ABB Optical Group

Practice Development Series

Tales from the Trenches: Avoid My Specialty Lens Mistakes

Q&A with Leslie Coffee-Gallagher, OD, FAAO

An interview with Craig W. Norman, FCLSA

Craig Norman
Hi, I'm here with Dr. Leslie Gallagher who will be sharing with us a few of her tips presented in tonight's webinar.

Dr. Gallagher, you did a wonderful job on the webinar this evening and thank you for spending your valuable time to come up with these tips.

Your presentation focused on 10 items you thought important in what you called Tales from the Trenches in building your specialty contact lens practice.

Let's focus on a handful of those to have you share exactly what that meant.

You began by saying that scheduling specialty lens patients during primary care clinic was a mistake. Can you explain that?

Dr. Leslie Gallagher
Let me back up for minute to mention that I did a residency in cornea and contact lenses and fellowship in the Academy of Optometry.

I thought that background would take me down a particular path, but I also wanted to live in small town in Kansas where I grew up.

So, I moved to Holton, KS, a community with about 5,000 population, and did primary care optometry mostly along with developing a sub-specialty in hard to fit contact lenses.

For the first 15 years or so, I would see specialty contact lens patients by simply working them into my Monday through Friday schedule just like I would for every other patient.

And then I got to the point I wasn't getting a lot of enjoyment out of primary care work, but the specialty lens patient encounters became what I loved doing the most.

Once I decided to grow this part of my practice, I made the decision to select a specific time to see specialty contact lens patients only – which for me is Fridays.

This became a much better experience for patients, even long-term patients. When they visited the office on "specialty" day they received more attention, and they were

surrounded in the waiting room with other people in similar situations to chat with.

I believe our customer (patient) experience became much better, plus it's now a day where I and the staff look forward to most each week.

Craig Norman
Can I interject for just a second? Something you said here resonated with me and that is that Holton, KS, is a community of around 5,000 people. But what is your draw area?

Dr. Leslie Gallagher
My draw area for Scleral Lenses is a radius of about 2-3 hours travel time. Typically, it's about 100 miles or so but occasionally we'll get patients from much farther away visiting us.

Our primary care clinic serves our county and a little bit further, but the specialty lens clinic also draws from Kansas City, which is about 2 hours from here.

Craig Norman
What I'm trying to get at is you can build a specialty practice in a small community and with time, marketing, and expertise you can get referrals from far outside your typical draw area.

Dr. Leslie Gallagher
That's true, although sometimes, I look back and wonder – "what was I thinking?"

Why did I not settle in a larger community? But I'm a small-town person and love every aspect of living in a small community. So, it certainly gave me more challenges to grow this practice than if I was in Kansas City or Wichita.

But patients don't seem to mind traveling to see me, in fact many of them love the idea of visiting a smaller community for their periodic eyecare.

I know when I set out to do specialty lenses that my path got diverted for a while, but now looking back, although it was maybe more difficult to start, it can happen.

Craig Norman
Before we move on, the tip here is to set aside specific time, or in your case Friday's, to have you and your staff focus only on specialty lens patients?

Dr. Leslie Gallagher
Yes, that's number one.

Craig Norman
You described that another mistake you made is you thought that if you would build it, they would come.

What did you mean by that?

Dr. Leslie Gallagher
Technology has changed, especially in the Scleral Lens area.

I was always fitting specialty lenses, just mostly for my own patients.

Looking back, my very first scleral lens patient was a primary care patient of mine who had graft-versus-host disease. And he told me "I'm going to go off to Boston." I responded, "I can do that for you," and did so.

He went back to his oncologist and soon that practice was sending patients to me.

Dr. Leslie Gallagher:
After I decided to focus on specialty lenses it required getting out and talking to potential referral sources to let them know what my practice offered.

At first, this was not easy for me.

I was the worst girl scout because I couldn't even sell the cookies. I just ate them all. So, it wasn't my sales technique that built referrals, but more that I knew that the doctor offices I visited had patients that would benefit from these services and that I could help.

The response was positive, and although it was a little bit uncomfortable to go out and talk about my services, it was necessary.

Craig Norman:
I think there's a difference though, you're not selling per se.

Dr. Leslie Gallagher
I know, but it still is in a way. I would send out gift baskets and keep in contact and in many cases, it would develop into a referral source.

