance) and warmth (direct eye contact and a smile that reaches the eyes) helps us to provide exactly what the patient wants and needs. Finally, by greeting patients individually, instead of yelling their name from across the room, we create a warm, personal moment in an impersonal world.

Mask use is still required for everyone – patients and staff. We call patient-facing areas in our clinic ‘on stage’. In some parts of the country, there is no mandate to wear masks, but our patients appreciate our continued focus on their safety with a consistent mask policy. Our vaccinated staff are allowed to remove their masks in the ‘back-stage’ area where patients do not go. Staff really appreciate this.

Safety as a differentiator

We assumed that many of our safety measures were standard business practice, but we discovered that they differentiate our centre from many other business experiences our patients have had. They really appreciate our efforts to go above and beyond in simple ways to promote their safety.

The surgeon’s recommendation: More important than ever

In addition to updates in our education workflow and enhancements to the safety and flow of our practice, a strong and personal technology

recommendation from the surgeon is still vital to maintaining refractive cataract surgery volumes.

I always ask myself with each patient, “What lens and surgery would this patient want if they had my knowledge and experience?” I think this is a powerful and important question because we always want to truly do what is best for each patient based on their unique goals and needs.

I also find that this question helps me avoid making assumptions about the patients, their goals and their financial circumstances. Our staff work hard to open up and listen to each patient so we can make the best recommendation for their vision.

Also, what I continue to find – now more than ever – is that patients value premium refractive cataract technology. All the cataract technology we offer at Vance Thompson Vision is life-changing for our patients; however, patient satisfaction continues to be highest for those that choose the premium technology options.

For example, during a recent US Food and Drug Administration trifocal study in which I participated, 99.2% of patients who received a trifocal lens said they would choose the same lens again, compared with 89% for the control group.² This reinforces a trend we continue to see: when we do a great job educating our patients, measuring their vision, understanding their vision goals and recommending the best technology for them, they are extremely satisfied with our care.

Our goal of great care always brings our practice back to a discussion of the patient experience, or what we call ‘the big E’. In today’s environment and economy, investing in premium refractive cataract surgery options and creating the ideal patient experience have never been more important. □

1. The Vision Council. Eyes overexposed: the digital device dilemma: digital eye strain report. 2016. Available at: www.thevisioncouncil.org/content/digital-eye-strain (accessed 7 July 2021).

2. Modi S, Lehmann R, Maxwell A, et al. Visual and patient-reported outcomes of a diffractive trifocal intraocular lens compared with those of a monofocal intraocular lens. *Ophthalmology*. 2021;128:197–207.