Addressing the Risk of Contact Lens Dropout in Your Practice

You may be losing a financially significant number of contact lens patients each year. Learn how to keep them.
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Eye care professionals (ECPs) are constantly faced with the challenge of solving dryness and discomfort complaints for their contact lens patients. These complaints are often cited as major factors in the discontinuation of contact lens wear. In 2010, *Contact Lens Spectrum* reported that 16% of contact lens wearers permanently dropout of contact lens wear each year. Even with advances in lens materials such as the introduction of silicone hydrogels, contact lens dropout rates have remained remarkably unchanged, with estimates still ranging as high as 30%, which is reflected by revenue loss in practices over time.

**Dropout Rates and Reasons**

**DR. MARSDEN:** Dr. Rumpakis, you recently published research that reveals a kind of ambivalence, from a practical standpoint, about what happens in clinical practice with contact lens dropouts. What did you find? Can you talk about the dropout-related threats we might face in practice?

**DR. RUMPAlKIS:** Well, it's interesting. I did my research in 2009 and the article was published in January 2010. When you think about the economic changes going on in that period, you can see that we're looking at a vastly different world today.

There used to be a long-standing idea that we had 10% of our contact lens wearers dropping out at the same time that we were getting a 10% increase in new contact lens patients. Many thought the contact lens market was flat, and that the lack of growth would kill it off.

I was asked to determine why the contact lens industry was flat, and I said, “I don’t believe that 10% statistic.” I decided to challenge it. I built a website for an online survey to evaluate the contact lens dropout rate around the globe. The U.S. data showed that the contact lens dropout rate was almost 17% overall in the first year of wear. In the data aggregated since that initial question to include multiple-year scenarios, I see a vast range in dropout rates from 16% to 30% per year.

**DR. MARSDEN:** In our clinical practices, we all have some level of dropouts, and some of us track them. Do you think most practitioners are aware that they’re losing 16% to 30% of their contact lens wearers per year?

**DR. DUROCHER:** I think most doctors are absolutely unaware. I travel and lecture all over North America and have many conversations with practitioners. I always ask the question, “How well do you think we’re doing with contact lenses today?” And almost every time, they say, “We’re doing great. Lenses are better than they’ve ever been, patients are happy. They’re staying in their lenses.” But the numbers tell a different story.

**DR. MARSDEN:** Any discussion of dropouts includes some reference to the difficulty of measuring them. Why has this person left? Could I have prevented it? But before we address that, we first have to know why it’s crucial that we retain that patient.
Dr. Rumpakis, your research addresses the issue about revenue loss. What is the financial impact of contact lens dropouts from an annual standpoint and for the lifetime of a patient?

**DR. RUMPAKIS:** Estimates vary, but let’s say one patient represents about $275-375 per year in purely optical-related services, not including potential medical revenue. Using a financial function to figure out the lost future value of that opportunity, the practice stands to lose a median value of $21,000 per patient over that patient’s lifetime within the practice. That’s significant. We must try to retain every patient in our practices.

**DR. DUROCHER:** And that’s just a direct effect. The indirect effect is huge. The word of mouth referrals lost, the friends and family you won’t see because you didn’t do well.

**DR. GEFFEN:** That’s just one patient, too. If you see 3,200 patients a year and 25% of your practice is contact lenses, that’s 800 patients. If you lose 10% per year, that’s 80 patients. Multiply that revenue loss by 80 patients per year, and you’ll feel the impact.

**DR. MARSDEN:** Why do you think patients are dropping out? Is it discomfort? Dryness? A visual response? Is there a single driving force, or do patients drop out for different reasons?

**DR. GEFFEN:** Well, we’ve read for many years in the literature that the number one reason for dropout is discomfort, and I would argue that the discomfort is mainly end-of-day dryness. When you have a patient who tells you, “I can’t wait to come home from work and rip my contact lenses out,” you have a problem. That patient will wear her glasses to work one day and think, “This isn’t so bad.” We’re fooling ourselves if we think this patient is going to keep coming back to us if we don’t address her long-term comfort issues. She’ll end up in somebody else’s office.

