

SPECTACLES, CONTACT LENSES, AND CORNEAL AND LENTICULAR REFRACTIVE SURGERY FOR PRACTICE GROWTH

Laser Vision Correction: Is the Pool Beginning to be Depleted?

Ming Wang, MD, PhD

A well-known refractive surgeon predicts a period of market contraction. Why will the patient pool get smaller, and who will be the winners and losers in this new world of laser vision correction?

In the heyday of laser vision correction, many in the industry looked at virtually everyone in glasses or contact lenses as a potential candidate. That view, we now see, was far too optimistic. If we consider an older alternative technology—contact lenses—we see that it captured only a fraction of the ametropic population. Despite the apparent advantages of contact lenses over glasses, the great majority of ametropes won't make the effort to wear contact lenses. Therefore, after an initial period of growth, the contact lens market stabilized at about 20% of the ametropic population.

I think we are beginning to see a similar phenomenon in the laser vision correction market. The number of people who want laser vision correction is less, I believe, than many thought. In fact, I suggest we are already seeing the signs of a significantly depleted patient pool.

Patient Pool

Laser vision correction is surgery, and any surgery, especially eye surgery, is vastly less appealing to patients than nonsurgical options such as contact lenses. As a result, I don't believe that refractive surgery will ever capture a market comparable in size to that of contact lenses.

If we look at the vision correction market in round

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● Contact Lenses for Irregular Corneas

● Overcoming the "Fear Factor" in Laser Vision Correction

● AR Technology for Sunwear

● A New Option in Eyelid Hygiene

● DEPARTMENTS
DRY EYE

Sunwear Forecast: Bright, with a Chance of Increased Profits

Sam Morgenstern, FNAO, FOAA

Optical dispensaries can keep patients from straying for sunwear

The use of sunglasses is usually associated with driving and beach days but, in addition to that, 53% of Americans aged 16 and older participate in some sort of outdoor recreational activity—and all of them need sunwear to protect their eyes (Figure 1). It's no wonder, then, that the US sunglass market—including both plano and prescription lenses—generates approximately

\$4 billion in annual sales.

Roughly 85% of adult Americans wear plano sunglasses, and it's fair to say that the remaining 15% either wears prescription sunglasses or would likely benefit from them. These figures reflect a market that is bursting with potential profits for dispensaries that are prepared to develop it.

Capturing Plano Sunwear Sales

It would seem that every retail establishment, from local supermarkets to high-end department stores, is hungry to get in on sunwear sales. While optical dispensaries understand that

they have a lock on the prescription sunglass market, many dispensers fail to realize that they are well positioned for success in the plano sunwear market as well. For example, contact lens



FIGURE 1 Sunglasses offer fashion as well as function, as in this pair from Calvin Klein (model ck1063s).

and refractive surgery patients are prime candidates for plano sunwear. These patients can easily buy sunwear at the mall, so it's up to the eyewear professional to earn their business.

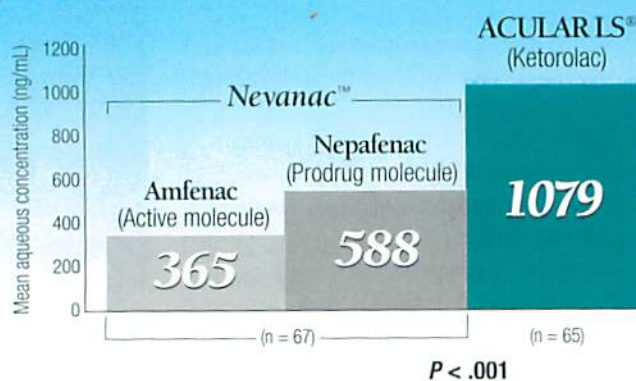
turn to *Sunwear Forecast* on page 29

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1. Amico LM, Bucci FA Jr, Waterbury D. Aqueous PGE₂ inhibition of ketorolac 0.4% vs. nepafenac 0.1% in patients undergoing phacoemulsification. Poster presented at: Annual Meeting of the Association for Research in Vision and Ophthalmology, April 30-May 4, 2006; Fort Lauderdale, Fla. 2. Source: Prescription Audit (SPA), Verispan, L.L.C., 9/8/2006.



