Supplement to *Modern Optometry*

January/February 2025

MODERNOPTOMETRY

A PERFECT FIT FOR PRACTICE BUILDING

How WaterInnovations™ Technology can help expand your contact lens patient base.

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These contributors are paid speakers for Alcon.

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Greetings, esteemed optometric colleagues, and welcome to the WaterInnovations™ roundtable. Three of us from different areas of the country and diverse practice settings got together to discuss how the availability of innovative-technology contact lenses is creating new growth opportunities for our practices. We share how the comfort, acuity, and wide range of parameters of these new lenses can help expand our practices' contact lens patient base, and we discuss how we converse with patients about these new lens options, including with astigmats and presbyopes. We also describe the practice-support programs offered by Alcon that are streamlining our ordering systems and aiding our marketing efforts. May the resources we describe here help all of our colleagues to level-up their contact lens practices.

—Darryl Glover, OD (Moderator)

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INTRODUCTIONS

Darryl Glover, OD (Moderator): I am a practicing optometrist in the Raleigh-Durham area, and I currently serve as the program director for brand at MyEyeDr. I've been practicing eye care for about 25 years, and I've held every position, from a technician to an optometrist. When it comes to patient care, I see everything you can think of, but my largest patient demographic is women between the ages of 40 and 55. Also, I love fitting contact lenses.

Britt Gustafson OD: I have a Walmart sublease outside of Minneapolis, and interestingly, it was the site of my very first job out of optometry school in 2001. My staff and I see a wide range of people, which keeps it exciting. We have contact lens patients from age 8 to 87 years old. There's never a boring day.

Selina McGee, OD, FAAO, Dipl ABO: I practice in Edmond, Oklahoma, at BeSpoke Vision. Ours is a primary care practice where my staff and I offer the gamut of optometric services, whether it's contact lenses, aesthetics, specialty lenses, and we have a huge dry eye center. So, this conversation is very near and dear to my heart. Like both of you, I have had my hand in pretty much every part of optometry. I am currently serving as president of the Intrepid Eye Society, I sit on the Oklahoma State Board of Examiners in Optometry, and I am also the past president of our state optometric association. So, I love to talk about optometry.

A PERFECT FIT FOR PRACTICE BUILDING

How WaterInnovations™ Technology can help expand your contact lens patient base.

KEY STRATEGIES

- Each team member's encounter with the patient is an opportunity to mention contact lenses.
- A "No" to contact lenses is an opening to ask, "Why not?" It's also not "no forever," just "not today."
- Start by talking to 1 patient per day about a daily disposable or a specific brand (whichever category you wish to grow). Practice makes the conversation more comfortable.

CONTACT LENSES DRIVING BUSINESS

A Practice Differentiator

Dr. Glover: Collectively, we optometrists can always use help understanding and optimizing the business side of contact lenses. To set the foundation of this conversation, I would love to know what role contact lenses play in your practices.

Dr. Gustafson: There are six practices within a 1-mile radius of my office, so my challenge is to separate myself from my competition. **Contact lenses have been the solid builder of my Walmart sublease practice.** Choosing options for patients, meeting their needs, and exceeding their expectations has driven new patients to my practice and created a lot of loyalty, as well.

Dr. McGee: Contact lenses have been a big practice-builder and differentiator for me, but interestingly, they have not required extra effort. **I've found multiple ways to make contact lenses a pillar of my practice,** whether it's a kid who is wearing spectacles and wants something different; or someone who is frustrated by presbyopia and has never worn a contact lens; my aging patients who have had cataract surgery but still don't want to wear spectacles; or new patients who should have been in a toric contact lens 10 years ago. If I'm going to invest in something in my practice, it is definitely in the contact lens market.

The Contact Lens Patient Journey

Dr. Glover: How do you each approach the conversation about contact lenses with patients?

Dr. McGee: It starts with the phone call, when the patient schedules their appointment. Our staff person asks, "Do you wear glasses? Do you wear contact lenses?" The patient's answers to those two questions drive a lot of what follows afterwards, and we plant little nuggets along the course of our conversations.