**DR. GIEDD:** When we ask if patients drop out because of problems with comfort or vision, we ignore just how intertwined those two things are. Patients’ blurred vision at the end of the day may be related to lens dehydration or other problems. Even if they’re not experiencing a physical sensation of discomfort, they often describe their visual problems as discomfort.

**DR. RUMPAKIS:** And I don’t think they know how to rate discomfort. I’m truly convinced that patients put up with a high level of discomfort because they don’t know it’s abnormal. They think being a contact lens wearer means they have to suffer with a certain amount of discomfort before they report it as being a problem.

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—John Rumpakis, OD

Furthermore, in my experience, daily disposables are a modality that encourages self-recall. I have certain patients who have never purchased a lens product from me, but they come religiously every 12 months for their daily
disposable lenses. I appreciate them coming in because now I have healthier patients and increased compliance.

**DR. RUMPAKIS:** In our study, the average time a patient stayed with a practitioner was 24 years. People stay with a practitioner who keeps up with technology and genuinely cares for them. If patients don’t have that perception, they leave. And practices don’t like to face the negative impacts. They don’t like to admit failure. Patients just disappear and practitioners don’t know why.

**DR. GIEDD:** Many of our colleagues don’t necessarily profit on the sale of optical goods, but there is tremendous value to them as well. Contact lens patients are your best source of revenue for services. They come back to you more often than spectacle wearers for comprehensive exams and for the management of other problems.

**Before Patients Drop Out**

**DR. MARSDEN:** If we don’t want patients to reach the dropout stage, we need to address dropoff. We need to step into that continuum before patients decrease wear time. How can we identify the potential for dropoff before it occurs?

**DR. RUMPAKIS:** I think that to shut down dropouts, practitioners need to realize that dropout is real and it exists in your practice, whether you want to admit it or not. That’s the only starting point for success in stopping dropout — realizing that you have a problem.

**DR. DUROCHER:** Early detection and treatment are key for our glaucoma patients, and the same thing is true for potential contact lens dropouts. You’ve got to detect the problem and stop it before it even starts.

Even when we work to ask the right questions, we may not be able to identify dropoff if patients aren’t talkative. I think that when we’ve had patients in the same lenses for a few years, it’s best to have them try a new product. Even if they think everything is fine, the new lenses and solutions can show them something different. By anticipating needs and updating the treatment technology, we’re creating a great deal of value.

**DR. GEFFEN:** In my practice, Biotrue® ONEday daily disposable contact lenses have really been the answer for dropoff and dropout of spherical patients in my practice. The lenses satisfy my patients’ needs with excellent optics and end-of-day comfort. They’re happy, and they refer their friends. Contact lens complications have declined, and so have dropouts.

**DR. MARSDEN:** Do you ever try to get patients who have dropped out to return?

**DR. RUMPAKIS:** I think many practitioners either don’t know how to mine their database to find these patients or they’re not interested enough in identifying these patients so they can reach out and communicate the new technologies that are available.

**DR. GEFFEN:** But there’s always that patient in the chair who checked “Yes” next to “Have you ever tried contacts?” on the intake form. That is a golden opportunity to say, “Things have come so far. Would you consider test driving new lenses today?” When I put the Biotrue ONEday lens on patients, they see amazingly well. There’s a definite “wow” factor. Patients say, “I don’t even feel these lenses. They’re amazing.” They come back in a week and say they keep forgetting the lenses are in. It’s great to hear.

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**References**

DR. MARSDEN: Dropouts happen to all of us, and they affect our practices in very concrete ways. Still, I think that some of our colleagues aren’t focused on preventing dropouts, to their detriment. Let’s start framing our discussion of dropouts in terms of how they happen — the slide from dropoff to dropout — and then we’ll talk about how to prevent it.

DR. DUROCHER: Dropoff is when patients’ wear habits start to fade. They wear their lenses fewer hours per day, and they don’t necessarily wear them every day. When they need to have superior vision, they may rely on their spectacles. Their contact lenses just don’t perform at the level they used to and they’re less comfortable, so patients use them less.