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References: 1. Data on file. Alcon Laboratories, Inc. 2. Chen H, Gan O, Meadows D, Meyer AE, Baier RE. Evaluation of lubricity of marketed dry eye products using a tissue-on-tissue model. Accepted to AOA 2007. 3. Survey of Ophthalmologists and Optometrists, Harris Interactive®; November 2006.

LASER VISION CORRECTION *continued from page 1*

numbers, the US population is approximately 300 million people, roughly half of whom have an ametropia and are medically eligible for laser vision correction. In its first decade, from approximately 1996 to 2006, the US laser vision correction market was generally robust, and approximately 10 million patients were treated—about 7% of the 150 million potential candidates. By contrast, approximately 30 million people wear soft contact lenses, representing a market share of roughly 20%.

I expect that a time will come in the fairly near future when laser vision correction will asymptotically approach its limit and volume will start to decline, reaching a new (and lower) steady state

I believe that the “upper limit” to the number of candidates for laser vision correction is roughly half that of contact lenses—ie, 10% of the medically eligible ametropic population. While that number may be somewhat arbitrary, the gist of my argument is that a more expensive, *surgical* alternative will never capture a market anywhere close to that of soft contact lenses.

If this 10% upper limit is reasonable, then it follows that since we have already treated 7% of eligible ametropes, 70% of the available market has been exhausted. As a result, I expect the slope of the now-rising annual procedure curve to begin to flatten and asymptotically approach its upper limit. When that happens, new patients will come primarily from the group of individuals who become old enough for the procedure each year.

New Kid on the Block

Although refractive surgery antedates laser vision correction, no prior procedure was able to capture the public imagination the way laser vision correction has. As the *first* refractive surgical technology to gain widespread public acceptance, laser vision correction came into essentially virgin territory and quickly swept up all those people who had been longing to get rid of their glasses or contact lenses.

Prior to the advent of laser vision correction, there was significant pent-up demand among people who either could not tolerate glasses or contact lenses or who desired a surgical alternative. When laser vision correction came along these patients flocked to it. The issue I raise is: what happens when this first rush of patients ends?

A False Impression

The robust laser vision correction market of the last 10 years may have given us a too-rosy vision of the future. As humans, we expect the past to predict the future, so our

tendency is to believe that surgical volume will stay at its current level (or increase) indefinitely. After all, the vast majority of *medically eligible* ametropes are still untreated.

However, I see the picture differently. By my estimate, procedure volumes will soon begin to decline and will reach a new steady state at a level much lower than the annual procedure volume of the past few years. This future steady state will be lower because we have swept up all the easy takers. What’s left are the “late-comers,” patients who may decide to opt for laser vision correction even though they haven’t yet—about 3% of the medically eligible ametropic population, by my estimate—and the very small number of patients who move into the right age range each year.

Marketing Challenge

Laser vision correction is fundamentally an elective procedure, and the marketing experts in laser vision correction tell us that the biggest barriers to having the procedure are cost and fear. Some consider fear to be the number one demotivating factor; others say that it’s price. In my opinion, however, neither of these is the primary reason patients hold back.

Instead, I think the fundamental limitation is inertia. As humans, we tend to be lazy when we are presented with something we do not have to do. How many of us have promised ourselves that we would start going to the gym three times a week, or read the world’s classic literature, or learn to dance, but have never actually gotten around to doing these (*elective*) things? Like physical bodies, there is a moment of inertia that keeps us from doing things we do not have to do—even good things that we very much want to do.

Therefore, I believe that more important than cost or fear, the primary barrier to laser vision correction is simply the “moment of inertia”—basically, the laziness of human beings when it comes to doing something that we are not externally compelled to do. Because laser vision correction is elective, people need to make an effort to do it. In my opinion, this is the hurdle that patients must overcome, especially since there are so many other activities continuously competing for their time. In short, people are simply not inclined to pursue things they can do without.

