



Building an Orthokeratology Practice from Scratch

Dr. Thanh Mai

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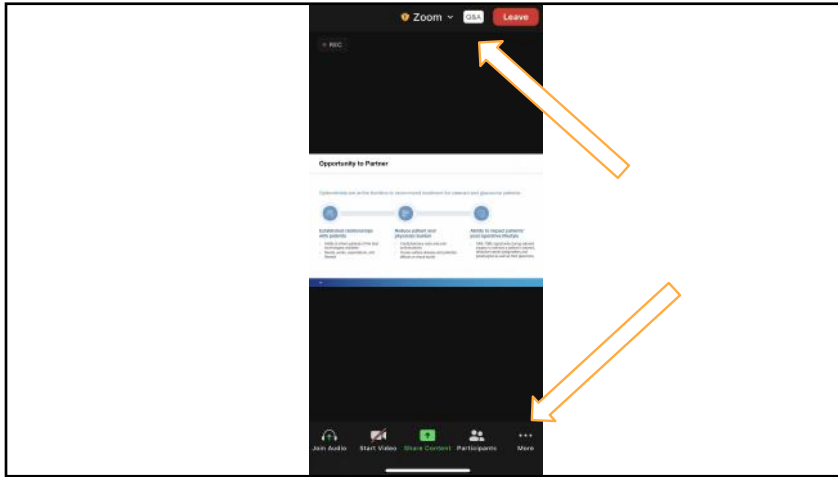


Host: Dr. Stephanie Woo

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- For a 1-hour webinar attendees must be online for a minimum of 50 minutes
- For a COPE certificate, please fill out the survey link in the chat. Also, the survey link will appear when the webinar ends.
- CE certificates will be delivered by email and sent to ARBO with OE tracker numbers
- **CE certificates will be emailed within 4 weeks**
- Ask questions using the zoom on-screen floating panel





Speaker Bio – Dr. Thanh Mai

Dr. Thanh Mai is a partner of Insight Vision Center Optometry located in Costa Mesa, CA. Everyday he is straight up dunking on the evils of myopia to the glee of parents everywhere. He is also the director of myopia management at Treehouse Eyes and a proud Vision Source administrator.



Financial Disclosures for Dr. Thanh Mai

- Treehouse Eyes, director
- Euclid Systems, consulting, ad board
- WAVE contact lenses, consulting
- Visionary Optics, consulting/honorarium
- Vision Source, administrator
- Optometry MasterClass LLC, founder
- Weave, honorarium
- UCI Gavin Eye Institute, honorarium
- MES Vision, medical records auditor
- APME, board member and honorarium
- Vision Answers.com, paid editor
- Coopervision, honorarium
- NIDEK, consulting
- Vyluma, ad board
- Neurolens, honorarium
- Woo U, (new) honorarium

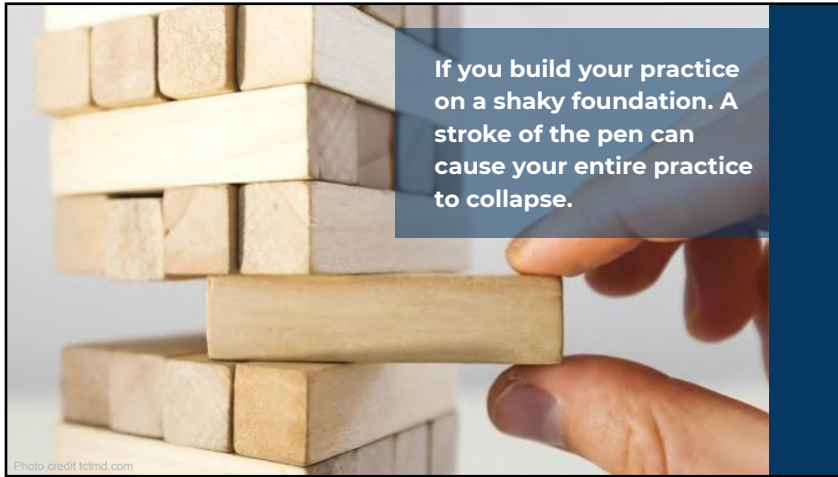
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Optometry MasterClass
ORTHOKERATOLOGY