DR. MARSDEN: So, they go from full time to part time to no time?

DR. DUROCHER: Yes. It’s a continuum from dropoff to dropout, or “no time.” I don’t think that there’s a moment when patients decide to stop wearing their lenses. They just wear them less and less and finally say, “Enough already.”

DR. MARSDEN: How can we get over the psychology of the contact lens wearer life cycle? Patients start out, robust 18-year-olds wearing contact lenses all day, every day, for every waking hour. As they get a little older, it’s a little more of a hassle. The lenses aren’t as comfortable. Eventually, often around middle age, they convince themselves that they don’t want to wear contact lenses anymore.

DR. RUMPAKIS: I see the same progression, but I look at the psychology a little bit differently. I think patients who wear contact lenses for decades often perceive themselves as experts in contact lenses, their wearing habits and their eyes. They tend to follow our recommendations less and less as time goes on.

As a result, I don’t think that dropouts rise at age 40 primarily because of presbyopia; I think patients who have been wearing contact lenses for 25 years say, “I know my eyes and contact lenses better than my doctor does. I know exactly how my eyes feel and react to different products. I know what to buy at this point. I don’t need advice about new contact lenses or solutions.” And they aren’t proactive about telling us their symptoms because they think they have the answers. They’re certain they’ve “heard it all before,” and they don’t expect new innovations to address the problems they’ve been dealing with for years. This is why it’s so important for us to be proactive and engage in that conversation with patients.

Identifying Potential Dropouts

DR. MARSDEN: Ideally, we’d like to identify potential dropouts earlier in the continuum, when they’re starting to drop off or even before...
they notice a problem. That way, we have the opportunity to intervene and prevent dropout. How can we do that?

DR. DUROCHER: The only way to do it is through smart communication with our patients. We have to ask specific questions. If we ask, “How are you doing with your contact lenses?” they say, “I’m doing great.” That’s not enough. It doesn’t tell us anything.

DR. MARS DEN: So, do you use a questionnaire or consumer survey? Do you ask how many hours they wear lenses or how their shopping habits compare to 2 years ago? Do you add maximum wear time to your case histories?

DR. DUROCHER: I think it needs to come from us, not from a questionnaire. It doesn’t have to be a long conversation. It’s a brief exchange. And it has more value because patients want one-on-one communication with us. We all have our technicians get a history and a workup, and then patients tell us something completely different during the visit. They want to talk to us, and that’s a good thing.

DR. GEFFEN: That conversation gives us more information than any questionnaire. For example, you mentioned average hours of wear time, which I don’t consider very informative. We have that on our intake form, and patients put down 14 hours. But I have no idea if they really wear their contacts for 14 hours or if they’re comfortable.

In the chair, I like to ask, “When do you usually take off your contacts?” If they tell me, “As soon as I get home from work,” I say, “Why? Are your lenses uncomfortable at that point?” That elicits a whole new discussion. They might say, “I just like to get in my PJs and fall asleep on the couch,” which is fine. But if they say, “I take them off because my eyes feel like sandpaper,” then I have the chance to fix a problem and maybe give that patient a happier lifestyle. I can prevent a dropout.

DR. GIEDD: We can’t ask patients directly where they fall on the dropoff continuum, but we can open up the discussion. Asking a question like, “Can you wear your contacts as often or as long as you want to wear them?” tells me something about not only their duration of wear, but also their comfort and satisfaction. It’s OK if patients like to wear glasses sometimes, but I need to know if they’re getting everything they want out of their contact lenses. Their answers help me ascertain their status and identify where there’s room for improvement.

Questions to Ask

DR. MARS DEN: We’ve established that we, not questionnaires or surveys, are the keys to detecting dissatisfaction and dropoff and turning them around. Dr. Giedd, how do you have that conversation with your patients? What questions do you ask to prevent dropout in your patient population?

