



MARKETING OPTOMETRIC SERVICES

PART 3: A POWERFUL DIFFERENTIATOR

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The right place, at the right time, in the right way!

Unlike most goods, which are produced first, later sold and then consumed separately, the production of a service and its consumption are inseparable.

To benefit from optometric services patients have to attend the practice and 'consume' the service as it is produced simultaneously. The producer (the optometrist and practice staff) and the consumer (the patient) both have to be present and have to interact during the entire process of providing the eye exam and the patient 'consuming' it. It follows that optometric practices are best located close to the potential patients. It also means that this need for proximity to the patient can limit the size of the practice influenced by the demographics of the location. However it is also true to say that better roads, railways, public transport, and more widespread car ownership has improved the 'reach' of practices and has allowed some practices to increase in size.

Training patients in the process

Unlike most goods, optometric services have to be sold first, the patient then travels to the practice where the service, such as an eye examination, is performed, and consumed, at the same time, by the patient. Whilst the method of production of goods is generally of little interest to the consumer, the production of a service like an eye examination is critical to patients not only in terms of the reassurance and confidence in the results it produces, but also in terms of enjoyment or satisfaction with the process. This inseparability characteristic of optometric services leads to patients becoming significant 'co-producers' of the service - which means that patients may have to be 'trained' to participate effectively in the process too.

Many practices remind patients to bring a list of any medications they are taking and their current or previous pair of spectacles with them when attending the practice. When dilation of the pupils is part of the exam process and this is known in advance (e.g. diabetics) then patients are often requested not to drive to the practice or ensure that they have someone who can drive them back after the examination whilst the pupils are still dilated.



Training patients in practice processes is a step in the right direction

The contribution of the training effect to improved reliability of results with some optometric tests (e.g. Visual Field Analysis) is well known and practices may allow patients a few minutes of additional time to be 'trained' during or before the actual eye exam process. The more information patients have about their optometric visit the better 'trained' they will be to participate effectively in the eye exam process.

The use of brochures explaining, for example, the eye exam process at the practice is thus invaluable as patient training material. Additionally patients will, more often than not, be attending the practice when other patients are around and will be influenced by their experience and interaction with the practice too. Any negative interaction in the practice (e.g. a patient complaint) has thus to be managed very carefully and conducted in privacy.

The challenge that the practice faces is that there are many people involved in the delivery of optometric services who must all be present when the patient is there. Delivery of optometric services relies on interpersonal contact between the patient and the practice staff, before attending the practice, whilst at the practice and after attending the

practice. Thus it is imperative to select and train all staff well and harness technology effectively. For optometric practices it is all about delivering their services in the right place, at the right time, in the right way!

Responding to peaks and troughs

The final characteristic of services is their perishability – that is to say services like eye examinations cannot be stocked like goods and sold the next day. This perishability of services means that in optometric practices, when an exam slot is not allocated to a patient, or a patient cancels (and this slot is not reallocated) or does not attend, then this means that the service slot is 'lost' forever and will never be reclaimed. The optometrist and support staff time, the practice's overheads and the opportunity cost of not making a sale, will all be the actual cost of not having that appointment slot filled.

The consequence of this, especially when demand patterns are variable, is that the practice has to be very proactive in managing and responding to their patient demand pattern, attempting to even out the peaks and troughs. This is done to ensure that congestion is avoided at peak times and unused capacity avoided at off-peak times. It is thus not unusual for practices to employ creative pricing and promotion strategies, e.g. have differing prices for eye exams on busy days versus quiet days, and/or promoting special days for selected patient groups.

Some practices may limit slots for certain patient groups whilst others will regularly contact patients who have booked eye exams in advance to remind them of their appointment. Some practices even have a list of

patients who have agreed to be called in at short notice if there is a cancellation. The impact on practice operations is that staff have to be trained to be able to do a number of tasks (e.g. spectacle frame selection, visual field analysis, non-contact tonometry and instructing on contact lens placement, removal and hygiene) so that differing services may be offered at peak versus non-peak times. This variable demand also means that increasingly practices will be utilising part-time staff who can flex their hours to better tie in with the practice's demand.

Conclusion

This series has been about understanding and effectively marketing optometric services as a differentiator. The optometric landscape is constantly changing, as thinking on the marketing of services continues to evolve. New technologies are allowing us to consider services that do not necessarily exhibit typical service characteristics, e.g. tele-ophthalmology¹ and tele-optometry² reducing practice visits and patient travel, whilst improving the service quality in locations where few specialists serve a large rural population.

References

1. Chris Hanson, Matthew T.S. Tennant, Chris J. Rudnisky (2008) Optometric referrals to retina specialists: evaluation and triage via teleophthalmology. *Telemedicine and e-Health*. June 1, 14 (5): 441-445.
2. Lipp Elizabeth (2006) Telemedicine connects. *Optometric Management* Feb.

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