FEWER REFRACTIVE SURGERY PATIENTS

- ✓ The surgical nature of laser vision correction limits the number of potential candidates
- ✓ Contact lenses capture only 20% of potential patients
- ✓ It seems unlikely that any surgery can capture more than half as many patients as contact lenses
- ✓ Procedure volumes, while growing, are growing more slowly
- ✓ A realistic assessment of the market
 - 10% of medically eligible ametropes, or approximately 15 million people
 - 10 million have already had laser vision correction
 - The remaining patient pool = approximately 5 million patients

The Reality

So far, the reasons I have given for expecting the volume of laser vision correction to decline have come from a theoretical and intuitive perspective. Now let us look at the facts by examining market trends. In the period from 1996-1999, laser vision correction volume grew

While surgical volume is increasing, the rate of increase is actually decreasing. I see 2006-2007 as a turning point with very significant long-term implications

rapidly, after which it continued to grow but by somewhat smaller increments most years. This decline in growth is remarkable considering the continuous emergence of new and better refractive technology, which presumably should grow the market. Volume appears to be still creeping upward, but the growth curve looks as if it is asymptotically approaching a horizontal line.

Observers remain optimistic because volume has only declined in years of economic and social disturbance (eg, post 9/11), periods when problems were clearly external to the market. As a result, few are looking analytically at annual procedure volumes. If one does, however, one will see that while volume is increasing, the *rate* of increase is decreasing.

It has taken us 10 years to sweep up the “easy” candidates and reach 7% market penetration, and I propose we have only 3% of the remaining population left to treat in the future. As I see it, the year 2006-2007 may be a turning point, beyond which the phenomenon I call “depletion of pool” begins, with significant long-term implications for this industry.

Refractive Surgery Is Unique

The need to market laser vision correction makes it distinctly different from the rest of ophthalmic surgery and, for that matter, most of medicine. No medical procedure has received such intensive marketing as LASIK. Because human inertia is a major barrier to elective procedures, such as LASIK, succeeding in laser vision correction without a significant marketing effort is nearly impossible.

I observe that even though almost every refractive surgeon will say that the majority (80-90%) of his or her patients come from referrals, every one of them still spends a significant amount (10-20%) on marketing. So why is everybody spending so much money on marketing, if presumably 80-90% of the patients come from word-of-mouth referrals anyway? The answer is in the word “presumably.” In my view, even though 80-90% of LASIK patients come to a practice through word-of-mouth referrals, the majority of those patients wouldn’t show up at

Implications for Residents

Right now refractive surgery fellowships are very popular, in large part because refractive surgery appears to offer a very good life. However, few opportunities are available for refractive surgeons entering the field, and taking advantage of them will require money and effort. Young ophthalmologists therefore need to think not only about the lifestyle enjoyed by surgeons currently in the field but about the barriers to entry and the number of refractive patients that will be available in years to come.

If over the long term refractive surgery volumes are headed downward, ophthalmology residents planning on a career in refractive surgery should make it a point to be comprehensively trained across the spectrum of anterior segment surgery. There simply will not be enough work for all of them to survive as pure refractive surgeons. Rather than becoming dedicated refractive surgeons, the great majority of young ophthalmologists will do better if they are more broadly educated in fields that have recently been less attractive.

Implications for Investors

Just as residents need to look at where the field will stand in 10 years, investors too need to see that the market is saturating if they are to make sound judgments. This market saturation will affect not just physicians and excimer laser companies, but everyone in the secondary industry built upon laser vision correction.

I think 2006-2007 may be the turning point for the US laser vision correction market. During the next 10 years, I think investors will become more prudent, recognizing that the pie is shrinking—to the point where in 2012 we may see that annual procedure volume is only half that of today.

