A Growing Practice Relies on Happy Patients
What does it take to build a successful eye care practice that will endure? Simply put, happy patients — and the referrals they generate — are the foundation of a successful practice. In today's economy, pleasing patients while maintaining efficiency and profitability has become increasingly difficult. During a recent roundtable discussion, five optometrists with varied backgrounds, ages and practice settings shared their philosophies and the tactics that have helped them achieve long-term practice success despite these challenges.

**Meet the Panel**

Moderator Kim Castleberry, OD, who has been in practice for 28 years, is president and CEO of Plano Eye Associates in Texas. This single-office, multi-doctor practice boasts 7,000-square-feet with 15 exam rooms. Although contact lens patients make up a significant portion of the practice, contact lenses are not sold there.

Thomas M. Bobst, OD, FAAO, immediate past president of the Ohio Optometric Association, practices in Rocky River, Ohio, a suburb of Cleveland. He has been in practice for 30 years. About 50% of his general optometry practice is devoted to contact lenses.

Mile Brujic, OD, is a partner of Premier Vision Group, a four-location optometric practice in Northwest Ohio. Dr. Brujic has a special interest in managing ocular disease and contact lenses. At Premier Vision Group, they strive to always improve the patient experience.

A 2007 graduate of Pacific University College of Optometry, Joshua LaHiff, OD, is a partner in Cheyenne Vision Clinic in Wyoming, where they will be adding an office and two associates this year. This medically based practice sees a significant number of dry eye cases as well as urgent care patients.

Kerry Pearson, OD, has been practicing for 27 years. He is the owner of Pearson Eyecare Group, with three offices in the Phoenix metro area. The practice's focus is on primary eye care and contact lenses.

The panel was organized by Johnson & Johnson Vision Care, Inc. and the panelists were compensated by Johnson & Johnson Vision Care, Inc. for their participation.

**What’s Inside**

Here you will find highlights of the panel’s day-long discussion, including:

- How they define success
- Metrics they use to stay on track
- How they set and stay focused on practice goals
- Proven tactics to attract and retain patients
- Why addressing the chief complaint isn't enough
- How to ask for — and receive — referrals

Read on to learn how happy patients create the practice referrals that promote long-term success.
HAPPY PATIENTS:
The Foundation for a Growing Practice

Simply put, happy patients refer others, and referrals are the key to growth. Learn more about this and how you can tap into its power.

Dr Castleberry: Each doctor on our panel has taken a slightly different path to success, and we’re here today to share our insights and experiences. First, let’s explore what we can do to ensure a steady stream of referrals.

DO THE MOST IMPORTANT THING AND MORE

Dr Castleberry: The most important thing we do as optometrists is find out why a patient has come to see us and then resolve that issue. By doing that, we’re meeting the patient’s expectations, but that alone won’t necessarily generate a referral. What more do we have to do?

Dr LaHiff: We must go above and beyond meeting expectations. Many patients don’t really know what they need, but they know they want comfortable eyes that they don’t have to think about during their busy days. They may come into our clinic with a particular complaint but there may be other unrecognized problems we can address that, if left uncovered, could cause problems down the road.

Dr Castleberry: We do much more than address the chief complaint in a comprehensive eye examination, but it’s easy to get distracted. That’s why I always look back at the chief complaint at the end of the exam to make sure I addressed it.

Dr Brujic: A challenge we often face is patients — especially contact lens patients — who aren’t totally up front with us about how they’re feeling. They’re worried we’ll tell them they can’t wear their contact lenses. If I suspect all is not well, I plant a seed of hope by mentioning that we have new contact lenses designed to be comfortable all day, even toward the end of the day. Then I ask, “Is that something you might like to try?” Hopefully, this starts a dialogue, because the patient realizes he can talk openly to me, and I may have a solution to his problem that won’t require giving up contact lens wear. In these situations, we have the potential to generate loyalty and relationships that go deeper than just being the doctor who accepts their insurance.

