A DOCTOR GOES UNDERCOVER

Find out what it's like to be a patient. You'll learn what works – and what doesn't – to improve patient care and boost your success.

This article is the first in a series chronicling the experiences of six optometrists who went undercover as mystery patients in retail stores, wholesale clubs, group and private practices. They'll discuss their overall impressions of the doctors, their staff and the care they received.

Find out what these practices do right, what they do wrong and how your practice compares.

As the sole practitioner in a multioffice private practice in Wilmington,
Del., I wanted to experience what it was
like to be a patient in a commercial practice — one very different from my own.
Here are my impressions of the optical
department of a major retailer.

Friendly and competent

When I entered the optical department, a friendly optician greeted me, answered my questions and seemed eager to help. After I completed a typical history form, a technician escorted me to a pretesting area where he performed autorefraction and perimetry, effortlessly explaining each test. I felt comfortable and relaxed.

Soon, I met the optometrist, who introduced himself and escorted me into the exam room. I told him my contact lenses were dry and I could no longer read small print, which is true. In fact, it's a complaint I hear frequently in my office.

The doctor performed noncontact tonometry, refraction and nondilated fundus exams. I chose not to have my pupils dilated.

We discussed various contact lenses that might solve my problem. After hearing about my choices, I decided to go with monovision. The doctor tried several trial lenses until we hit upon a successful configuration. Then the doctor talked to me about proper lens care. He gave me a contact lens care kit as well as my spectacles and contact lens prescription. We settled the bill, and I left.

Ambiance vs. technology

Although the décor of this optical department is rather nondescript, it does have the latest technology. The autorefractor, visual field screener, tonometer and other equipment are proof of that.

Which brings up a couple of questions: Can we have a successful practice if we have the latest and greatest technology but a generic and sterile environment? Suppose we have a warm and friendly environment but not the technology?

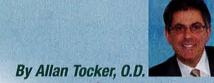
I believe the answer lies somewhere in between. In my opinion, technology, while helpful and impressive, must coexist with a welcoming environment that reflects the personalities of the doctor and staff. Patients want to be inspired and make a personal connection with their doctors.

My overall experience at this optical department was positive because of the attentive staff and thorough doctor, but the generic décor didn't inspire me. So if you've ever wondered whether or not patients need to be inspired, the answer is yes.

The need to engage

As an optometrist who's been practicing for 23 years, I've come to realize that just being a good clinician isn't enough to keep patients coming back. All of us hope we're engaging our patients. But are we?

Something I learned as a mystery patient is that



refraction is boring — even for patients. The optometrist performed my refraction admirably, but he spoke in a monotone voice. A simple refraction that's done thousands of times can be kept fresh by conversing with the patient, asking questions and changing the pitch and tone of your voice. Refraction is not the most exciting part of an eye exam, but neither the doctor nor the patient should be lulled to sleep.

Showing empathy

It occurred to me while I was having my eyes examined just how important it is to be empathetic to the patient's experience. During my visit, the optometrist was very aware that refraction causes confusion for many patients. He explained the process clearly, so I understood what he was trying to accomplish. When you have the chance, consider sitting on the other side of the phoropter to get an idea of what patients might be thinking and feeling. At times, we're tempted to rush through refractions and other tests, and we really shouldn't.

My final outcome

Since I was experiencing contact lens dryness and having difficulty reading while wearing the lenses, I was anxious to find out what the doctor would recommend. Interestingly, he gave me the same speech I give my patients about their aging focusing muscles. Then he discussed several contact lens choices that would help solve my problem.

I believe patients should receive confident direction from their optometrist rather than choices. Offering patients too many choices can confuse them. I selected monovision because "most of my friends seem successful with monovision." If I didn't decide on monovision fairly quickly, I would have gone through numerous lens trials, which might have required several office visits. Once I chose monovision, the doctor quickly determined a lens combination. I will admit the monovision this doctor prescribed was better than my own.