In the office, we have new patients fill out a lifestyle questionnaire with questions like, "Are you interested in wearing contact lenses?" If they answer "yes," then the technician can start that conversation, and then I follow through with it. We can't wait for our patients to ask us about contact lenses.

I'm not asking my colleagues to do all the lifting. **Enlist your team's help, and plant those seeds along the way to create the opportunity to introduce each patient to contact lenses.**

Dr. Glover: I like the expression, "teamwork makes the dream work," which to me means that **everyone in the practice takes part in promoting its offerings.** Like you said, Dr. McGee, the conversation really begins before the patient even walks into practice. What advertisements are they seeing on social media and online? How do our staff answer the phone, and what questions do they ask the patient? Is the technician having that same conversation? Are they collecting the right information, asking the right questions? When we have the right information, we can prescribe the right solutions to accommodate the patient's lifestyle.

Dr. Gustafson: I have found that, while contact lenses may be top of mind for a patient, they might not mention it at all during their visit. Understanding this drove me to empower my technicians to always ask, "Do you wear contacts and glasses?" while they're working the patient up. Or, to a patient who's in a reusable lens, they'll just say, "Talk to Dr. Gustafson about a possible daily disposable." These comments plant the seed, as Dr. McGee said, so that by the time I mention it, the patient has had some time to think it over.

To create a continuous patient experience, my opticians are trained to make reinforcing comments about contact lenses. When patients are ordering their annual supply or picking up their contacts, they'll say something about that lens, such as, "Oh, Dr. Gustafson wears that lens

herself," or, "We have lots of patients who love that lens," just to put a bow on it.

Dr. Glover: Patients love that personal connection. I'll use an example of someone who's close to me so that the patient understands that I'm talking about technology I believe in, because I've used it with my loved ones.

Sometimes, when my staff or I ask about a patient's interest in contact lenses, we'll get the response, "No, I'm not interested." I use that as **an opportunity to build a conversation: "Why don't you want to wear contact lenses?"** I've found that a high percentage of my patients are willing to convert to contact lenses, it's just that their previous doctor didn't really connect the dots of where a contact lens might fit in their lifestyle. Are you doing the same thing?

Dr. Gustafson: I always approach the patient as, "This is what I'm hearing you say that you need, and this is the solution I have for that concern." It is so empowering and fosters a strong doctor-patient connection.

Dr. Glover: We have to normalize personalization, to give our patients the right solutions to live their best lives. If we can become their heroes, then they become walking billboards for us—they'll tell everyone they know how great their service was.

Dr. McGee: To our colleagues who want to build confidence in prescribing multiple options to patients, understand that a lot of patients will tell you "No." It doesn't mean it's a "no" forever, it means it's a "no" today. Oftentimes, once they become frustrated with their vision in trying to perform a certain activity, they'll remember that conversation where you told them a particular contact lens could fix their issue. Eventually, they will say "yes"—don't get discouraged.

Dr. Gustafson: I completely agree. When I started practicing in 2001, I wanted to grow my business in daily disposable contact lenses, but I struggled to get the confidence to recommend them to my patients. **I made myself commit to talking to one patient per day about daily disposables, and I found it to be easier than I thought it was going to be.** In healthcare, we have to accomplish any goal patient by patient by patient. It takes time and repetition and commitment on our part, but it can completely change our practices.

THE IMPORTANCE OF CONTACT LENS COMFORT

Discussing Lens Solutions With Patients

Dr. Glover: I want to pivot now to the importance of contact lens comfort, because as eye care professionals, this is one of those topics that we encounter every single day. Is discomfort a common complaint that you hear when you're talking to your patients about contact lenses?

Dr. Gustafson: Established contact lens wearers usually want to stay in contacts, and they're willing to make a lot of trade-offs. I don't want patients to compromise their comfort, so **I ask two key questions to learn what their true wearing experience is.** The first question is, "Tell me how things are going with your contacts." Their answer to this question tells me what their perception is.