Craig Norman:
During your presentation you made a comment that most patients are not really educated on their condition as much as you thought.

What did you mean by that?

Dr. Leslie Gallagher
It's surprising, particularly keratoconus patients.

Many, when they first hear their diagnosis believe they will be going blind in the next couple of years. We know that's not true, so we need to educate the patient in these cases.

Recently, I had a patient who thought they caused their condition because they rubbed their eyes too much. Of course, we don't want anyone rubbing their eyes too often as it may aggravate the condition. But it's more than that. It's multifactorial.

So, just sitting down at the time of the initial consult, listening, and just saying "tell me your journey up to now." What have you tried? What have you not tried? Tell me about how you got to here.

This may be the most important interaction we have with that patient.

Dr. Leslie Gallagher:
That initial discussion helps me to streamline my recommendation. I'll know what they've tried and what they haven't tried.

For example, there's been patients that found me online that were concerned about keratoconus. During our initial "journey" discussion we discovered that they never had a diagnosis of keratoconus but were simply concerned about it because a family member had the diagnosis.

It's so important to listen and address their concerns. Let's make sure that they thoroughly understand their condition to not cause them additional stress thinking they're going to permanently lose their vision.

Craig Norman
If I came in to see you struggling with an ocular condition like keratoconus, and the first words said to me are "tell me about your journey," I would instantly begin to feel that you cared. That alone would help provide comfort knowing that somebody was willing to listen, rather than ask me a few questions and make a diagnosis.

Dr. Leslie Gallagher:
Agreed. I've seen keratoconic patients with vision of 20/30 wearing soft lenses who were under the belief that they must wear some type of sophisticated GP lens because that's the treatment for their condition. But they're perfectly happy in glasses or soft contact lenses.

By finding out their daily activities, I've been able to determine whether they can do what they want to.

So, the first visit is a lot of listening which I feel really establishes the relationship going forward. If I was a patient in their shoes, I'd want someone to listen to me. Many patients don't feel heard and that's the reason they jump around from provider to provider. I try to do my best to just quiet everything down and simply devote a significant amount of time on that first visit to just learn what their goals are, what their needs are, what have they tried, what's worked, what hasn't worked and how ended up at my office.

Craig Norman:
I love the words, tell me about your journey. That is so down to earth. I can really understand why that would connect with patients.

Finally, I'd like to ask you about how you slashed your outside billing company because they didn't know how to bill for specialty lenses.

Dr. Leslie Gallagher:
Like many offices, it's common to outsource billing functions. For a long time, we had inside billing but decided to get this off a staff members plate so she could spend more time doing other functions.

The outside billing service worked well for us – for a while. But, after learning more about the nuances of billing from colleagues I determined that just because you got paid doesn't mean that a claim was filed correctly.

So, we reviewed our relationship with the billing service and decided moving in another direction made sense.

Craig Norman:
Did you pay the outside billing service, a percentage, or a flat fee?

Dr. Leslie Gallagher:
They get paid a percentage or a certain minimum per claim.

We determined taking this back in-house was a lot more efficient. It improved communication regarding the billing and coding process, especially regarding what lens was used.

Then, there was the Box 19 issue.

I learned at the Scleral Lens Bootcamp that Box 19 needs to be filled out on every single patient. But I had never discussed this with the outside billers, which I felt was a problem.

I mentioned you could go back and resubmit these claims which we did. Plus, I understand that me being the practice owner, it falls on me, as ultimately, I'm the person responsible for this. Still, it was stunning to me that the outside billers did not know this.

Craig Norman:
That was an interesting tip. Box 19 of course has come up before. It takes constant communication with the insurance companies to educate them that this is no longer the days of PMMA lenses when medical contact lenses were primarily for aphakia. It's a different situation today.

Dr. Leslie Gallagher:
I agree. We need to let the insurance companies know that we don't plan to stop writing appeals. We need their help in doing what's best for their customers and our patients – together. This is a goal for me this year, to work closer with the insurance companies to do what's in the best interest of the patient. We're going to do the same thing with the VA as well.

Craig Norman:
Change takes time. Even when everyone understands what needs to be changed, it takes time.

Please keep up these efforts. Your patients and the specialty contact lens field need advocates in these areas.

Thank you, Dr. Gallagher – sharing your expertise is greatly appreciated.