One bright shining star is the still rapidly growing laser vision market in the international arena. Although the US market is beginning to cool, the international market is still hot, and in many developing countries getting hotter. In China, for example, where I am the medical director of refractive surgery for the largest national private eye hospital system, refractive surgery volume is rising rapidly and is now in the range of 500,000-600,000 procedures per year. Investors in laser vision correction would be well advised to look outside the US, particularly to the developing countries, for continued growth. These countries lag behind the US by about 5-10 years technologically, and thus the global market overall looks much like the US market did in 1997 and 1998. ●

the door without the marketing to remind them, to encourage them, and ultimately to tip the balance between inertia and action so they take steps such as booking a LASIK consult and having the procedure.

IMPLICATIONS OF A CONTRACTING MARKET

- ✓ Less work for current residents
 - Will have to train in more areas than just refractive surgery
 - Will find the market extremely competitive
 - Will find establishing themselves harder than it was for current surgeons
- ✓ Comprehensive ophthalmologists
 - Low refractive volume can't support marketing and technology costs
 - Choice: commit to refractive surgery or leave it to others
 - Investors
 - Less reward in the US market
 - Opportunity lies outside the US

Furthermore, the excess of supply over demand (ie, there are more surgeons than needed to meet patient demand) makes marketing even more imperative. Not only must the marketing effort overcome patients' internal barriers, it has to get them into the right practice rather than one of a surgeon's many competitors.

With more providers competing for fewer patients—and having to compete with “easier” vision correction options such as contact lenses and glasses—LASIK is in a unique marketing situation. Nationally, the amount spent marketing LASIK, as a percentage of revenue, ranges from 10-20%, and this uniquely high marketing expense is the single most important

reason why a LASIK practice has a profit margin (10-20%) roughly half that of a traditional ophthalmic practice (30-40%). And if the pool of laser surgery candidates is becoming depleted, decreasing demand will only cause the marketing effort to intensify.

Refractive Surgery Is Unique Within Ophthalmology

In addition to its intense level of marketing, refractive surgery is unique because of the rapid pace at which it adopts new technology. Today refractive surgeons need a wavefront-driven laser and the best topography equipment. Soon, a femtosecond laser will also be mandatory. And although the technology is getting more expensive, there is no alternative to acquiring it. Surgeons have increasingly realized that new technology not only gives them a competitive edge in clinical outcomes, it often confers a distinct marketing advantage (which is sometimes the more important reason for acquiring the technology).

Success in refractive surgery therefore requires marketing, superb equipment, a high level of skill, and above all else, a singular focus and dedication to refractive surgery. Today, high technology and marketing costs, as well as

rising patient expectations (which demand a high level of skill), force a practice to either dedicate itself to refractive surgery or refer refractive surgery patients elsewhere. For low-volume refractive surgeons and comprehensive ophthalmologists, trying to do a little bit of refractive surgery won't be worth it, since a large refractive surgery income stream is required just to cover the technology and marketing costs.

Refractive Surgery: A Subspecialty

These unique features of refractive surgery mean that it really should be considered a subspecialty within ophthalmology—like retina, cornea, or glaucoma. Supporting this contention are the uniquely high expectations of LASIK patients. In almost no other branch of medicine does the surgeon attempt to correct a condition in which the patient already has nearly perfect function.

In most instances, the naturally existing optical pathway of the eye and the naturally “unperturbed” optics of the eye are far superior to any corneal shape or optical pathway that surgeons can create. Most patients have excellent (optically corrected) visual quality preoperatively, the memory of which vastly increases the importance that laser vision correction “do no harm.” The bottom line is that a high level of skill is both an ethical and practical necessity in refractive surgery—and this requirement will only increase as a depleted pool increases competition among surgeons.

As the market contracts, there will be less and less room for comprehensive ophthalmologists who are not focused and dedicated to refractive surgery

A Competitive Subspecialty

For high-volume, dedicated surgeons who are committed to refractive surgery, there will continue to be work, even in a diminishing pool of patients. Making a commitment to refractive surgery is no small matter, however, as it involves committing to an expensive marketing program, expensive technology, and most importantly, a single-minded drive for business.