Dr Pearson: It’s also important to put patients at ease. When I ask a patient what kind of contact lenses he wears and how often he replaces them, I reassure him I’m not going to scold him. I explain that I need to know what he’s doing, so I can help him. People tend to say what they think they’re supposed to say. For us to properly take care of them, we have to get past that barrier and promote open, honest communication.

Surprising patients with solutions to problems they didn’t know they had, or didn’t think could be resolved, creates happy patients.

— Kim Castleberry, OD

Dr Brujic: Many of us are in the habit of asking patients what time of day they start to notice their contact lenses. Often, the same people who say they have no problems tell you they can’t wait to remove their lenses at 5 o’clock. That’s a problem you’ve gently massaged from the history and can now address with new contact lens options.

Dr Castleberry: I verbally poke and prod gently throughout the examination based on what I find. If I see jelly bumps on the contact lenses, for example, I’ll ask if the lenses get sticky toward the end of the day. If I see a cataract, I’ll ask if driving at night is troublesome. As I start to uncover these issues, I can explain what’s causing them and how they can be treated. Being able to solve problems that patients won’t admit to creates a better experience for patients.

Dr LaHiff: I think the take-home message is: We don’t want patients to feel their eyes or even think about them. If they’re dry, that’s a problem. If vision is poor,
that’s a problem. Just as you never want to think about your shoes because they’re hurting your feet or your watch because it’s not working, patients should never have to think about their eyes.

Dr Castleberry: Surprising patients with solutions to problems they didn’t know they had, or didn’t think could be resolved, creates happy patients. Let’s discuss the results of a recent study that links happy contact lens wearers to referrals.

**TWICE AS LIKELY TO REFER**

Dr Castleberry: The 2011 CWatch Referral and Return Study polled 1,086 patients. People were asked to grade on a scale from 1 to 5 how happy they were in their contact lenses. Later in the survey, they were asked to grade how likely they were to recommend their eye doctors to others. The survey found that patients who are happy in their contact lenses are nearly twice as likely to recommend their eye doctors as those who are unhappy in their contact lenses. Let’s discuss what this means to us.

Dr Brujic: The more I analyze these statements, the more I realize how powerful they are. Unhappy contact lens wearers fall into several categories. For example, you may have spent significant time and tried numerous options, searching for the best lens for a patient but achieved only moderate success. She may not be entirely happy in her lenses, but she appreciates that you worked hard for her, and she still may recommend you. If she were totally happy, however, she’d be twice as likely to recommend you.

Dr Pearson: We also need to remember that people who don’t complain aren’t necessarily happy. They may not be unhappy, just neutral, so we still have an opportunity to make them happy.

Dr Brujic: Exactly! Our goal is to optimize the contact lens-wearing experience. Most often, that means improving comfort. If I can take a patient’s comfort level from a five out of ten to a seven or eight, I’ve improved his comfort. We also shouldn’t forget vision. For instance, we can often improve vision for patients with astigmatism by prescribing a toric contact lens. I honestly don’t know why anyone wouldn’t reach for a toric lens for a patient who has three-quarters of a diopter of astigmatism. That’s an opportunity to take someone from neutral to happy.

Dr Castleberry: We know referrals are important to our long-term growth and success, and we know happy contact lens patients are twice as likely to refer people to us. We’ve also learned how our panelists find out if their contact lens patients are not happy in their lenses, and we’ve discussed some things we can do to make them happy. Now, all we need to do is ask for referrals. Is it as simple as it sounds?

**ASK FOR A REFERRAL**

Dr Castleberry: Asking for a referral does take some finesse. You need to know when and how to ask. Let’s discuss what we do in our practices.

Dr Brujic: When a patient has had an exceptional experience in our practice, we let him know we’re always accepting new patients, and we encourage him to recommend us to friends and family members. I have no qualms about telling people in my exam chair, “I’m glad you had a great experience, and if you know anyone who would benefit from our services, please let them know.”