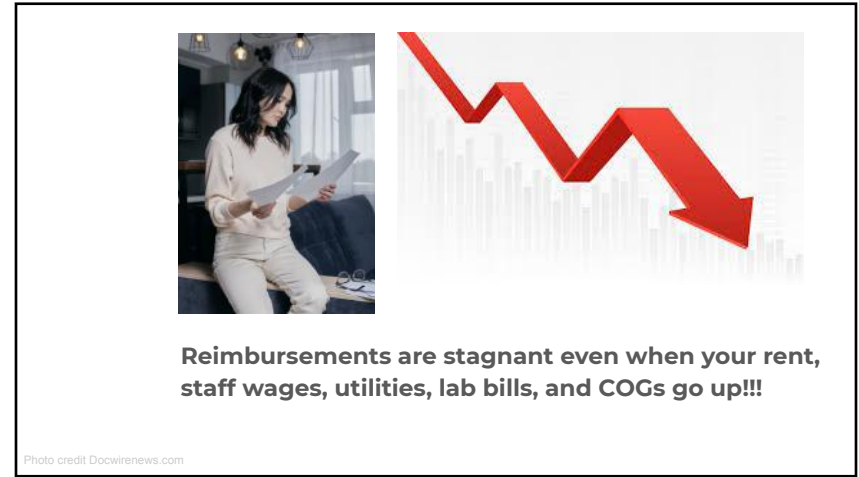
What is Your Dream?

1. 3 Day Work Week
2. _____/yr salary
3. Complete freedom from insurance
4. No reliance on optical



If you build your practice on a shaky foundation. A stroke of the pen can cause your entire practice to collapse.

Photo credit tctmd.com

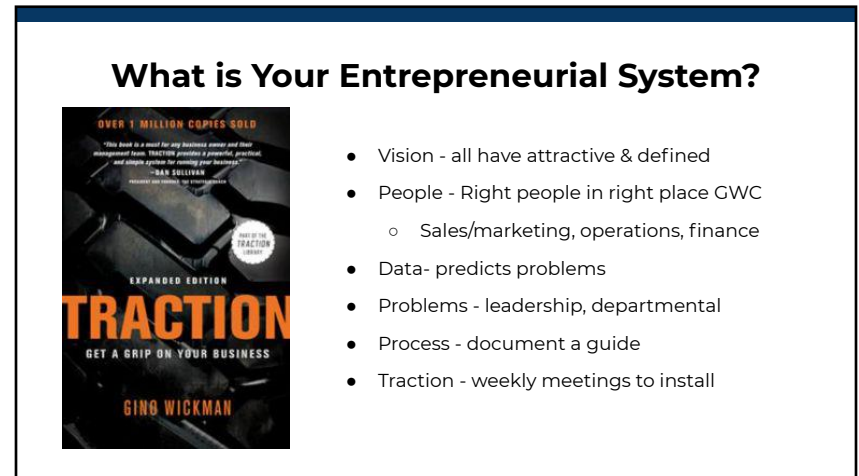


Reimbursements are stagnant even when your rent, staff wages, utilities, lab bills, and COGs go up!!!

Photo credit Docwirenews.com



Pareto's Principle
80% of your work output results from 20% of your effort



What is Your Entrepreneurial System?

- Vision - all have attractive & defined
- People - Right people in right place GWC
 - Sales/marketing, operations, finance
- Data- predicts problems
- Problems - leadership, departmental
- Process - document a guide
- Traction - weekly meetings to install

Equipment Considerations



- Topographer - mandatory (Medmont, Oculus etc.)
- Biometer - I think it is mandatory because the real title of this lecture is how to build a **world class** orthokeratology practice



Be Confident in Your Tools

By investing in the BEST equipment, you are signaling to:

1. Yourself! You know you're legit and are going all in.
2. Your staff! They know you have good equipment and are doing it the right way.
3. Your patients will remark and say "I've never seen that before" and appreciate the cutting edge technology you have.

Which Orthokeratology Lab

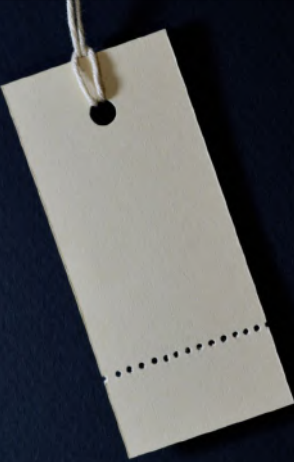
- Create two lab accounts:
 - First one: Empirical fitting or from fit set (Euclid, Paragon, iSee, GOV, Contex etc.)
 - Second one: Software based design based on topography (WAVE, Eyespace, Orthotool, Abiliti etc)



Orthokeratology 101

Thanh Mai, O.D.

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Pricing

Vitally important to get your pricing right.

- Assume you will spend 3-4 hours of chair time a year per case.
- Assume you will get through 1.25 sets of lenses before finalizing
- Paradoxically by charging MORE you will generate more word of mouth referrals. You training your patient to revere your work.




Pricing

Compliance increases, loyalty increases, referrals increase, and follow through increases if the patient pays **MORE**. That has been shown across all medicine.