Refractive surgeons will also need to pay more attention to the legal aspects of medicine. A depleting patient pool with more surgeons sharing a smaller pie means fiercer competition and possible friction within the medical community. Lawyers can be expected to take advantage of this friction, so we will all need to know more about how to protect ourselves. The belief that performing good treatments automatically leads to success—without an understanding of the key role of marketing and managing potential liability—may put

surgeons who are not dedicated to refractive surgery at risk. As a result, I believe that in the years to come, not only will fewer procedures be done annually, but they will be done by fewer surgeons—specifically, they will be done by those who have demonstrated a consistent and focused dedication to the trade.

For high-volume, dedicated surgeons committed to refractive surgery there will be work. But this commitment is no small matter

Patients are Winners

While increasing competition in refractive surgery may push out all but those high-volume surgeons who can devote themselves to the procedure, the real winners in this competition are patients. There will be better technology, providing better results with fewer complications, and competition will spur surgeons to

create a more positive patient experience and better service. And, with the supply of refractive surgeons greater than demand, patients will be able to pick and choose. In contrast to the constrained view of the future from the surgeon's perspective, the imbalance in supply and demand works in the patient's favor, so for them the future is bright.

THE BOTTOM LINE

Contrary to current expectations, there are reasons to believe that the pool of patients electing to undergo laser vision correction may soon start to show signs of depletion. I believe that the market for laser vision correction is no more than half the size of the contact lens market, which means that laser vision correction should capture no more than 10% of the medically eligible ametropes. Although the market continues to grow, the amount of growth each year has been *decreasing* in the past 5 years. In 10 years, we have captured 7% of the medically eligible ametropes, leaving only 3% remaining to sustain the market in the future. A new (and lower) steady state will be reached in the next 3-5 years, and this decline in procedure volume has implications for individuals who perform refractive surgery, ophthalmologists in training, and those who invest in the field.

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SUNWEAR FORECAST *continued from page 1*

Strategies aimed at highlighting the dispensary's sunwear collection include creating effective window displays that focus on sunwear to draw customers into the dispensary, investing in local advertising that highlights sunwear specials, allocating space within the dispensary specifically to sunwear, designating one staff member as the sunwear expert, and providing patient education that presents sunwear as a necessity for long-term vision protection (Figure 2).

SUNWEAR FACTS

✓	190.4 million US adults wear plano sunglasses
✓	85.6% of the US adult population wear plano sunglasses
✓	53% of Americans 16 and older participate in outdoor recreation

Polarized Lenses

The most effective strategy for increasing the dispensary's sunwear sales is simply this: Recommend sunglasses to every single patient. In order for that strategy to pay off, however, the dispensary must have a strong sunglass department.

People come to a dispensary in an ophthalmology office wanting the best. With sunwear, that can be accomplished by offering polarized lenses, which cut reflected glare from the road, other cars, and especially water. In the past, fishermen and hunters used them exclusively, now they are available in all lens styles and are quickly becoming the premium sun lenses of choice. Patients who try polarized lenses rarely go back to another lens. Polarized lenses are particularly favored by post-LASIK patients.

Polarized lenses are easy to sell. Glare reduction can be demonstrated with a demo lens or sales tool, producing an immediate "WOW" effect in patients, who can readily appreciate how well these lenses work. Just as "location, location, location" is the mantra of the real estate salesperson, "demonstrate, demonstrate, demonstrate" should be the mantra of the eyecare professional whose aim is to grow sunwear sales.

The Maui Jim brand has a particularly effective polarized lens sales tool that enables viewers to see an array of bright colors when they look through a polarized lens. Once a patient has looked through both a polarized lens and an ordinary tinted lens and has also been shown how the polarized lens can be worn indoors, the polarized lens essentially sells itself.



FIGURE 2 Displays of striking and attractive sunwear, like CK10695 from Calvin Klein, draw people into the dispensary.