Dr Castleberry: Do you ask your own family and friends for referrals?

Dr LaHiff: Yes. In fact, I get most of my referrals from my family and friends. My mom is one of my best advocates. She works in a credit union, so she sees many people every day. She wears the craziest, coolest eyewear, and people often comment on it, which opens the door for her to recommend my practice. It’s the same with our

**We also need to remember that people who don’t complain aren’t necessarily happy. They may not be unhappy, just neutral, so we still have an opportunity to make them happy.**

— Kerry Pearson, OD
staff. When they’re wearing our products, they’re excited to talk about them with their friends.

**Dr Brujic:** Asking for a referral is the culmination of everything we do in our practices to create a positive experience. Not only does that experience generate loyalty, but it also gives patients the confidence to encourage others to see us.

**Dr Castleberry:** Are any specific types of patients particularly important referral sources?

**Dr Pearson:** Never underestimate the power of moms. They’ve been called the chief medical officers of the family, being primarily responsible for making healthcare decisions for their kids and spouses. That is a huge driver for referrals within their sphere of influence.

**Dr Castleberry:** How do you engage the moms?

**Dr Pearson:** I proactively talk to them about eye care for their kids and their husbands. We don’t just let our relationships with moms grow organically but actively nurture them, and we’ve seen results. We often hear men say, “My wife sent me.”

**Dr LaHiff:** When a child accompanies his mom to her appointment, I encourage my staff to ask if the child has had an eye examination. If he hasn’t, we offer to make the appointment right then and there.

**Dr Pearson:** We treat all our patients really well, but moms are our VIPs. Whatever we can do to make their experience in our office pleasant — minimize paperwork and waiting times, for example — will come back to us in referrals.

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**HAPPY PATIENTS —> REFERRALS —> SUCCESS**

**Dr Castleberry:** It’s been interesting to focus on what I consider — even after 28 years of practice — the most difficult task we have: Making patients happy. Happy patients are at the core of a successful practice that endures, because they share their positive experiences with others. We’ve learned that happy contact lens patients are twice as likely to recommend us to others, and we know the more frequently a patient applies a new lens, the more likely he is to recommend his current doctor. These are opportunities we can’t afford to ignore.

Now, let’s review five key steps you can take to maintain a solid patient base.

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**IS YOUR PRACTICE COOL?**

**Dr Brujic:** Have you ever noticed how some successful companies create a mystique around their products, so their customers feel like members of an exclusive club? Apple comes to mind. People who own Macintosh computers tend to feel connected. I may not know anything about you, but I think you’re cool because we use the same type of computer. It’s the same reason so many people have iPhones and iPads.

I want my patients to feel that same type of loyalty to my practice — that it’s the “cool” vision center — and share their excitement with the people in their social circles. The challenge is to generate that level of enthusiasm for what is essentially a necessity — eye care.

**Dr Pearson:** It’s important to find a niche and become the expert. When you’re an expert in contact lenses and you have a reputation for always offering the best products, you’re creating that special club. Thanks to social media, such as Facebook, Yelp and LinkedIn, our patients have an ever-expanding circle of influence.

**Dr Brujic:** I’ve used the concept of being part of a club to support some of my recommendations. I tell patients, “Most people with your prescription who are candidates for daily disposable contact lenses go with these.” It’s an easy, fluid communication point. It makes patients feel comfortable that they’re not the only ones wearing this lens, even though they may not have heard of it before coming to see me.

**Dr LaHiff:** I’ll also mention to patients that the lens I’m prescribing for them is the most commonly prescribed lens in the United States. People like doing what other people do, not only because of the cool factor but to be confident they’re using a product that has high marks from many other patients and practitioners.
Dr Castleberry: Keeping current patients while attracting new patients is the ideal combination for enduring practice success. Here are steps you can take to gain and retain patients.