DR. GIEDD: As part of the contact lens exam, I tell every wearer, “I always feel it’s part of my job to tell you what’s new or different in the world of contacts since we last got together.” I give them a little synopsis of what new products they might be candidates for, and sometimes that comes with a recommendation to change. Even if I don’t recommend a change, I think the conversation opens up a dialog. They need to know that there’s always something new and different, and I offer it. Sometimes the conversation brings out issues the patient would not have raised on his own.

Some patients think contact lenses naturally get dry after 6 hours, so there’s no need to mention that. To find out how they’re doing in their current lenses, I ask a question such as, “What do you wish was better about your lenses?” because, of course, that implies that there’s room for improvement. If I asked, “How are your lenses?” I’d get, “They’re fine,” and never know that some problem was slipping through the cracks. I set the stage for them to give me a specific response. Tell me what could be better.

DR. DUROCHER: I always ask two questions. Number one is “What do you like about your
contact lenses?” As they’re talking, I throw in the same question you’re asking: “If there was one thing we could change about your contact lenses, what would that be?” The most common answer is “how they feel at the end of the day.” They can’t wait to get home and take out their contact lenses. And I always ask, “What’s the best part of your typical day? Do you look forward to leaving work and getting home to your family? That’s the last time you want your contact lenses to be bothering you. What if we can make that better?”

The same goes for patients who have problems with visual performance at the end of the day. They might take out their lenses to drive home to avoid glare and halos. It’s inconvenient. We can improve that, too.

**The Complacency Gap**

**DR. MARSDEN:** We can prevent dropouts with a conversation that takes under a minute. So, why are dropout rates so high? Why are doctors disconnected from the problem?

**DR. GIEDD:** When you look at patient feedback, independent surveys show that as many as two-thirds of patients really don’t talk to their doctors about their problems — discomfort, dryness, visual complaints or otherwise. When the doctor doesn’t actively open the door to that conversation, the conversation doesn’t happen. Patients drop off and drop out.

**DR. GEFFEN:** It’s complacency. We don’t ask the right questions. We assume that patients are doing well because we’re busy and we don’t want to upset the schedule. And then we fool ourselves into thinking we’ll see these patients again. We need to spend those extra few moments asking those critical questions. If they return in 3 years wearing glasses and they haven’t worn their contacts in a year, then we’ve done them a disservice.

**DR. DUROCHER:** You may not even see the patient for spectacles again. When patients drop out of contact lenses, they may well go to another practice to avoid having the ‘where are your contacts’ discussion. They just want to start over.

**DR. MARSDEN:** And that’s why doctors are unaware of this dropout issue.

**DR. RUMPAKIS:** Our profession doesn’t take communication seriously enough. We often rush through things to check the boxes, to make sure that we ask the questions. We habitually prescribe the same things, not thinking about innovation and change and what we can do to improve the quality of patients’ lives. If patients aren’t complaining too badly, we send them back out the door. It’s the “if it ain’t broke, don’t fix it” attitude. It only takes a short conversation with a patient to change all of that. We can focus on the qualitative aspects of a patient’s status, really under-
stand the situation, and keep the patient happy and part of the practice.

**Inform Every Patient**

**DR. MARSDEN:** On our intake form, we ask patients, “Do you want to know what's new?” I always find the phrasing a little odd because inevitably most of them write, “No. I’m happy with what I have.” The fact that they’re happy is the reason they’ve come back to see me — if they weren’t happy, they probably would have gone elsewhere. I need to talk to patients before they write, “Yes. I need to know what’s available because I’m not satisfied with my current lenses.”

Whether patients tell us they want to learn what’s new or not, we need to communicate that there are new developments, and those developments may help them see and feel better. How can we do this?

**DR. GEFFEN:** We send newsletters and emails to our patients announcing new technologies. We invite them to come in and try a new lens, material or product, just to keep them aware of what’s happening. It’s so important for us to work preemptively, inside and outside the office because it’s very difficult to find what unmet needs keep a patient from returning.

**DR. GIEDD:** I think patients find it impressive when you talk about new technology. It really builds loyalty to your practice. And in an era of online reviews and ways for patients to publish feedback about your office, impressions are more important than ever. It’s hard to measure these indirect and less tangible influences on our profitability, but I think they’re very real. That extra 30 to 60 seconds of chair time and dialog comes back to us in the relationships and loyalty we build. It’s a better way to spend our time than spinning our wheels trying to get new patients.