One of the first patients I posed these questions to was someone who had returned for a follow-up exam a year after I fit him in a single-use lens. When I asked him to tell me how things were going with his contacts, he was very expressive, he was almost bouncing up and down in the chair, and he said, "Oh, they're perfect. I love them. They're great." And so, I initially thought, "I don't really need to ask the second question. He just said things are perfect." But, I love routine, so I asked him the follow-up question: "Is there a time of day at which your contacts feel dry?" He paused for a minute, then he reached into his pocket and pulled out another pair of contacts, and he said, "I change my contacts at 3 o'clock every day." I almost fell out of my chair. I refit that patient into a DAILIES TOTAL1® (Alcon), and he now can wear the lens all day comfortably[1] and not have to remember his wallet, his keys, his sunglasses, and an extra pair of contacts. That was an "aha" moment for me of the importance of asking the right questions.

KEY STRATEGIES

- Ask targeted questions to learn what the patient's daily contact lens wearing experience is.
- Explain why you're asking these questions to elicit honest answers.
- Speak the patient's language: discern their personality needs and ultimate vision goals.

Dr. McGee: I consider the word "fine" to be an acronym for "feelings I'm not expressing." Then, I know I need to ask the question in a different way to get to the heart of when the patient's lenses start to feel uncomfortable. My questions are similar to Dr. Gustafson's: "How long can you wear lenses comfortably? When are you typically taking them out? Do you feel the need to put drops in your eyes throughout the day?" It also helps to tell patients *why* you're asking these questions, so they don't think you're trying to take their contacts away from them.

Dr. Glover: I love the approach of not just asking one question, but digging a little deeper to get the best feedback to prescribe the right solution for the patient. Once a patient tells you their symptoms, how do you communicate a particular lens solution that will address their needs? For me, that's the most rewarding piece.

Dr. McGee: I've learned to "read the room" and change my wording, the cadence of my speech, and even my body language in response to the personality of the patient in front of me. Some patients appreciate brevity and directness, some patients need a lot of reassurance, and there's a wide range in between. I want the patient to leave thinking, "That doctor gets me. It's the best medical conversation I've ever had." It's how you talk to the patient to get them where you want them to be.

Dr. Glover: One of my favorite professional experiences is providing the right solution with contacts. Some patients have been so happy with their new contacts that I've gotten hugs from kids, I've had cookies brought to my office, I get stopped in the grocery store and the patient tells me they were able to hit the baseball better, etc. Dr. Gustafson, how do you communicate with your patients?

Dr. Gustafson: All the things we do to connect with patients—our speech, our body language, taking a few extra minutes to explain something—is about building trust with them. Once they trust us, they will accept new technologies we introduce to them. But also, as Dr. McGee said earlier, we have to give patients the "why." **I want every patient to walk out of my office knowing exactly *why* I prescribed what I did.** This understanding gives them confidence in my recommendation, but it also makes them ignore any other noise about cost, etc. They're more committed to the purchase.

WATERINNOVATIONS™ TECHNOLOGY DAILIES TOTAL1®

Dr. Glover: Now, I want to jump into the WaterInnovations™ technology by Alcon, which is available in the DAILIES TOTAL1®, TOTAL30®, and PRECISION1®, and PRECISION7® contact lenses (Figure 1). **In my practice, WaterInnovations™ lenses have changed the game.** I love knowing I have this solution at my fingertips that will change the way my patients live their lives and how they view my practice. So, let me ask you both, when you think of the WaterInnovations™ technology, what comes to mind? How do you feel, and, most importantly, how do your patients feel when you prescribe this solution for them?

KEY STRATEGIES

- Innovative-technology contact lenses add value to the practice.
- Lenses with WaterInnovations™ technology are unlike previous-generation contacts.
- Patients want to know which contacts their doctors choose for themselves and their loved ones.

Dr. McGee: I fit a lot of DAILIES TOTAL1® contact lenses, and I can remember exactly how I felt when I tried DAILIES TOTAL1® for the first time, because I had been skeptical. **When I put that lens in my eyes, I thought, "Oh, this lens is amazing."** I am a challenging contact lens fit. I have a 12.8-mm horizontal visible iris diameter (HVID) cornea. I am a 40.00 K flat, no refractive surgery, and I have a 9-mm pupil. And, it's comfortable.[1,2] I love the ability to fit a DAILIES TOTAL1® for a patient who has never worn a lens that comfortably.