I was somewhat disappointed that the doctor did not immediately address the dryness issue. At that point, it was difficult to be a real patient. I mentioned it again, and emulated my own patients by asking about a lens "I saw advertised on TV." After all, most people

Lessons Learned

- Create an office environment that's warm and inviting, and train your staff to be friendly and eager to help patients.
- Engage patients while performing diagnostic tests by talking to them, asking questions and changing the pitch and tone of your voice.
- Anticipate how patients might react to testing by explaining the purpose for the test and the steps you need to take to get the results you want. Often, patients are confused, frightened or nervous.
- Tell patients what the best treatment option is rather than give them several choices. They need you to be the authority.
- Let patients sample a product they ask for if it's indicated for the condition they have. For instance, if they ask for a specific lens and you give them something else, they may feel slighted.

have seen TV ads about new, innovative contact lens materials. The doctor didn't fit me with the lenses that were advertised, but he did fit me with other lenses that were comfortable and provided good vision.

Thumbs up for retail

In the early 1980s when I was an optometry student, there was a perception that commercial optometry practices were substandard to private settings. But that perception is false. My critique of this optical department could easily apply to any private practice across the country.

As a patient visiting a major retailer's optical department, I was exposed to a friendly, attentive staff, a reasonable amount of technology and a caring doctor.

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BECOMING A PATIENT IN DISGUISE

Find out what it's like to go undercover as a patient. You'll learn what works — and what doesn't — to improve patient care and boost your success.

This article is the second in a series chronicling the experiences of six optometrists who went undercover as mystery patients in retail stores, wholesale clubs, group and private practices. They'll discuss their overall impressions of the doctors, their staff and the care they received. Find out what these practices do right, what they do wrong and how your practice compares.

As an independent O.D. practicing under the roof of a national wholesaleclub chain, I thought it would be fun and intriguing - to go undercover as a patient in an optometry practice unlike mine. I wanted to visit either a private practice or a stand-alone corporate practice. I chose to visit a stand-alone, corporate practice to do my detective work because it was in sharp contrast to my retail setting. Since I know most of the doctors in my area, I waited until I went on vacation in Las Vegas to visit such a practice. Convenience won out: A wellknown, private eyecare chain stood right next to my hotel. I don't need vision correction so I decided to play a vacationer experiencing dryness and burning in both eyes since arriving in this desert city.

First Impressions

I'd decided not to call ahead for an appointment, so the receptionist asked me my reason for visiting. I explained I was experiencing dryness and burning in both my eyes ever since I came to Las Vegas. She

told me I'd be seen as a walk-in and would have to wait about 30 minutes to see the doctor. She gave me paperwork to fill out, so I did that while I waited.

The office looked like a busy practice. The waiting room was small, but there were lots of files and paperwork scattered about in the front desk area. The usual contact lens posters hung on the walls, and there were eyecare pamphlets available in both English and Spanish.

Sign Me Up

As I filled out the forms, I came across information on the Optomap, a digital imaging system used for both screening and detailed examinations of the fundus. I decided to ask a few questions about it to determine how well-informed the office staff was.

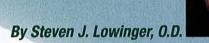
In Nevada (unlike in Florida, where I practice), there is a separate fee for dilation, although the cost of dilation is similar to an Optomap exam. The Optomap was offered as a package with the Humphrey Frequency Doubling Technology (FDT) screening. A staff person told me about the benefits of FDT and the imaging system, so I checked the box to receive both exams. Then, I waited for a staff person to call my name.

Great Prices

As part of my Oscar-winning performance, I spent most of my 30-minute wait blinking a lot and pretending to be in discomfort. Finally, a technician called me to the front desk so I could pay for my exam. Surprisingly, my visit cost less than a general eye exam. In my practice, I bill emergencies at a higher rate than regular exams. But I decided not to say anything about it. As the saying goes, "Don't look a gift horse in the mouth."

Disappointing Moment

Another reason I thought the cost of my exam would be higher was because I checked off the Optomap and



Humphrey FDT option. A staff person told me, "The Optomap and FDT screening are part of the comprehensive exam. However, you're here for a different type of exam and not eligible for these tests."

This is a potentially frustrating situation for patients. It's best not to confuse them about which optional services they can or can't receive. I believe I should've been given the exams I requested, since I was willing to pay for them. I didn't want to make an issue out of it, but I was annoyed. I shouldn't have been given the choice to have the screenings if it was against policy to offer them to patients who weren't receiving comprehensive exams.

