HOW TO BE THE PIED PIPER OF DRY EYE

Attracting, educating, and converting patients to your practice.

BY MARK R. BUBOLTZ, OD, FAAO

According to the Tear Film & Ocular Surface Society Dry Eye Workshop II, as many as 50% of our patients have dry eye, making the disease the most common pathology any of us will encounter. But if an estimated half of our patients have dry eye, why does building a specialty dry eye clinic seem to take so long? The answer isn’t always cut and dried, but I’m going to offer you some tips for converting your existing patients and attracting new patients to your dry eye clinic, which should help your efforts pick up momentum.

MAKE A GOOD FIRST IMPRESSION

Dry eye is one of only a few diseases that patients will come in knowing they have, even if they have never been told. As patients make their way through entrance testing, make sure your diagnostic testing equipment—such as the TearLab Osmolarity System (TearLab), LipiView II Ocular Surface Interferometer (TearScience), and Keratograph 5M (Oculus)—is visible.

If the patient checked the dry eye box on the intake form, have your technician talk excitedly about the equipment, even if the patient’s primary reason for the visit is to update his or her glasses or contact lenses.

If you own or lease even more advanced therapeutic devices, such as the LipiFlow Thermal Pulsation System (TearScience), the iLux MGD Treatment System (Alcon), or an intense pulsed light system, keep them in a spot that’s well lit and visible, not tucked away until you need them. Talk to patients about the devices and about your excitement for using them.

THE NEW WORD OF MOUTH

A recent study found that 80% of internet users have searched for health-related topics online. It stands to reason, then, that a new dry eye patient will likely seek you out (or not) based on your website and social media presence. Fairly or unfairly, your passion and expertise in dry eye disease may never connect you with patients if you don’t portray yourself as having these credentials on your website.

We’ve made great strides in dry eye...
research and therapy; however, there still are patients who feel that they have been let down by a previous eye care provider’s lack of effort in treating their disease. If you’re interested in attracting patients with dry eye, your website should mention dry eye somewhere on the homepage.

I shouldn’t have to preach the power of social media. Share informative videos and photos on whatever channels are linked to your practice (Figure 1). We have an informational dry eye video (Figure 2) playing on television screens in our waiting rooms and posted on our website, and numerous patients have commented on its helpfulness. Watch the full video on YouTube: bit.ly/0519Buboltz.

DON’T LEAVE PATIENTS HIGH AND DRY

Is it worth taking 5 minutes to explain every available treatment option for a patient who has mild meibomian gland dysfunction and blepharitis that is asymptomatic? Probably not, but it is worth taking the time to at least ask about dry eye symptoms, whether verbally or using a questionnaire. Some patients may not know that having dry, irritated eyes is actually abnormal and that options exist to help eradicate their symptoms.

PATIENTS DON’T CARE WHAT YOU KNOW UNTIL THEY KNOW YOU CARE

Admittedly, this mantra was stolen from John Berdahl, MD, but I felt it to be fitting advice here. You are not going to gain the trust of a dry eye patient until he or she feels your empathy. Using fancy equipment and big words will not console the patient who has dealt with years of dry eye symptoms despite many trials and treatments from different practitioners.

Acknowledge the patient’s disease and how it affects his or her quality of life, and then show that you are there to help. These steps are essential to starting a relationship on the right foot.

I recommend planning for at least 30 minutes of face-to-face time with a patient for an initial dry eye evaluation. Some patients may not need this much time, but many dry eye patients are anxious and inquisitive. If you take the time during the initial consult to empathize with the patient, answer questions, and set expectations, he or she will be more likely to show up for subsequent visits, which will likely become more efficient over time.

STAY POSITIVE

Achieving dry eye relief should not be a hopeless dream for our patients. Stay positive and use diagnostic testing to point out improvements in your patient’s dry eye signs (eg, better osmolarity scores, better staining measures, lessened inflammatory markers, better meibomography). Even if the patient’s signs or symptoms are worsening, staying positive and optimistic about therapy or potential adjustments to therapy will help to keep him or her optimistic and encouraged with your care. Sometimes it seems the dry eye specialist needs to act as much as a therapist as a medical practitioner, but using your people skills will go a long way toward keeping your dry eye clinic abundantly flowing.

IF YOU PROMOTE IT THEY WILL COME

Building a dry eye clinic can result in long-term rewarding relationships with your patients. If you take the right steps to attract and subsequently keep patients, your dry eye clinic will soon become a dominant part of your practice.

AT A GLANCE

- If you’re interested in attracting dry eye patients, your home page should reference dry eye.
- You are not going to gain your dry eye patient’s trust until he or she feels your empathy.
- Sometimes being a dry eye specialist requires acting as much as a therapist as a medical practitioner, but using your people skills will go a long way toward keeping your dry eye clinic abundantly flowing.


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