To Dr. Gustafson's point about building trust and confidence with patients, they want to know what we wear and choose for ourselves. I can share that story all day long about DAILIES TOTAL1® and the DAILIES TOTAL1® multifocal contact lens (Alcon) that I wear now.

Dr. Glover: If there's technology available, we need to leverage it in our practices. **The WaterInnovations™ technology helps them wear their contacts throughout the entire day.[1,3-5]**

Dr. McGee: I agree. if we're fitting patients in the same technology that they've worn for 20 years, why would they come in to see us? Where's the value add? But, if we're talking about new technology that can make their lives better each time they come in, then they're going to come back year after year.

Dr. Glover: Dr. Gustafson, I know you're a big fan of DAILIES TOTAL1®. What do you like about this technology, and what do your patients like about it?

Dr. Gustafson: DAILIES TOTAL1® contact lenses were revolutionary to me. Like Dr. McGee, when I tried them for the first time, I thought, "Wow, this is different." And I couldn't wait to get these lenses into the hands of my patients. **There's a phenomenon in my office that I call "DAILIES TOTAL1® face," which happens when my patients who are a -5.00 D or -6.00 D put the lens in while I leave the room.** When I come back, invariably, they're looking around with their eyes open and blinking because they can see, but they can't feel anything.* That moment is so great for the patient and for the practice.

Figure 1. Alcon's WaterInnovations™ family of brands.

*Applies to DAILIES TOTAL1 spherical and multifocal lenses only.

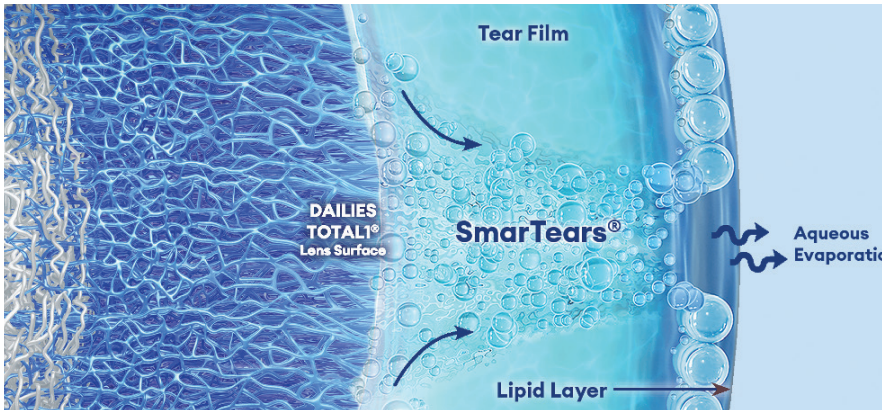

Figure 2. DAILIES TOTAL1® is the only daily disposable lens with Water Gradient technology and innovative SmartTears® technology. (Pitt WG, et al. Loading and release of a phospholipid from contact lenses. *Optom Vis Sci.* 2011;88(4):502-506.)

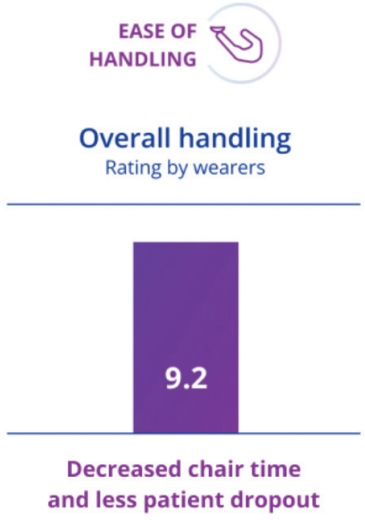

Figure 3. In a clinical study, wearers of PRECISION1® Sphere contact lenses rated the lens' ease of handling 9.2 on a 10-point scale. This was based on the mean subjective ratings on a scale of 1 (poor) to 10 (excellent) for overall vision, overall comfort, and overall handling, measured at the 3-month follow-up visit (n=69). (6. Cummings S, Giedd B, Pearson C. Clinical performance of a new daily disposable spherical contact lens. Poster presented at the American Academy of Ophthalmology 2019; Orlando; Florida.).