Thorough Documentation

When it was time for my exam, a technician led me into an 8-ft. x 8-ft. room for noncontact tonometry and visual-acuity testing. She discussed my paperwork with me and took a thorough history. She signed and dated each page as she went over the paperwork. Her attention to detail was outstanding.

To test my visual acuity, the technician stood me next to a wall and asked me to look through mirrors to read the letters that were above me. Afterward, she brought me to an exam room where I waited for the doctor.

Chat With the Doc

When the doctor arrived, he introduced himself and asked why I was there. He took a more detailed history concerning the nature of my condition. The doctor had a great chairside manner that could put even the most anxious patient at ease quickly.

He placed me behind the slit lamp, examined both eyes and took some notes. Then, he instilled a drop in each of my eyes and asked if I was beginning to feel better. I asked him what he put in my eyes. The doctor apologized and explained it was an artificial tear (I saw that it was Systane) that should make my eyes feel better. He said I was experiencing simple dryness and that an artificial tear should solve the problem. Again, he apologized, this time for not having a sample of the Systane to take with me, but he gave me directions to a nearby pharmacy.

I asked him about the Optomap and FDT screening I'd requested, and that I was told I couldn't receive them because my exam wasn't comprehensive. I asked him whether I should have the exams since my mom had glaucoma. He said that was a good idea, and that I

Lessons Learned

- Train your office staff to handle a wide variety of situations when dealing with walk-ins.
- Make sure the forms patients fill out explain the criteria for receiving additional testing. You don't want to mislead them.
- · Explain each step of the exam process to patients.
- Give walk-ins directions to nearby pharmacies where they can purchase eyecare products and prescriptions.
- Make transient patients aware of their need for regular eye exams at home. Tell them continuity of care with a doctor is the best way to ensure healthy vision for a lifetime.

should do so when I return to Miami. I thanked the doctor for his services, got a receipt for my visit and left.

20/20 Hindsight

As an O.D. who also practices in a popular vacation spot, I know how important it is to educate patients about their eyecare, even though I may never see them again. Even if you don't practice in a vacation destination, you and your staff should be prepared to manage walk-ins for routine or emergency care. Here are some questions you can address in an upcoming staff meeting:

- 1. When out-of-towners walk in or schedule emergency visits, what do we need to do to ensure we answer their questions and handle their requests appropriately?
- 2. Should we collect fees upfront from walk-ins (not including copays) before the visit to prevent them from walking out without paying?
- 3. What instructions should we give walk-ins for their continued eyecare needs?

I had to get some of these questions answered on my own at the practice I visited. But overall, the doctor and his staff were well prepared to deal with various situations, despite their large number of walk-ins.

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A DOCTOR GOES INCOGNITO

A young girl plays the role of mystery patient with her mother and her optometrist father in tow. Read on to find out how a seemingly little-known practice measures up.

This article is the third in a series chronicling the experiences of six optometrists who went undercover as mystery patients in retail stores, wholesale clubs, group and private practices. They'll discuss their overall impressions of the doctors, their staff and the care they received. Find out what these practices do right, what they do wrong and how your practice compares.

When I was asked to participate in this mystery patient series, I was excited — and nervous. I wanted the entire process from selecting a doctor to paying for eyecare services to be as authentic as possible. So I added a twist to the experience: I let my 10-year-old, mildly myopic daughter play the mystery patient and receive the actual eye exam. That way, I removed any potential bias that might have crept in if I'd been the patient.

Selection process

To add another twist, I asked my wife to choose the practice we'd visit. Reason: She's the primary caregiver in our household and has been for years. After a little coaxing on my part, she agreed to take charge of the selection process.

First, she called our daughter's pediatrician for referrals. Then, she thumbed through the Yellow Pages. Our healthcare insurance doesn't cover routine eye care, so she shopped around for the best prices,

location and staff. She found the cost of a comprehensive eye exam in our area ranges anywhere from \$45 to \$125. Some practices clearly stated what was included in the eye exam, while others did not. Staff friendliness and knowledge varied greatly from practice to practice.