1. *Build long-term relationships with patients.*

Dr LaHiff: I strive to build long-term relationships, particularly among families. Fifty-five percent of my patient base comprises children, mostly because I engage patients in conversations about their families, which creates opportunities for me to educate parents about their children’s vision needs.

Dr Brujic: Some of our office routines are designed to help nurture relationships. For example, the technician who teaches a new contact lens wearer how to apply and remove his lenses calls the patient the next day to make sure everything is going well. When we personalize our service, the patient’s perception of his experience with our practice — not just his eye examination but his overall care — is better than he expected.

Dr Castleberry: For me, it’s all about gaining a patient’s trust at all costs. That means evaluating his wants and needs, using my professional judgment to decide what’s best for him and then doing it. Sometimes, that means not selling him something, which may go against a short-term goal in the practice, but it’s a win for me in the long-term. If I have a patient’s trust, I have everything.

Dr Pearson: I agree. No matter how much marketing or advertising we do, at the end of the day, most of the time, people go where they feel cared for and comfortable. Creating that experience and building that relationship is paramount.

2. *Use the best available technology.*

Dr LaHiff: To be the best, you have to use the best. When you use products you know will work time and time again, one, it decreases your chair time, and two, you create a better experience for patients.

Dr Bobst: When patients love the products and services you provide, they gain confidence in you, and they tell their neighbors, friends and family. You don’t want to be penny-wise and pound-foolish by prescribing something based on cost or profit margin. I guarantee, no patient will tell his friends, “Dr. Bobst is a genius. He saved me $6 a box on my contacts,” but plenty of patients will say, “Dr. Bobst is a genius. He prescribed this contact lens I can wear all day. It’s the most comfortable lens I’ve ever had in my life. You should go see him!”

Dr Brujic: If we start worrying too much about costs, our mindset gradually changes, and that’s a dangerous place to be. If you’re prescribing a lens based on perceived cost concerns, patients may not have the best lens-
wearing experience. Consequently, they may stop wearing their lenses, stop seeing you for care and start looking for a practice that can meet their needs. Certainly, we need to be aware of costs, but they shouldn’t drive our clinical decision-making.

**Dr LaHiff:** When patients know you use the latest, greatest, best technology, they feel confident they’re receiving cutting-edge medical care, and their perception of your value rises.

**Dr Pearson:** We want patients to experience the best examination possible. We want them to have the most information, and we need to communicate that to them. Just knowing you have the most up-to-date technology, whether or not they choose to use it, is important to patients. They feel reassured that you’re on top of things.

### 3. Protect your reputation.

**Dr Castleberry:** According to the latest Caring for the Eyes of America survey by the American Optometric Association (AOA), 36% of patients ask their friends or family about their experience with their optometrist before they decide where to go.¹ So, even though patients have been seeing you for years, they want reassurance you’re providing the best care.

**Dr Pearson:** Remember, too, those people aren’t necessarily asking the person sitting beside them at a soccer game. They’re just as likely to look for answers on Yelp, Facebook and Google Plus. It’s the new word of mouth.

**Dr LaHiff:** It’s also important to consider everyone with whom you interact at your practice — the delivery man, the mail carrier, and so on — as potential patients or referrers, who can help grow your practice.

**Dr Castleberry:** Reputation management is important. I try to handle every case as if it will wind up online. I only want happy patients in my practice.

### 4. Focus on what you can control.

**Dr Castleberry:** A 2009 study found that, on average, 52% of a practice’s gross revenues come from professional fees. This is something we can control. We can’t control whether or not patients buy a product that day, how much they’ll buy or if they’ll return during the year to buy more, but we definitely control our professional fees.

I can attest to the importance of professional fees. As some of you know, we don’t sell contact lenses in my practice. I’m not advocating that everyone follow this model, but it has worked well for me. I stopped selling contact lenses, raised my professional fees and started scripting everything. While my revenue plummeted 33% that first year, my earnings went up 3%. A decade later, I’m still happy with that decision.