Ultimately, patients walk out of our offices with a product, whether that's glasses, contacts, or both. I want to put my patients in outstanding technology, to act as my calling card.

Dr. Glover: What type of patients are you fitting in DAILIES TOTAL1®?

Dr. Gustafson: I have worn DAILIES TOTAL1® since they came out, and I recently graduated to the multifocal version. As I said earlier, I differentiate contact lens patients based on their answers to my questions. **DAILIES TOTAL1® is the lens that empowered me to ask questions in the way that identifies what the patient needs.**

Like you, I have a lot of college-aged patients. **I prescribe DAILIES TOTAL1® to anyone who has symptoms of lens dryness** (Figure 2).

PRECISION 1®

Dr. Glover: When it comes to a daily disposable, PRECISION1® is my go-to, the bread-and-butter in my office, my most-prescribed lens for first-time wearers, those with high near demand, and more. What is the percentage of dailies versus a reusable lens in your practices?

Dr. Gustafson: I'm happy to say that **75% of my patients are using a single-use daily disposable contact lens.** I achieved this number by proactively recommending these lenses as my first choice for my patients. As Dr. McGee said, we're the subject matter experts—I just needed to embrace that idea, get out of my own way, and build confidence. I had to get comfortable with having a prepared speech about the benefits of these lenses. After about three to five patients, I got pretty good at it.

Admittedly, when I launched my practice in Walmart, I had some preconceived notions about my patients' ideas of cost and value. Once I challenged myself to become proactive in fitting single-use lenses, I saw that patients are far more interested in value, in how their day can be smoother, and how they can go about their activities without thinking about their contacts, than they are in cost.

PRECISION1® is my go-to for new contact lens wearers. These lenses were engineered to make handling easy for new wearers (Figure 3).[6] Now, a lot of my contact lens patients will never experience a reusable lens; they go right into a daily disposable lens, and that's all they know.

Dr. Glover: My volume is around 75% to 80% for single-use daily disposables. Dr. McGee, walk us through your percentages of dailies versus reusable contact lenses.

Dr. McGee: Daily disposables are close to 70% of my contact lens volume. I try to set smart goals, such as trying the patient conversation in a certain way for 1 month. As Dr. Gustafson said, it does take about three to five patients to become comfortable having these conversations.

TOTAL30®

Dr. Glover: Not every patient wants a daily disposable contact lens. In fact, two-thirds of our patients still opt for reusable lenses (Figure 4).[7,8] Fortunately, the WaterInnovations™ technology is available in a monthly replacement schedule. Are either of you using the TOTAL30® lenses in your practices?

Dr. Gustafson: I'm just floored that we have two daily disposable WaterInnovations™ lenses, plus a monthly, too. I couldn't have imagined that this technology would exist in my practicing lifetime. None of us has 100% of our patients in single-use contact lenses, and we probably never will. TOTAL30® contact lenses have given me something new for my patients who are in reusable lenses. That's exciting for me as a practitioner, and my patients have really