Pricing

- Compare price of 3.5 hours of chair time to how profitable you may be with PC.
- For example. If you can see a 2 primary care patients per hour and you normally generate \$300 per patient. Then you can potentially make \$600/hour doing PC.
 - So 3.5 hours x \$600 = \$2100.



Annual Renewal Fee

- There is considerably less chair time at the annual renewal
 - For children they should be relatively stable
- Apply the similar rationale as before. Chair time ~1 hour in this case.
- "The lenses can warp and get scratched over time and we don't want them to ever cause harm to your child's eyes. I recommend we replace them every year."



Contract Considerations

- Informed Consent
- Refund policy
 - Be generous!!! It's rare for a patient to fail and you should be fine 95% or more.
- Lens replacement: The goal isn't to make a lot of money on materials with OK but to emphasize the professional fees.

Tabbing an Orthokeratology Staff Expert

- Orthokeratology is almost a practice within a practice, how you communicate, schedule, and treat patients is different than PC.



All Staff Meeting

- As you start your Orthokeratology Journey hold an ALL staff meeting.
- You need to discuss orthokeratology and how to grow it.
 - How it can slow down myopic progression in children.
 - Some frequently asked questions.
- Discuss there is NO insurance coverage and that you will allot generous time.





Personality of Your OK Expert

- Likes kids
- Organized
- Good with technology and computers
- Self-driven and independent



Phone call scripts

- “Yes, you called the right place! Our practice is the best when it comes to orthokeratology. We usually start with a consultation to answer all your questions regarding our program where you get to meet the doctor directly. Would you be available on a ___?”
- Ideally the orthok staff expert fields this call

The Prep Email (Jab)

- First off, please tell me you’re collecting EVERY patient’s email addresses? If not, I need to slap some sense in you.
- Remind patients of their appointment, have them bring their current glasses/contacts and previous prescriptions.
Recommend BOTH parents arrive
- Include video links, link to your website

Converting the Primary Care Exam

- **At first this is your main target since the marketing hasn’t taken hold yet**
- **Avoid converting PC to an orthok consult on the spot**
 - You will fail, the patient will be tired or not ready. After all they didn’t come in expecting it and also you didn’t get your pre-consult sequence up and running.
 - Goal is to book the OK consult, not sell OK!!!

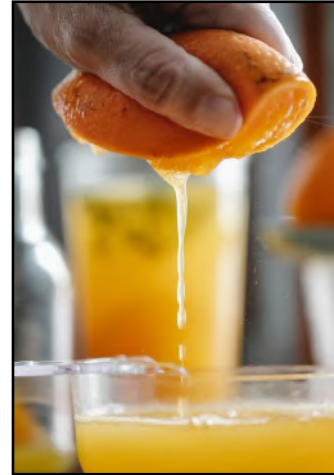
Avoid Over-explaining at the PC

- Do not over explain how you are going to control myopia. What methods etc.



Scheduling Time

- Never squeeze it in!!!
- **HUGE TIP ALERT:** Try to convince **both** parents to arrive
- Prep the paperwork (contracts)
- 45-60 minutes recommended.



Tech Workup Pretesting

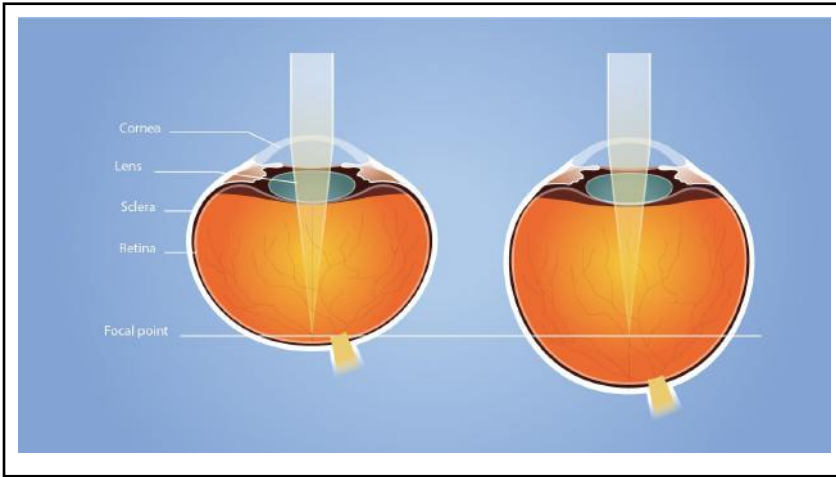
- Auto-refractor/Auto-K
- Auto Lensometry
- Axial length
- Corneal topography



Take Uncorrected VAs

- **You must demonstrate the depth of their uncorrected VAs**
- Honestly, it's not natural for people to see 20/200 and the patient and the parent need to physically SEE it on the chart to realize how bad it is.
- Start from 20/20 and go up until they CAN see it.
- Parents will be surprised, but you need to educate them because many times they have no idea how their children seen!