My wife narrowed her search to a well-known corporate optical and a small, private practice. Both were within a few dollars in price for an eye exam, although one was offering two pairs of eyeglasses with the eye exam. She thought the two-pair deal was too good to be true. So she chose the smaller, private practice for its convenient location, friendly staff and reasonable prices.

We liked the fact a staff person clearly stated that dilation was included in the eye exam and required for all first-time patients. The staff person asked about our insurance and made sure we had directions to the office.

First impressions

The office looked small on the outside as we pulled into the parking lot. Inside, the office looked quaint but professional. Another plus: A staff person gave us a minimal amount of paperwork to fill out.

Just minutes after we completed it, an optometrist dressed in a white coat greeted us and welcomed my daughter to her office. The doctor asked us some questions about her visual complaints. My wife explained our daughter was having trouble seeing the blackboard at school, and that her teacher recommended she have her eyes checked. The doctor cleaned her instruments and started the comprehensive eye exam. She didn't have an optometric technician or any high-tech workup equipment. My wife and daughter didn't notice that. But my wife did notice the optometrist's chairside manner. She complimented the doctor on how well she interacted with our daughter during her exam.

After the doctor performed the refraction, she explained that my daughter was mildly myopic and that her condition would likely worsen over the next several years. As the doctor examined her eyes further, my daughter mentioned she had soccer practice in 2 hours. For this reason, the doctor decided not to dilate her eyes, but she insisted my daughter return for the dilation to complete the exam. Shortly thereafter, the doctor escorted my daughter to the dispensary and helped her select frames. She explained the pricing structure, which included several value-priced selections for \$100. My daughter found several pairs she liked but decided to return on another day to make a final decision.

Friendliness, competency beat all

My overall impression of this practice was A-1. The staff was friendly and competent, including the receptionist — which is key to the success of any optometry practice. How many times do we place the most recent hire on phone duty? My wife said the friendly and competent staff was what drew her to this office. The fact the doctor helped my daughter choose her frames made a unique impression. My wife loved the personal, one-on-one customer service.

What's more, the doctor performed my daughter's entire eye exam. I'm all for using technicians and hightech equipment, but we should never lose sight of the fact that nothing impresses a patient — or a mother — more than a friendly, caring doctor. It's kind of like golf. We've all seen the amateur golfer who buys the latest high-priced clubs and nicest golf attire. He looks like a pro. Everyone is impressed until he shanks the drive off the first tee and the ball lands in the water. Proof that equipment alone doesn't make a great golfer. Tiger Woods can beat the average golfer in his pajamas and slippers, and probably with a shovel and hoe in his hands. His equipment assists him, but it's his game that carries him. The same holds true for any optometrist. The technicians and high-tech equipment should assist the doctor, not replace her.

The minuses

One of the drawbacks was the size of the office. My wife and I felt a little claustrophobic. Some strategically placed floor-to-ceiling mirrors might have given the impression of a larger space.

In addition, the doctor never suggested my daughter

Lessons Learned

- Make sure your child's pediatrician knows what services you provide. He or she can be a great resource for referrals.
- Train your staff to be friendly and knowledgeable so they can answer patients' questions and make them feel at home.
- Give patients personal, one-on-one attention during their eye examination to put them at ease.
- Market and design your practice with a mother's needs in mind, because in most families, she's the one who decides which doctor her child or teenager will visit. Begin by asking female patients if they have children. If they do, explain the importance of eye health in children and that you examine kids of all ages.
- Make sure your products and services are competitively
 priced with the major retail opticals. Many optometrists in
 private practice say, "I can't compete with the Big Boxes."
 But the practice we visited proves you can.

try contact lenses. With the new technologies available, we all know young patients can wear contact lenses safely. My daughter had been wearing contact lenses since she was 8 years old. But this criticism might be a bit unfair. My wife and I told the doctor my daughter had never worn eyeglasses before, and that we wanted to make sure eyeglasses were used for primary correction before discussing contact lenses at her follow-up visit. Plus, my daughter's primary correction is mild and doesn't require full-time wear.

Deceiving looks

Our experience shows that the larger, well-known eyecare practices aren't always better. We chose a small private practice because the staff was personable, knowledgeable and professional, and the eyecare services were competitively priced. I can honestly say this was one practice any parent would appreciate.

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