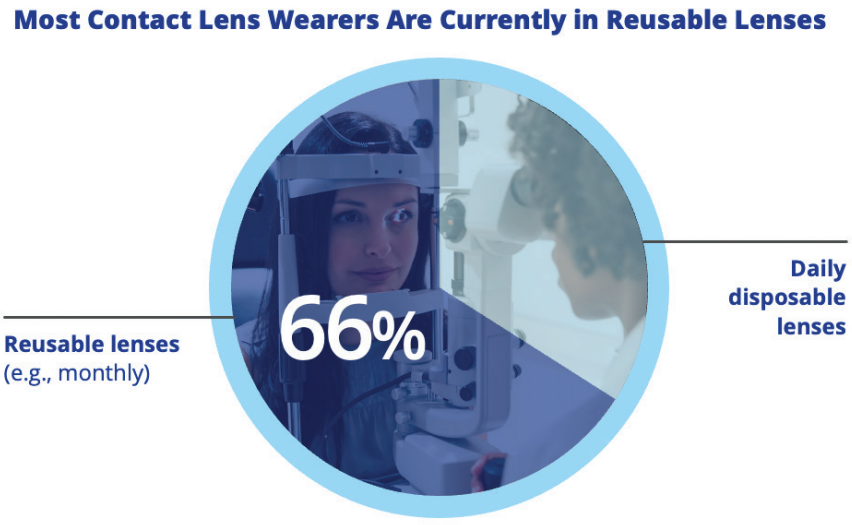

Figure 4. Reusable/monthly replacement lenses still compose approximately 2/3 of the current contact lens market, and more than half (54%) of all new contact lens wearers are choosing this option. (7. GFK POS Data, 2022-2023; Alcon data on file. 8. GFK fit panel, 2022-2023; Alcon data on file).

embraced it. **Most of my patients who choose monthly reusables have shifted from their existing contacts into TOTAL30® and experienced exceptional comfort.[4]**

Dr. McGee: I am already familiar with the WaterInnovations™ technology because of DAILIES TOTAL1®. Now that I have a 30-day reusable lens with the same technology, it's an easy conversation to have with patients. When I have a choice of lenses in a portfolio of what I already know and trust, it's seamless.

Lens Fittings and the Three Cs

Dr. Glover: Something I know new graduates and even seasoned ODs struggle with is fitting toric lenses. Before the advent of new-technology contact lenses, the three main barriers to fitting toric lenses were the three Cs: cost, comfort, and chair time.

I'm curious to know what factors drive your decision to fit a patient in a toric lens to correct their astigmatism? In particular, how do you approach the patients with -0.75 D of cylinder? For me, fitting those individuals is an opportunity to build loyalty.

Dr. McGee: Most contact lens wearers who have low cylinder have always worn a spherical contact lens. When they try a toric contact lens, they say, "Oh, my vision's really sharp." I was very disconcerted to learn that less than 1% of astigmats are using daily disposable toric lenses.[9,10] **If you're looking for a way to differentiate and build your contact lens practice, this is where you start, in my opinion.**

It's a huge barrier to adoption that doctors think fitting toric and multifocal contact lenses is going to take a lot of chair time. It does not take me any extra chair time. **It actually takes longer to fit somebody in a spherical lens who really needs to be in a toric lens,** because then I have to explain why their vision isn't quite as sharp and why the contact lens masks their astigmatism. To me, that's a longer conversation than just giving them the lens they need that has toricity built into it.

Dr. Glover: When practitioners think about chair time, they worry about staying on schedule. I don't worry about this, because I give the same amount of focused attention to each patient. **To all our colleagues out there, don't worry about chair time, just find the right solution for the patient.** Having a product that corrects for astigmatism and has WaterInnovations™ technology makes it easy, streamlines that process and conversation. Dr. Gustafson, what have you experienced?

Dr. Gustafson: Like Dr. McGee, I think toric and multifocal patients are such low-hanging fruit. It's so easy. As you said earlier, Dr. Glover, this is a huge opportunity to be heroic to our patients. I like to show patients in the phoropter the difference between their vision with their current contacts and how much better it could be with their astigmatism corrected. Within the past year, a new patient presented to my office, and she had always worn spherical contact lenses despite having 0.75 D of cylinder. When I showed her the difference between having a toric versus a spherical correction, she sat back from the phoropter and looked at me and said, "Why would anyone do that to me?" And I thought, "That's my patient for life." I replied, "I don't really have an answer, but we're going to change it today."

Dr. McGee: I see a lot of patients who think that, because they have astigmatism, they can't wear a contact lens, or at least, they can't wear a daily disposable contact lens to fit their astigmatic cornea. It is a joy to be able to say, "We have this technology." I think we should all lean into that.

KEY STRATEGIES

- Astigmats and especially those with low astigmatism who either have been in spherical contacts or never worn contacts are obvious candidates for new contact lens fits.
- New lens technology increases success with first fits and stability; new torics don't require more chair time.
- Widened fit parameters can suit most astigmats.