**DR. RUMPAKIS:** Yes. As a rule of thumb, one generally expends five times more effort on new patients than one would expend to provide the same services for an existing patient and make the same revenue. It definitely pays to market to your internal patient base.

**Staff Must Help**

**DR. MARSDEN:** We’re not the only ones talking to our patients. As we try to change the old paradigms of sticking with the same lenses for years and using the recommended solution, not just the one that’s on sale, what is the role of our staff? How do they help promote our choices to our patients?

**DR. GEFFEN:** My staff is critical because they participate in patient education as much, or more, than I do. They’re the first and last people patients see. We try to train our staff to educate patients and talk about what’s new in materials, and we make sure they understand solutions as well.

**DR. MARSDEN:** I think that the staff has to be well versed in your prescribing habits, whether it’s the care system or the lens modality. They have to understand the value proposition of what you’re prescribing, and recognize that you’re making a specific prescription for this patient. If the patient says, “Wow, that’s really costly,” and the staff member answers, “Well, we can put you in something cheaper,” this completely undermines the conversation you just had with your patient.

**DR. DUROCHER:** I’d add that I think the staff needs to experience these contact lenses and solutions, whenever possible. When they can give a true testimonial, it really makes a difference.

**DR. RUMPAKIS:** The staff really has more face-to-face time with the patient than the doctor does, and many patients look to the staff for validation of what the doctor recommended. A patient may say, “The doctor said this. What do you think?” And the staff needs to answer in a way that’s consistent with your practice’s view every time.
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Evidence of the explosion in digital devices is all around us, but less obvious perhaps are the ways in which to help our patients respond to the unique visual challenges this revolution poses. Many of our contact lens patients spend much of their workday using a computer and a significant amount of time outside work on a computer or other electronic device – often amounting to 10 or more hours a day. These increasing amounts of screen time are consistent with the reported high rates of electronic device ownership among American adults, with 88% now owning a cell phone, 61% a laptop computer, 18% a tablet computer and 18% an e-reader.

**DR. MARSDEN:** We know patients are spending long hours every day on computers, tablets and smart phones, which decreases the blink rate, contributing to physiologic dryness. It’s also important to note that these patients have high visual demands for these tasks. This is now our world. How does it affect our choice of contact lens and how we keep patients in those lenses?

**DR. GIRED:** We’ve been recalibrated to a high-definition world. We need to read 10-page documents on our smart phones. Our TVs show us every blade of grass and every whisker, and that’s the resolution we expect from our eyes. The proliferation of personal technologies has changed patients’ symptoms and raised their visual expectations, which in turn has changed our job.

We have to take this into account when we make our recommendations. In terms of contact lenses, this means the best contact lens modality in a daily disposable, and a glare-reducing optical design that delivers the quality of vision our patients expect.

**DR. GIFFEN:** Think about how accustomed technology users are to “trading up” when devices get markedly better every few years. For patients with that mindset, changing contact lenses every few years makes sense, too. And I’m a true believer in offering patients new products every 3 years because in year four, they start getting complacent and ordering lenses online to avoid exam fees.

**DR. MARSDEN:** It’s like a cell phone contract. We can’t wait to get the new phone every 2 years because there’s so much added to the device. Yet as practitioners, most of us don’t recommend changing eye wear, contact lenses or solutions as technologies improve. Why is that? What does it take to recommend a change?

**DR. GIFFEN:** Many optometrists don’t realize that patients are leaving practices and dollars are lost. I think most of them would start making these changes right away if they saw how inaction affects the bottom line.

**DR. MARSDEN:** Part of awareness is knowing how much our patients use digital devices. I used to ask about their “computer work,” but found that patients only provide their work hours. They can double that if they’re gaming at home, using a tablet or spending a good...
amount of time on a smart phone. Do you ask your patients about screen use?

