



MARKETING OPTOMETRIC SERVICES

PART 2: A POWERFUL DIFFERENTIATOR

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“Some of the most wonderful people are the ones who don't fit into boxes.”¹

Eyecare services are neither delivered nor received in exactly the same way by individuals. Each individual, patient or member of practice staff, has their own complex set of fears, understanding, experiences, concerns about health and wealth, etc. Furthermore these complex factors are liable to change from one moment to the next and certainly from visit to visit. One thing is for certain – every patient is different, and has his or her own set of requirements and expectations.

Different strokes...

Heterogeneity, or variability, is a service characteristic that impacts not only on the outcomes of the service but also the process of the service. An eye exam is produced 'live' as it were. The patient has to actively participate in the process, and actively consumes the service as they participate. A variety of people are often involved in delivering the eye examination service – from the receptionists, the pre-exam screeners, the optometrists, the opticians to other support staff. This can lead to increased variability of the actual service provided and may even affect the outcome of the process.

Because patients have individual requirements, there is an expectation that the eye exam should be tailored to address their specific needs – once again resulting in variability of experiences between consumers and even with the same consumer at different times. Some patients will have additional tests routinely, and yet others might not, for whatever reason, leading potentially to questions about consistency.

The very personal nature of eyecare services means that the service characteristic heterogeneity, like intangibility, has to grapple with issues of quality control. It is not straightforward to produce a 'one-size fits all' approach. As a result, patients and customers perceive a high level of risk in buying the services, whilst practices have difficulty in presenting a consistent image and developing a strong brand. Consequently, the eye exam, for example, has been regarded increasingly from a 'systems' perspective as a three-part activity (**Figure 1**).

Three-way process

Trained support staff collect data, for which no professional judgment is required, concerning the majority of, if not all, patients. This includes personal data (e.g. name, address, principal reason for attendance, etc) and some optometric data using high-tech equipment for accuracy and repeatability where appropriate (e.g. focimetry of current spectacles, visual field analysis, digital fundus photography, non contact tonometry, autorefractometry data, etc).

Further data collection is then carried out by the optometrist during the consultation, and normally involves professional judgment (e.g. specific detailed history and symptoms, ophthalmoscopy, slit lamp exam, subjective refraction, etc). The optometrist then endows this data with relevance and purpose based on professional knowledge and experience – transforming this data to information that can be acted upon.

Finally patients are counseled with respect to their eyes and their eyecare needs by the optometrist. These decisions and recommendations may result in a referral to another healthcare practitioner, in rescheduling the patient for an optometric review routinely or sooner, or in prescribing spectacles.



Figure 1. A systems perspective of the provision of an optometric eye exam

Empowering and delegating

Such an approach to the provision of eye exams has merit in that it can reduce the variability of the service experienced by patients without sacrificing quality. However it is important that if such an approach is taken, that 'individualisation' is not lost. This has implications regarding delegation of tasks to frontline and other support staff, and how comfortable professional staff are for support staff to be empowered to move away from the agreed way of carrying out their task.

This empowerment is essentially the discretion given to frontline staff as to how they carry out their tasks. It is possible to allow some discretion to support staff limited to 'routine discretion'. This level of discretion allows frontline staff to select alternatives to completing their task effectively, allowing for patient and customer variability.

For example, it is quite appropriate for a suitably trained optometric assistant to repeat the visual field assessment if fixation errors, false positives or false negatives are significant without firstly having to refer to the optometrist. A consequence of this sort of empowerment is that it increases the scope of the job of the person being empowered, requiring that they have to be recruited and trained to manage a wider range of tasks with a degree of discretion and rewarded accordingly.

Enhancing overall care

The positive side of limited empowering of staff is that in any optometric practice, with its inherent patient variability, such empowerment will

enable avoidance of unnecessary repeat assessments/visits and undue delays for patients and customers, enhancing the patient and customer experience of the service.

As with the intangibility of services, every individual along this chain of the process can have a significant positive or negative impact on the perceived quality of the optometric service. Thus, there is the potential danger that an individual's negative impact (either on the accuracy of the data collection or in terms of patient relationship) may not be noticed or corrected before the damage to the practice reputation has been affected.

It therefore becomes imperative that competencies are reviewed regularly, including not only the ability to accurately conduct specific tasks, but also in terms of patient interaction and communication. Thus training, regular review, assessment of competencies, and patient surveys in such practices become a significant and necessary investment. The knock-on effect to the practice layout, practice equipment, design and patient flow and investment are significant, and may prove to be a limiting factor in employing such an approach.

The next article (to be published in February 2009) will deal with the service characteristic 'simultaneity' or 'inseparability' and its impact in an optometric context.

References

1. Attributed to Tori Amos singer/songwriter (born 1963) Pop virtuoso, piano player and singer.



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