

PREMIUM PRACTICE

November/December 2010

Volume 1, No. 11

TODAY

Good Guys Wear White (Lab Coats)

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Premium Practice Today is a monthly feature section in **CRSToday** providing articles and resources to assist surgeons and their staff in the pursuit of premium practice development to facilitate exceptional experiences for patients and business success.

Good Guys Wear White (Lab Coats)

Giving back is a win-win for these successful surgeons.

BY ROCHELLE NATALONI, CONTRIBUTING EDITOR

There is a change underway in how companies do business. This so-called social capitalism in which social entrepreneurs give back to the community is as essential to the enterprise as the profit motive. TOMS Shoes (www.toms.com; Santa Monica, CA) is a great example, having given away over 1 million pairs of shoes to children around the world as part of its “one for one” program. One pair of shoes is donated for every pair sold (these shoes are very cool looking and comfortable, by the way).

Eye care has long been known for eyeglasses donations and surgical mission trips, and the need for today’s premium practice to have its own version of social entrepreneurship has never been greater. Why? Because today’s consumer is spending money more carefully and paying much more attention to whom they do business with—including their health care providers. Being perceived as “authentic” in the eyes of your patient is the goal, and those practices that take a sincere and serious approach to giving back will be recognized and rewarded by patients. This month, we feature surgeons whose practices are “walking the talk” when it comes to giving back. I trust that they will serve as inspiration for you to get started or do even more to use your skills toward making the world a better place.

—Section Editor Shareef Mahdavi

A medical degree and subsequent training in a surgical specialty may not be the automatic ticket to easy street that they once were considered. When asked, however, most ophthalmic surgeons still say they “do okay.” Often, this financial comfort translates into a physician’s desire to give back to less fortunate individuals. Some surgeons are taking a page from corporate America’s playbook and harnessing the power of their patient base to raise funds for worthy causes. This trend, known as *cause marketing*, is well entrenched in the retail industry and is now making inroads into the service sector—including medical practices. More often, though, physicians tend to take a traditional route to lending a helping hand by donating their time and surgical skills.

The surgeons interviewed for this article are similar in several regards. They dedicate a portion of their practices to

premium IOLs, and their conversion rates to premium IOLs are either holding steady or increasing. They are all committed to volunteering their time and talents to people who might otherwise go without life-altering ophthalmic surgery, and their practices are thriving in tough economic times. Finally, all say their volunteer work is motivated by a desire to do good, as opposed to a desire to promote their brand or professional image. Whether their altruism in turn bolsters their practices’ success is debatable, but clearly, it does not hurt.

SACRED PRIVILEGE

Early in their careers, Boca Raton cataract and refractive surgeons Alan Aker, MD, and Ann Kasten Aker, MD, made a personal commitment to donate 10% of their surgical volume to individuals without the means to pay. Theirs, they say, is a spiritual undertaking. “As eye surgeons, we have an almost sacred privilege in helping restore the precious gift of sight to those who seek our help,” says Dr. Aker, who adds that his volunteer work has never been about building a positive practice image. “For us, this is simply a quiet and personal professional tithing,” he explains. “We have not shared or sought to advertise this policy with our local community but rather with organizations and other health care professionals who might encounter patients in need of cataract surgery.”

In addition to organized annual efforts such as National Mission Cataract Surgery Day, they are always on the lookout for potential recipients of free eye surgery who are hiding in plain sight. “Ann and I have found patients in strange places,” Dr. Aker says. “For instance, we met someone at the check-out counter at Costco who needed corneal transplant surgery, and once when we were at a friend’s Bat Mitzvah, we noticed a waitress who had an opaque hypermature cataract.” The reward for donating surgery to such patients, he says, is the wonderful feeling that comes from “being able to do something like this, especially for someone who thinks getting it done is a financial impossibility.”

Although many of the recipients of the Akers’ gratis sur-



The Vision Harvest event sponsored by EyeCare 20/20 in East Hanover, New Jersey.

gery are members of the neighboring communities, they also help patients from other disparate locales. A large number of needy patients from the Dominican Republic travel to the Akers' Boca Raton clinic for free cataract surgery, and the ophthalmologists also perform volunteer cataract surgery on many Amish people who travel to the practice from Lancaster, Pennsylvania. The Akers have a network of Caribbean colleagues built from a charitable program that they facilitated there several years ago. The Caribbean contacts now refer indigent patients to the Boca Raton facility, and the Amish patient pool grew out of a vacation to Pennsylvania Dutch Country, where the Akers noticed that many of the elderly locals had untreated cataracts.