**DR. GEFFEN:** We ask how many hours per day are spent on a computer, video games and smart phones. Additionally, in my exam room I no longer use a near point card. I say, “Pull out your cell phone,” because that’s what they want to see, and I want to make sure they can read their cell phones with the contact lens I prescribe.

**Filling a Need**

**DR. MARSDEN:** We need to address two primary demands for patients who spend time using screens: excellent vision and relief from dryness symptoms caused by lowered blink rates. How do we do that?

**DR. DUROCHER:** Dryness is inevitable. With screen use, the contact lens is exposed to the air more — potentially increasing lens dehydration, resulting in a feeling of dryness and decreasing the quality of vision. In these cases, I prescribe a lens like the Biotrue® ONEday (Bausch + Lomb) that has an outer surface that mimics our lipid layer of the tear film to help prevent dehydration. Dehydration of this unique lens material is minimal and this helps maintain excellent optics throughout the day. Patients are going to feel comfortable as they use their electronic devices, and the aspheric optics will deliver excellent vision.

**DR. GEFFEN:** We’ve taken patients who have dryness complaints as a result of digital device use and put them in the Biotrue ONEday lenses. Many of these patients didn’t think they could successfully wear contact lenses because of the dryness. It’s been an eye opener for me to see how successfully I’ve been able to meet the needs of these patients with this lens.

**DR. MARSDEN:** So, a daily disposable product like Biotrue ONEday is your answer for many of these patients?

**DR. GEFFEN:** In my experience, these lenses allow us to provide patients with everything they need, in a way that makes sense for people who embrace newer, better technologies. We’re in the middle of an exciting time in terms of contact lens innovation. The major manufacturers have all committed to the daily disposable modality, and we have great lenses on the market.

And for a practice like mine — daily disposables are the only way to go. I’ve found that Biotrue ONEday is an innovation that may change the whole industry and give us an excellent opportunity to keep patients in clear, comfortable lenses.

**DR. MARSDEN:** Specifically, is there an advantage of using Biotrue ONEday for visual performance benefits in high computer-use environments?

**DR. GEFFEN:** I’m in a biotech rich area of the country, and our practice is loaded with engineers who spend 8 or 9 hours a day looking at a digital screen, and then go home and look at their computer or TV for another 4 hours for fun. We’ve found that with the Biotrue ONEday lens, not only are their eyes feeling moister than they did with other products, but patients also have less visual complaints.

By not drying out, this lens maintains a pristine level of aspheric optics for crisp, clear vision throughout the day, even if patients stare at a monitor all day long. The lens wettability makes it stable throughout the day, and the fact that its surface mimics the natural lipid layer of the eye provides comfort throughout the day that’s unsurpassed. Patients are happy and they send their friends to our practice.

**DR. MARSDEN:** How do you demonstrate the difference to patients?

**DR. DUROCHER:** You’ve got to let them experience it. Let them try it and see if their experience matches your expectations.

**DR. RUMPALIS:** Experiencing the new technology is very important. All of us would say, “I had a great phone 5 years ago, but I couldn’t go back to it because my new phone lets me do so much more.” But you can’t make the comparison unless you experience both phones. The same goes for contact lenses. Once you allow patients to experience what the new technology actually does for
them, that’s what really delivers value. And cost is no longer an issue. The lenses cost more, but there’s value added because it’s a better product.

**DR. MARSDEN:** Outside the United States, daily disposable utilization is high. Why isn’t the modality embraced here?

**DR. RUMPAKIS:** I participated in launching the first-generation daily disposable lenses nearly 20 years ago, and we’re still talking about how to convince our colleagues that it’s the preferred modality. I’ve never understood why ODs, who have no trouble up-selling a spectacle lens to a premium progressive lens, won’t make the same recommendation to upgrade contact lens technology to a daily disposable.

**DR. DURCHER:** I think some of our colleagues believe daily disposable lenses are too expensive for their patients, and they don’t want to have what they perceive to be a difficult conversation. They would rather leave things as status quo. That’s why contact lenses have become a commodity. Let’s say you take a patient out of an old lens with so-so performance that affects their comfort and lifestyle and put that patient into Biotrue® ONEday. You explain why the lens is so much better, lay out your expectations and let the patient wear the lens and see how it performs. This is medical device decision making. This is not a commodity. And daily disposable lenses have many features that help demonstrate that.

