How to add myopia management without losing your mind, your staff and your primary care practice

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1. Define your USP
   1. What exactly are you “selling” and what exactly are parents “buying?”
      1. FAB’s
      2. Emotional rewards
         1. Different for patient vs. parent
      3. Examples from outside optometry
         1. Auto industry
         2. Cosmetic industry
      4. Examples from optometry
         1. Conventional contact lenses
         2. Eye examinations
      5. Who is your target?
         1. Messaging for parents
         2. Messaging for children
2. Consistency of messaging
   1. Uncorrected VA doesn’t equate to myopia control
   2. “It’s only myopia, what’s the big deal?”
      1. Explaining why myopia matters
      2. Use of charts, graphs, studies that can be patient and parent friendly
   3. From the parents’ perspective, you’re either doing this “for real” or you’re not
      1. Credibility concerns
         1. Off label use issues
         2. Claims
         3. FDA
         4. FTC
         5. Support of other healthcare professionals
            1. Pediatricians often the “gatekeeper” of knowledge
            2. Strong bond of trust
            3. How to explain myopia to other healthcare professionals

Pediatricians belief about “20/40 or better is OK”

Addressing time concerns of pediatricians

* + - 1. How to answer:
         1. Why haven’t I heard about this before?
         2. Why even bother if you can’t erase/cure/turn back the myopia? This only slows it down and it MAY stop it? Seems like a lot of work/expense for prevention of something that might not even happen, and even if it does get worse, it doesn’t mean my kid will have serious problems!
  1. Social Media, web-site challenges
     1. Claims
        1. Legal considerations
     2. Testimonials
        1. How and when to use
        2. Legal implications
     3. Addressing other online information:
        1. that makes outlandish claims
        2. that is factually inaccurate
  2. “Conventional” marketing
     1. Must be hyper targeted to be cost effective
     2. Snail mail
     3. Print

1. Scheduling
   1. Clear delineation is necessary for each phase
      1. Examination
         1. All at once or over multiple visits?
         2. What testing to do at this phase
            1. Keeping the lines clear to distinguish between:

Primary care

Pediatric examination

Medical eyecare

* + 1. Consultation
       1. What tests to do, when to do them
       2. Who is at the consultation – parent and patient?
       3. What is covered at the consultation?
    2. Scheduling for various types of treatments
       1. Different modalities require different blocks of time
          1. Optical
          2. Pharmaceutical
          3. Combination therapies
    3. Follow-ups
       1. Different modalities require different blocks of time, potentially at different times of the day
          1. Contact lenses
          2. Pharmaceutical

1. Equipment
   1. Axial length measurement a must
      1. Optical biometry vs. A scan
      2. Topography
2. Staffing
   1. Train staff who can be dedicated solely to myopia control
   2. Training
      1. Clinical
         1. Protocol explanation to parents
         2. Side effects of potential treatment alternatives
         3. Risks associated with treatments
         4. Risks associate with non-treatment
         5. Train staff on FAQ’s
      2. Brand
         1. Train to succinctly explain core benefits to parents and kids
         2. Role playing and simulations
         3. Video tape
      3. Coaching/counseling skeptical parents
3. Insurance topics
   1. FAQ’s for staff
      1. Is this covered by my insurance?
      2. What about any pharmaceutical options?
   2. Role plays
      1. Telephone
      2. In-office
4. Fees
   1. Global vs. ala carte
      1. Plusses-minuses
      2. Financing
      3. Health Savings Accounts/Flexible Savings accounts

Course description:

Adding any specialty to any practice is rarely as easy as it seems. While you have the best intentions to make it happen, primary care practice life “gets in the way” of making any changes. If you’ve come back charged up from previous lectures ready to add myopia management to your practice and still can’t seem to get things started, this course is for you.

Learning Objectives:

1. Attendees will learn the benefits of adding myopia management to their practices.
2. Attendees will learn the best parent/patient friendly ways to define and discuss myopia management.
3. Attendees will learn ways to answer parents/patients most commonly asked questions about myopia management.
4. Attendees will learn best practices for scheduling myopia management patients to avoid interfering with their primary care practice
5. Attendees will learn highlights of what’s necessary to train staff about myopia management.
6. Attendees will learn about various strategies for appropriately setting fees for myopia management.