The Sale Starts in the Chair

Whether plano or prescription, patients are more likely to purchase sunwear, particularly polarized sunwear, if their ophthalmologist has recommended it. *The eyewear sale always starts in the chair.* Once the “seed” of an idea is planted by a physician, the patient is that much more likely to follow up on it.

GETTING INTO THE SUNWEAR MARKET

- ✓ Use eyewear expertise to lure new patients/keep old ones
- ✓ Deliver great customer service
- ✓ Create effective sunwear displays
- ✓ Advertise sunwear “specials”
- ✓ Don’t apologize for the added cost of a second pair
- ✓ Make selling polarized lenses a practice priority
- ✓ “Demonstrate, demonstrate, demonstrate”
- ✓ Allocate space exclusively for sunwear
- ✓ Maintain a good selection of frames
- ✓ Present the medical and safety benefits of high-tech sunwear
- ✓ Offer both plano and Rx-able styles
- ✓ Designate one staff member as the sunglass expert

In sunwear sales as in every other aspect of the optical retail business, customer service is key. Even when the sale is of plano sunwear, patients need to know that eyecare professionals can offer them a service that retail sales associates cannot: eyewear expertise. Part of that expertise involves knowing what patients need and want and making sure to have it in stock.

Determining sunwear needs may require a few probing questions. For example, some patients will say they already have prescription sunglasses but neglect to mention that the lenses are from three prescriptions ago. Often patients think of sunglasses as extra, and therefore, somehow exempt from prescription updates, so it is important to inquire about that with each and every patient.

Selling the Second Pair

Patient education is a key element in sunwear sales. When patients present with a prescription for new spectacles, the eyewear professional typically has approximately 15-20 minutes to interact with them. The optician can use this time to bring up ocular health and the dangers of UV exposure, so while patients choose the glasses they came in for, they can simultaneously begin to process how much they need sunglasses.

It always helps to have the physician emphasize the importance of having a premium lens to protect eyes from solar ultraviolet. Never offer less than the best option first.

Addressing the perception that sunwear is an added expense can be problematic for some eyewear professionals. The optician should never assume that a client can’t afford the second pair; nor should the optician ever apologize for the added expense when recommending a second pair. If a vision plan won’t pick up part of the tab, the savvy eyecare professional can introduce any number of pricing promotions to enhance affordability.

It may also help to offer a discount, typically 20%, on the purchase of a second pair. Even if the dispensary has to reduce its margin to make the second pair, the sale is still profitable and lays the groundwork for future sales. In the case of patients who wear spectacles, one option to reduce cost is to have sun lenses placed in an existing frame to cut costs. Typically only the most cost-conscious patients will opt for this.

Ultimately, dispensing only polarized sunwear makes for an easy sale, a greater likelihood for a follow-up sale, and less time dealing with patients who are dissatisfied with subpar sunwear. If the price is a barrier, the dispenser can offer lower cost options afterwards.

Fashion Plus Function

Of course, sunwear offers both fashion and function, and this fact

can be used to the advantage of the optical dispensary. For instance, with patients who are attracted to the idea of having the convenience, luxury, and look of prescription sunglasses, excellent UV protection is seen as a value-added benefit. While it may seem that UV protection is a given, its benefit should be reinforced every time the topic of sunglasses is broached.

Likewise, patients who are primarily attracted to the health and safety features of premium sun lenses see the availability of fashionable frames that match their lifestyle and sporting interests as an added perk. Though most patients appreciate the fashion aspect of sunwear, in an optical dispensary it pays to emphasize the functionality of these eyeglasses, because fashion sunwear is ubiquitous but premium, high-functioning sunwear remains in the domain of the eyecare professional.

THE BOTTOM LINE

In either plano or prescription, the sunglass market represents an important opportunity for ophthalmologists’ dispensaries. Rather than handing over the plano portion of this business to drug stores and the like, optical dispensaries need to hold on to existing patients and attract new ones. Emmetropes and post-LASIK and contact lens patients need UV protection as much as do spectacle wearers. Members of all three groups can benefit from the convenience and safety afforded by sunglasses, especially those with polarized lenses.

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