"Dr. Aker found that a lot of [the Amish people] did not participate in Medicare, so their ocular conditions went unchecked," says practice administrator Kim Harrington. "He told them, 'If you can find a way to Florida, we will donate our time and services.' Now, we get an influx of Amish every year." The Akers converted a nearby building into a home for these patients and their family members to stay for the duration of their treatment. The "Amish House" usually has four to five patients per month, according to Ms. Harrington. The Akers are also involved in a variety of other outreach efforts in their community, such as donating a vision screening van to The Caridad Center, which provides health care to low-income and uninsured individuals. Dr. Aker notes that ophthalmic supply companies have been generous with donations and anesthesiologist Rafael Oliver MD, also from Boca Raton, has been equally generous with his time and skills.

The Akers' experience is reflected in the words of Laguna Hills, California, refractive surgeon John Hovanesian, MD, who says, "Never underestimate people's generosity when you give them a chance to help." Dr. Hovanesian volunteers with The Armenian Eye Care Project, a group of ophthalmic

surgeons who travel to the former Soviet Republic of Armenia to perform volunteer eye surgery on needy individuals. According to Dr. Hovanesian, this mission usually lasts just a few weeks each year, but the time in between missions that goes into inviting colleagues to participate and drumming up ancillary support and donations from ophthalmic drug and equipment manufacturers is extensive. Despite a challenging economy, he says, "When we ask, they generally give. Sometimes, they give because we are their customers and we want them to, but generally, they give for the right reasons."

Dr. Hovanesian says that, while there is an element of truth to the adage, "you do well by doing good," neither he nor his fellow volunteers are in it for professional gain. The most gratifying part, he says, is the opportunity to improve people's lives: "We have so many stories of how lives have been changed because of the work we have done." For instance, there was a patient who needed a corneal transplant, but there was no cornea in the country to be had. The Armenian Eye Care Project brought a cornea, and for the first time, this person was able to see children who had been born into the family. "We love to share the stories of our experiences with

PROFILES IN VOLUNTEERISM

Who: Daniel S. Durrie, MD, Durrie Vision, Overland Park, Kansas

What: Started the 501(c)(3) not-for-profit organization "Focus on Independence" to provide free laser or surgical vision correction to disabled individuals who are unable to use their arms or hands to handle eyeglasses or contact lenses. To date, approximately 100 people have benefited from the program.

When: The program was inspired in 2003, when Dr. Durrie watched Christopher Reeve deliver a televised speech. Now deceased, the actor, who was paralyzed at the time, wore glasses, which his wife had to position on his face.

Why: Dr. Durrie says he started Focus on Independence as a way to use his skills to give back to the community and help individuals suffering from paralysis regain some of their independence. Ultimately, he wants to increase the independence of people with spinal cord injuries by reducing their need for glasses and contact lenses through vision correction surgery.

How: The goal is to raise capital to produce supporting materials and training programs for interested vision correction surgeons around the country who want to participate in the program. Dr. Durrie says a plan is in the works to create and implement a promotional and public relations strategy to create awareness among those with spinal cord injuries.

our patients, and the patients love to hear about it, and they really appreciate that they have physicians who take an interest in helping the community. I do think that helps us, but that is definitely not why we volunteer," he adds.

Dr. Hovanesian says that his patients also become aware of his volunteer work through word of mouth and incidental media coverage, but he states that his practice does not specifically promote this activity or use the information to market the practice. "Patients in the local community become aware of our volunteer efforts, and they appreciate it. We've seen the goodwill returned to us, even though our volunteer work is done 10,000 miles from home," he says.

"CAUSE" AND EFFECT

Ophthalmologists who volunteer with Surgical Eye Expeditions (SEE) International and Orbis International are well known for their sight-saving missions to far-flung destinations. Cary M. Silverman, MD, of EyeCare 20/20 in East Hanover, New Jersey, is a refractive surgeon who is taking a less traditional—and some might say more creative—approach to volunteerism. For example, a recent fund-raising effort in which he participated invited potential patients to donate \$50 to charity: water, a nonprofit project that brings



Cary Silverman, MD, (right) and others from EyeCare 20/20 provide free cataract surgery to needy and uninsured patients.

clean, safe drinking water to people living in developing nations. EyeCare 20/20 promised to match the contribution and reduce the price of bilateral LASIK by \$1,000 as a thank you for the donation. Within a month of the promotion, more than \$3,500 was raised for the cause, equating to approximately 35 new LASIK patients for the practice.

This type of cause-related marketing, which draws positive attention to the practice (known in fund-raising circles as the "halo effect") while helping worthy charities reach their goals, is just starting to catch on in refractive surgery. Angela O'Mara is the president of The Professional Image, Inc. (www.theprofessionalimage.com), a medical specialty public relations and marketing company based in Irvine, California. She says cause-related marketing is a valuable addition to the practice's overall marketing strategy. The donation of time, resources, services, or products to charitable causes and related organizations enables prospective patients to identify the surgeon with very personal issues, which makes the surgeon relatable.

"In the past, we have run 'specials' from time to time," says Dr. Silverman. "The added twist here is that a charity will benefit as well. It is a win-win situation, which we will continue to offer in the future whenever we run specials."