Speaking for myself, of all the things I do, my most profitable patient is the one who comes in for an eye examination and a contact lens examination. He is the most profitable patient I have per visit by a factor of about two. What are your thoughts?

**Dr Pearson:** Our practice is also somewhat different from many because our offices don’t have optical shops. So, we, too, are more driven by our professional fees.

**Dr Castleberry:** The Practice Profile Report of the Management and Business Academy reveals some interesting data related to volume and professional fees.²

As you see in Figure 1, whether you practice in a small town or a large city, the difference in gross revenue per exam is just $45, leading to the conclusion that it requires more patients to grow your practice.

Figure 2 gives us another perspective. When you compare a solo practitioner with a multiple-doctor, multiple-location practice, the practices with the most revenue are conducting the most exams. What’s also interesting is that, regardless of the type of practice, if you have more patients, your revenue is higher. To put it another way, the primary reason for practice growth is related to the number of patients you see, not dollars per patient.

**Dr Pearson:** In our practice, contact lens patients are more likely to stay with us than eyeglass-only patients.

**Dr LaHiff:** And in our practice, the more frequently patients replace their contact lenses, the more frequently they come back for routine care.
**Figure 2: The Practice Profile Report**

Management & Business Academy™

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**Dr Castleberry**: Intuitively, we know that referrals drive growth, but research also supports the value of referrals for any business. In an American Express Open Forum post, Mike Periu of EcoFin Media notes that the most effective marketing programs are those that cost nothing or next to nothing and are proven to work.³ Although most marketing techniques don’t meet these criteria, referrals do. He goes on to define referrals (which consumers don’t really consider marketing) as “when existing, satisfied customers voluntarily recommend your business to people within their circle of trust.”

Next, let’s discuss some of the metrics that can be used to measure success and ensure practice growth. ■

**References**

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**Dr Castleberry**: To add to what you’ve observed in your practices, the CWatch Referral and Return Study of 1,086 consumers also found the more frequently people replace their contact lenses, the more likely they are to recommend their current eye doctors.

**5. “Wow!” your patients. Then ask for referrals.**

**Dr LaHiff**: I think the statistics we’ve just heard support the need for us to “Wow!” our patients from the time they walk in the door until they leave. Providing an amazing experience and then asking for a referral is the fastest way to grow your practice.

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**Dr LaHiff**: Given the complexities of eye care, it’s sometimes difficult to keep staff members up-to-date with advances in best practices and products. One way we do this is to invite manufacturers’ sales representatives to speak at our staff meetings. These men and women, whether they’re pharmaceutical reps or contact lens reps, know more about their products than most people do, and they’re pumped up about them. When they educate the staff to their level of knowledge, our patients also benefit.

**Dr Brujic**: Sales reps are underutilized resources. We give them a specific amount of time to present their products at our office meetings, so that we can decide where they fit into our practice. I like that everyone in our office hears the same information and has an opportunity to ask questions.

**Dr Bobst**: We think of the reps as our business partners. By taking advantage of what they can bring to us — not just products but also knowledge — our entire practice benefits.

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**TAP THESE UNDERUTILIZED EDUCATORS AND MOTIVATORS**
Building a Successful Practice That Endures

Panelists discuss how they view success and the goals and metrics they feel are most important to continued practice growth.

**Dr Castleberry:** Each doctor on our panel has taken a slightly different path to success. When you started in practice, what did you think long-term practice success would look like?

**Dr Bobst:** It’s difficult to think long-term when you’re just starting out because you’re more focused on filling your schedule and paying your bills, but for me, I think practice success was about embracing and adopting new technology and giving my patients the best care possible.

**Dr Brujic:** My goal was to make our practice the go-to place for eye care in our community. I wanted people to think of our practice first whenever they thought of eyeglasses, contact lenses, dry-eye treatment or anything related to their eyes.