**DR. MARSDEN:** From what we’ve discussed, there’s a clear financial downside to the commoditization of contact lenses. If we want to convince ODs to use daily disposables, could financial benefits be the key?

**DR. RUMPAKIS:** You can increase profits by prescribing a daily disposable product, or you can decrease profits when patients leave your practice because they’re unhappy in their lenses. Patients eventually won’t come back, and you often won’t know why or get another chance with them. Anticipate and fulfill their needs while they’re in your chair and they’ll stay there.

**DR. GEFFEN:** Right. And the profitability of fitting a daily disposable lens is much higher because patients return more often. In 10 years, a daily disposable patient is back nine times, compared to eight visits for monthly lenses and six times for 2-week lenses. We collect all service fees and get the chance to check patients’ health and ensure they continue to enjoy a safe and comfortable contact lens-wearing experience, so that they don’t drop out of contact lens wear.

**Solution Selection Can Make or Break Success**

**DR. MARSDEN:** We’ve talked about patients’ needs and how important it is to offer them the best correction, like high-tech one-day lenses. How important is the contact lens care solution to maintaining clear, comfortable vision and curbing dropouts in your patients who use frequent replacement contact lenses?

**DR. DURCHER:** The multi-purpose solution is very important. It needs to prevent dehydration. Biotrue multi-purpose solution uses the same lubricant naturally found in the eye, hyaluronan, which helps contact lenses main-

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After switching to Biotrue MPS, 96% of all subjects said they were satisfied with Biotrue, and 90% said that Biotrue was more comfortable than their habitual lens care system. In addition, 88% preferred Biotrue MPS to their usual lens care system, and the same percentage said that they intended to continue use of Biotrue after the study. Similar remarkable results were reported regardless of lens brand or habitual MPS solution.
tain moisture levels for up to 20 hours.*

**DR. GIEDD:** A multi-purpose solution change alone can have a huge impact on our patients’ experiences. It can actually keep patients in contact lenses. The choice matters, and the time we spend educating patients and specifically recommending a lens care solution pays off. Simply recommending a better care product reduces dropouts without adding a lot of chair time or expense for the patient.

Many doctors and patients disregard the role of solutions in the patient’s overall experience. Patients need to understand that our recommended solution will make their eyes more comfortable than “just any solution,” both upon lens insertion and throughout the entire day of lens wear. In my practice, I always recommend Biotrue multi-purpose solution for frequent-replacement lenses. It really can take a patient who has been struggling or suffering and turn the experience around very easily for both doctor and patient.

**DR. MARSDEN:** More talking means more chair time. From a practice management standpoint, what’s the return on the time you invest in explaining why you’re prescribing a certain lens care product?

**DR. GEFFEN:** It’s really not, in my mind, a huge investment in time. You have the patient in the chair and you’re talking to him already. I ask what solution he’s currently using. The answer is often something I never recommended, which tells me I need to go over the importance of solutions every time I see him. For the health of a patient’s eyes and to keep him in contact lenses for many more years, I need to take those 40 seconds once a year.

**DR. MARSDEN:** Patients see a plethora of solutions in the drugstores. Which one do you recommend for your patients?

**DR. GIEDD:** Over the past 3 years, I’ve found that Biotrue multi-purpose solution delivers the whole package of what patients need. It has an excellent disinfection profile and a very biocompatible, bio-inspired moisturizing agent — hyaluronan — that resonates with patients.

**DR. MARSDEN:** How do you explain that to patients?

**DR. GIEDD:** Briefly, I say, “This is designed to work like your eye. It matches the pH of your healthy tears, and has hyaluronan so it feels good when you put it in, and more importantly, the comfort extends throughout the day. The hyaluronic acid stays with the lens and keeps you comfortable for more hours of wear.” I’ve never experienced such loyalty to a lens care product as I’ve seen with my patients who use Biotrue multi-purpose solution.