According to health care attorney Sandra McGraw, Esq, as long as the service (eg, LASIK) that is being discounted in exchange for a donation to a charitable cause is not one that is covered by Medicare, there should not be a legal problem. "Generally, a physician may not offer any remuneration to a patient to induce that patient to seek services covered by (and therefore paid for) by Medicare," says Ms. McGraw of Health Care Law Associates, PC, in Plymouth Meeting, Pennsylvania.

Another health care attorney well versed in ophthalmic issues weighed in on the topic. He points out that some

CAUSE MARKETING

The 2010 Cone Cause Evolution study provides an all-inclusive look at cause marketing in America today. An overview of the report indicates, among other things, that 80% of those surveyed are likely to switch brands (assuming price and quality are similar) to one that supports a cause.

You may not think of your professional reputation and everything your practice stands for as a "brand," but potential patients—especially those who are paying out of pocket—do. Here are some other findings reported by the 2010 Cone Cause Evolution study:

- 88% say it is acceptable for companies (practices) to involve a cause or issue in their marketing
- 83% want more of the products, service providers, and retailers they use to benefit causes
- 85% have a more positive image of a product or company/practice when it supports a cause they care about
- 19% of consumers would be willing to purchase a more expensive brand if the retailer or service provider supported a cause they care about

For a full copy of the Cone report, visit <http://www.coneinc.com/news/request.php?id=3350>.

states may have antipatient-inducement prohibitions that apply to all payers, and many states have antikickback statutes that apply to all payers as well. Some enforcers take the position that an antikickback statute is triggered by a patient inducement. More importantly, he suggests, a potential risk lies in whether this kind of promotion would be considered a patient inducement that provides remuneration to him or her. Tying the discount into a charitable contribution from the patient may give the patient a tax deduction, which could be construed as a form of remuneration. Legal experts suggest, therefore, that the prudent practitioner discuss all ramifications before implementing any promotion that offers discounted surgery in exchange for a charitable donation.

Dr. Silverman's roster of volunteer activities includes traditional efforts as well. "Ophthalmology has afforded me a wonderful lifestyle; however, I am aware of those who are less fortunate," he says. "While a large majority of Americans have health insurance coverage, roughly 16% are still uninsured. My colleagues and I all agree no one should go without needed cataract surgery due to finances." A recent volunteer effort, called Vision Harvest 2010, focused on providing cataract surgery to uninsured individuals. "The recession has certainly had an effect on our community's ability to receive care," he notes. "I find it amazing how many of our Vision Harvest patients are stuck in the vicious [circle] of losing their job, losing their insurance, and developing cataracts, which makes it difficult to drive and get a new job. Hopefully, the free cataract surgery we offer can break this cycle and get them back on their feet."

Miami, Florida, ophthalmic surgeon William Trattler, MD, generally prefers a quieter, gentler approach to volunteerism than that espoused by physicians who embrace cause marketing. His primary source of volunteer work is with the

Baptist Hospital of South Florida, where he is among a group that provides free eye care to patients in its "Good News Care" program. "We do not advertise our involvement with caring for indigent patients," explains Dr. Trattler. "However, I was featured in our hospital magazine because one of the patients I examined had reported vision problems, and I diagnosed the patient with a visual field defect that turned out to be caused by an occipital lobe brain tumor. The patient underwent life-saving and vision-preserving surgery, all provided free by the surgeons and hospital. The patient has since seen me in follow-up visits, and the experience emphasizes how we can all make a difference." As part of the Good News Care program, Dr. Trattler and his colleagues at the Center For Excellence in Eye Care in Miami treat approximately 250 patients and perform 25 to 30 cataract or pterygium surgeries per year.

Dr. Trattler appreciates the legitimacy of traveling abroad to help needy patients in underdeveloped areas of the world, but he prefers to lend a hand in his own backyard. "There are so many people in our own community who cannot afford to see doctors or get adequate medical care," he says. "For example, in South Florida, there are migrant workers who are in the agriculture business. These are the types of patients we help. It is easy to see an extra patient or two during the course of a clinic day, and the same goes with adding an additional patient for eye surgery."

CONCLUSION

These are just a few examples of the widespread generosity in the ophthalmic community. There is no shortage of people who can benefit from a helping hand, whether at home or abroad. As Dr. Trattler says, and as all of the others interviewed for this article articulate through their actions, "We do this because we feel that we can make a difference." ■

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VOLUNTEER OPPORTUNITIES

Orbis International

For information about volunteering, contact sally.whitton@orbis.org.

Surgical Eye Expeditions (SEE) International

(805) 963-3303 or <http://seeintl.org>

Armenian Eyecare Project

(866) 448-2327 or <http://www.eyecareproject.com>

Baptist Hospital of South Florida/Good News Care

(305) 246-2844 or

<http://www.goodnewscarecenter.org/partners.php>

charity: water

(646) 688-2323; <http://www.charitywater.org>