**Dr Castleberry:** Coming from Texas, my goal was to have the biggest practice in America. After a week, I decided I just wanted to be the best. I’ve been focused on that mission ever since. I haven’t gotten there yet, and I’ll probably never be fully satisfied, but I’m enjoying the ride.

**Dr LaHiff:** I’ve always believed if you take care of the patients, the rest will come. My long-term vision is to build lasting relationships with each and every person who comes in the door.

**Dr Pearson:** Success may look different in different practices, but I believe in the Socrates principle: Know thyself. We all have to adapt and change with the landscape, but understanding what you want — to me — is really the key.

**Practice performance metrics**

**Dr Castleberry:** Regularly measuring practice performance is important to long-term success. What metrics do you use to determine if you’re on track to meet your goals?

**Dr Bobst:** We closely monitor the percentage of patients who respond to our recalls within 60 days, because that’s important for keeping patients. In addition, we communicate with our patients via text and e-mail, and after every encounter, we ask them to evaluate us. Those comments, good or bad, are published online, which helps motivate us to provide a good experience for all of our patients.

Creating positive experiences is directly linked to gross revenues.

— Mile Brujic, OD

**TIPS TO STAY ON TASK**

**Dr Brujic:** Achieving our goals often requires changing how we do things. Continuous communication with everyone in the office through regular meetings has helped us successfully implement change. Just 1 hour dedicated to discussing our goals and how we’ll meet them pays dividends a thousand-fold. It helps our team function as a coordinated unit.

**Dr Pearson:** Keeping everyone on the same page can be challenging, especially for those of us with multiple locations. In our practice, we plan to start using a cloud-based application to hold virtual staff meetings. For our internal communications and e-mail, we use an online dropbox, and we also have various websites where we share information. All of these tools ensure that everyone understands and is continually reminded of what we’re doing, which is beneficial for patients and the practice.
Dr LaHiff: Responding to what we learn from our metrics is crucial. Otherwise, we’re just measuring things for the sake of measuring them. For example, we’ve found patients are more likely to keep appointments when we personalize our recalls. If someone doesn’t respond to a mailed reminder, a staff member calls and mentions a specific reason why the patient should come in for his examination. She may say, “Dr LaHiff saw signs of a cataract starting at your last visit, and he wants to check on that.” By personalizing these calls, patients know that we care about their eye health.

Dr Brujic: In addition to understanding our established patients and what keeps them coming back, we try to learn what’s driving in new patients, so we can capitalize on that. It’s important to know what’s contributing to our growth. Is it merely from a spike in population growth, or are people finding us because we rank high in a Google search? One of the best compliments we can receive is when we learn one of our established patients recommended us. Those are just a few of the things we track so we can judge, one, how well we’re doing right now, and two, what we can do to ensure future success.

Dr Castleberry: In terms of measuring, evaluating and guaranteeing success now and in the future, absolutely the most important thing I do is review our profit and loss (P&L) statement every month. Those numbers never lie. In 28 years, looking at the P&L statement is the one constant that has kept me out of trouble.

**Improve the Patient’s Experience**

*Dr Castleberry:* Let’s talk about the goals we set to grow our practices. I used to set goals to increase my revenue by a certain percentage, but I now realize that all I’ve ever wanted is an unfair advantage. What I mean by that is, whether my practice is small or large, I want a pristine facility that is the best it can be. To accomplish that, my goal is to deploy the most advanced diagnostic and health information technology on the market. Now, I focus on maintaining my unfair advantage, and the growth is there.

*Dr Brujic:* My goal is to exceed patients’ expectations. It’s an easy equation. People come to our office with certain expectations, and if the care they receive is better than they expected, it’s a positive experience. Creating positive experiences is directly linked to gross revenue.

*Dr LaHiff:* Simplifying things for patients and respecting their time have been two of my top goals, mainly as a result of my visit to our clinic as a patient. I made an appointment, sat in our reception area and filled out our forms. It’s amazing what you notice when you’re a patient. One thing I noticed was that our forms were long and wordy, so we simplified them. We still obtain a good history, but anything that doesn’t have to be there is gone. We’ve also tried to improve flow through the office to shorten the time a patient is in the clinic, because we know patients are busy.