Recommend a Solution

- Ask questions, let them talk and they will love you because you **listen**
- Compare to an analog they understand: **braces!**
- Can mention that it can be done in conjunction with atropine
 - Studies show combo more effective
 - Also to ensure they don't say "how come you didn't say that was an option!!!"

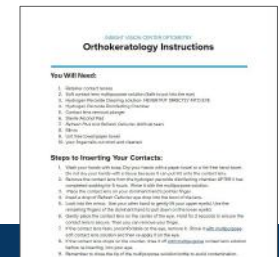
Before They Start Training

- Recommend they have a snack beforehand if dealing with a child.
- Email a link to an insertion and removal YouTube video. Ideally it's one your office has made but for reference you can YouTube "Insight Vision Center Optometry" and see our orthokeratology videos.



Handouts are Crucial

- Patients have an attention span of a goldfish at times.
- You need to provide written instructions as well.



Call it a Class



- Words are important
- Kids are used to going to classes to learn things. And every child want to learn how to pass a class!
- Sort of builds a sense of community as well.

The OK Follow Ups

- **At the 1 Day OK FU, inform them that you don't expect that much change.**
 - Be enthusiastic though when there is positive improvement! Tell the patient (if it's a child) how proud you are!



Internal Marketing





Touch



Photo credit: Treehouse Eyes

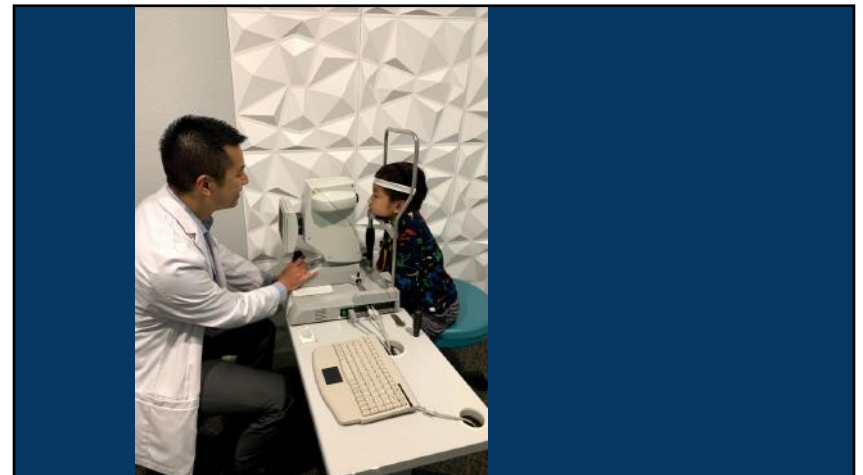
- Children shouldn't sit on elegant pieces of furniture with hard edges
- Soft and squishy with rounded edges are great.
- Children are drawn to bright colors



Start with Immediate Circle

Start with the immediate people in your circle (staff, family and friends).

- Helps to test your systems.
- Quicker feedback to adjust mistakes.
- Generates excitement and if staff member does it, easier to explain and connect with patients.



Your First Lecture is Internal

Do your first Myopia lecture on your staff.

- Helps to train them better about the WHY of OrthoK and the science behind it.
- Helps you refine your lecture.
- This is your rehearsal before going out and delivering to other professionals.



What is your STAFF Marketing Plan???

Just as I market to patients that we are the best, we constantly are marketing to STAFF.

- Unexpected PTO, birthday celebrations
- Quarterly staff bonding (Disney scavenger hunt)
- Game nights, bowling outings

It WILL pay dividends. Staff wants to give their best if you give them your best.



Family as Walking Billboards

Having patients in your immediate circle: your own children, spouse, staff sends a soft message to patients implicitly that the technology is safe

Ideally YOU DO IT YOURSELF.



The Reward System

- If you don't have a treasure chest or something like it, you ain't legit yet.
- Legos, toy cars, fidget spinners, spaceships.
- Snacks, candy bars.





Success Stories

- Collect success stories after you've finalized the fit.
- Ask them what the process was for them to find you. How they felt during the treatment, and the number one reason why they decided to seek treatment.

Huge Thanks!

Arigato!

Danke!

Grazie!

Cam On!

[drmai@insightvisionoc.com!](mailto:drmai@insightvisionoc.com)

Thank you! Please join us for our next COPE event



Date: November 9, 2021
 Time: 5:30 PM PST
 Speaker: Dr. Murray Fingeret
 Topic: New Ideas in Glaucoma
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