**DR. MARSDEN:** If we’re seeing those results, why aren’t we seeing more doctors emphatically recommending a contact lens solution? We’re very comfortable prescribing a drug to treat a disease, but many of us are apprehensive about prescribing a solution that could fix a patient’s symptoms.

**DR. DUROCHER:** That’s my thinking. If I want to recommend a glaucoma treatment or a contact lens care system, I make the recommendation. I don’t think contact lens solutions need to be any different.

**DR. GEFFEN:** The problem is that some doctors don’t realize that their most powerful words are “I recommend.” Patients are in our chair because they’ve paid for our service and they want to hear what we recommend. They don’t want us to give them three different contact lens solutions and say, “Use what’s comfortable.” If they wanted trial and error, they wouldn’t come to us.

**DR. RUMPAKIS:** I think that many of our colleagues have an inherent fear of failure with patients, so they don’t want to put their reputa-

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*Results of in vitro study performed to evaluate the release of wetting agents from various silicone hydrogel materials (balafilcon A, senofilcon A and lotrafilcon B) over a 20-hour time period. Lenses were placed in Bausch + Lomb standard lens cases (or hydrogen peroxide neutralizing cases) and soaked for 8 hours in respective lens care solutions. Hank’s balanced salt solution (HBSS) was dripped over the lenses at a rate that approximates tear secretion in the human eye as determined by Reddy I, et al. Ocular Therapeutics and Drug Delivery. The solution that rinsed off the lenses was collected at set time periods over 20 hours and the surface tension was measured using tensiometry. The surface tensions of the rinse solution collected were then analyzed versus the surface tension of the control (rinse solutions collected from lenses pre-soaked in HBSS) using a t-test and a p-value < 0.005. This data represents the number of hours across which a consistent statistical difference in average surface tension could be detected between surface tension of HBSS and the surface tension of the rinse solution from lenses that had been soaked in various lens care solutions for all three silicone hydrogel lens types tested.
Reducing Dropout with Biotrue® MPS

Daily wear contact lens patients who habitually used multi-purpose solutions (other than Biotrue MPS) and reported intent to imminently dropout of contact lens wear because of comfort and dryness complaints were recruited to participate in a recent study to determine whether Biotrue multipurpose solution (MPS) could significantly reduce the likelihood of daily wear contact lens drop out. The patients were switched to Biotrue MPS and continued to use their usual contact lens brands with Biotrue MPS for 2 weeks, before and after which they completed an online questionnaire.

Of the 153 daily wear (silicone hydrogel and hydrogel) patients who completed the study, 93 subjects who had the highest propensity for discontinuation of lens wear were included for further analysis. Of those 93 subjects, 80% of subjects reported they would continue contact lens wear after switching to Biotrue MPS for 2 weeks. Eighty-six percent of all subjects reported that Biotrue MPS made their lenses more comfortable and 87% stated their lenses felt more moist throughout the day than their usual MPS. Online interviews were conducted with 73 of the study participants 6 months after completion of the initial study, of whom 93% responded that they were still wearing contact lenses at least once per week.

Biotrue multi-purpose solution is a unique and innovative solution that was designed to work like the eye. Despite using the market leading lenses and solutions, most patients intending to dropout of contact lens wear due to discomfort and dryness reduced their intent to drop out after trying Biotrue MPS. In fact, the use of Biotrue MPS eliminated the consideration of dropping out in more than half of all study subjects. Patient satisfaction and retention in contact lens wear may have a significant impact on the lifetime value of a patient to the practice and willingness to remain with and recommend a particular eye care professional. Recommending Biotrue MPS may help minimize the risk of contact lens dropout.

References
RECOMMEND BIOTRUE®
The multi-purpose solution that works like your eyes

- matches the pH of healthy tears
- utilizes a lubricant found in the eyes
- keeps key beneficial tear proteins active

No wonder 9 out of 10 patients prefer Biotrue over the leading multi-purpose solution²

biotrue.com

¹ Based on patient satisfaction study.
² Based on 2855 multi-purpose users asked to try Biotrue for about 7 days.
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