*Dr Castleberry:* We’ve taken that a step further and eliminated paper forms altogether. Patients give us their basic information when they schedule their appointments, then we take their history during the interview and enter everything into the electronic health record. Patients love that they don’t have to complete any forms. If I had to pick one thing my patients love the most, that’s it.

**Be Passionate**

*Dr Pearson:* Everything we’re talking about today is about care and communication. When you think about how to build a successful practice that will endure, you realize the key is to take care of patients...
and then communicate with them about that. I've seen dozens of practices across the country, and I'm always amazed how so many are successful even though they’re doing things differently. What’s their secret? They’re passionate about what they do, and they do it well.

Dr Castleberry: Our panelists have generously shared some of the tactics they use, many of which are adaptable to many types of practice settings, to create exceptional experiences for their patients and net those ever-important referrals. Hopefully, you can implement these approaches to build a strong — and happy — patient base that will support ongoing success in your practice.

Dr Castleberry: In “What It Takes to Be Great” (Fortune, 2006), Geoffrey Colvin* reported that researchers found a lack of natural talent is irrelevant to great success. Even the most accomplished people — investor Warren Buffett, opera star Luciano Pavarotti, pro golfer Tiger Woods — needed about 10 years of hard work before becoming world-class. Do you agree with the premise that hard work trumps talent? Does the 10-year rule apply in optometry?

Dr Bobst: Yes, I think it does. In optometry school, we were told to join the Rotary or Kiwanis clubs and get involved in the community to ensure success. I did that, but I quickly learned that’s not enough. I had to learn on the spot and on the go how to read financial statements, how to calculate return on investment and the myriad of other details that affect my bottom line. During my 25 years in practice, I’ve logged a lot of extra hours, way beyond “which is better, one or two?”

Dr Pearson: I agree to a certain extent, but I think you can work really hard on your golf game and still not reach the level of a Tiger Woods. A certain amount of talent is necessary, whether you’re practicing golf or optometry. In sports, there’s a saying: Hard work beats talent when talent doesn’t work hard. The point is, hard work is the differentiator.

Dr Castleberry: I think I’m a really good example of someone who’s not naturally talented but a hard worker. Successful practice is all about managing thousands of details and doing every one of them right. It takes time to learn how to do that.

Dr Pearson: In optometry, we wear many hats. We’re medical professionals, but many of us are also business managers and retailers. For me, learning how to manage the diverse aspects of practice has been energizing. It’s taken hard work, but I’ve enjoyed the learning process, and I’m now comfortable in my practice.

Dr LaHiff: Even if you’re not talented in certain areas, you can surround yourself with talented people. If you’re not a people person, hire a very friendly person to be the face of the practice. If you’re not a businessperson, hire a practice manager, so you can concentrate on your strengths. You have to invest in yourself and your practice, otherwise you’ll fall behind, and once you fall behind, it’s difficult to catch up.

Dr Brujic: The one constant in practice today is change, and successful practitioners are constantly adapting to the new environment. That’s hard work, but that work ethic — promoting efficiencies and best practices — influences everyone in your practice.

Dr LaHiff: We also need to adapt to meet our patients’ needs. My schedule is always full at the end of the day — always. So we’re extending our hours. That’s not convenient for me, but it’s convenient for patients.

Dr Castleberry: It’s a good way to build a practice.

Dr LaHiff: It is, and if you don’t want to do it, hire an associate who will, because the patients are there, you just have to meet their needs.

What keeps your practice growing? Referrals. From happy patients.

The ACUVUE® Brand makes innovative lenses that keep patients happy. And, satisfied patients are nearly 2x as likely to recommend their eye doctor than dissatisfied patients.*

*Based on percentage of satisfied patients who said they would recommend their eye doctor to others.

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