Dr. Glover: What I love about being able to correct for astigmatism, especially with the Alcon family of WaterInnovations™ contact lenses, is the range of fit parameters. Dr. Gustafson, please talk more about that, because I think it's a game-changer.

Dr. Gustafson: As Dr. McGee was alluding to, our astigmats are used to being told what they can't have. I love telling them what they can have. Introducing our astigmats to the "wow" factor of new technology excites me. If an astigmat asks, "Do you have my prescription here?" I get to say, "Yes, I do." That creates a positive vibe for the patient and makes a great impression.

Multifocal Contact Lenses

Dr. Glover: Both the DAILIES TOTAL1® contact lenses and the TOTAL30® contact lenses come in a multifocal version (Figure 5). Multifocal contact lenses can be difficult to discuss with patients. What does your conversation look like with the presbyopes in your practices? What are you saying to your patients, exactly? I try to connect with my presbyopic patients by telling them I'm going through the same thing. I talk about being able to transition from distance to near focus. What buzzwords are you using to plant the seed for when they need that multifocal?

Dr. McGee: We have to be intentional about this conversation, because there's some psychology at play on the patient's part. This is often the patient's first glimpse at aging, and it's kind of heavy, but it's true. It's one of the first places where they really notice they are aging. I try not to get into the weeds too much, but being mindful of that experience is important.

And then, I use the word *presbyopia*. I don't like to dance around that topic. "You have presbyopia (or, you will have it). It's a condition where the lens inside your eye no longer focuses. And I'm going to help you along this journey, and your vision is going to change. Everybody experiences this, it is not something that you did or that you can prevent. Just like we all get gray hair and wrinkles, this happens." These are my talking points.

One of the wisest decisions I've ever made in practice is talking about presbyopia before presbyopia happens. I don't like my patients to be surprised by anything. I want them to know that we have a solution when they get to that part of their journey. I start having this conversation when patients are 37, 38, and then we have this conversation every single year until they're 47.

To me, this is the most rewarding conversation, because I'm with that patient through their whole journey, and I get to make their life easier. I'm really passionate about this. **In my practice, presbyopia is a pillar**, whether I'm talking about contact lenses, refractive lens exchange, or therapeutic drops. I think we would behoove ourselves to focus on it, because presbyopia is going to explode due to our aging population.[11]

Dr. Glover: I love that. What I'm hearing is that there's an opportunity for treating presbyopes, but most importantly, we have to practice empathy and compassion.

KEY STRATEGIES

- The symptoms of presbyopia are among the first signs of aging for patients, so the conversation requires tact.
- Educate early: introduce the term "presbyopia" before symptoms emerge.
- The US population is aging, thus presbyopia represents a substantial opportunity for fitting multifocal contact lenses.
- Fit multifocal contact lenses when symptoms of presbyopia are mild.
- The fit guide is your friend!

Dr. Gustafson, in your practice, how are you tackling the concept of presbyopia and multifocal contact lenses, and what are you prescribing for your patients when they reach that stage?

Dr. Gustafson: Like Dr. McGee was saying, presbyopia is a much more emotional topic than I thought it was when I was a 26-year-old practitioner. The first experience that demonstrated this for me was when I pulled back the phoropter after telling a female patient that she needed some form of multifocal or reading glasses, and tears were streaming down her face. That experience taught me that presbyopia strongly affects patients, but that's our opportunity to serve the patient and walk them through it.

When I first started practicing, multifocal contacts were the bane of my existence. But once AIR OPTIX® multifocal contact lenses (Alcon) came out in 2010, they worked. One of the first patients I fit in that lens was a longtime female patient of mine. Two weeks later, her husband came to see me. My technician worked the patient up, and before I had fully opened the exam room door, this man said, "I want those contacts you gave my wife, and I don't care what they cost." And I thought, **"I can't buy that marketing." That's one of my reasons to fit multifocal contact lenses: to serve our patients better and meet their needs.**

Dr. McGee: My best advice is to put patients in a multifocal contact lens before they absolutely need it. Give those emerging/early presbyopes a multifocal when they need a low add; don't wait until they need a medium or high add. That transition has helped me be more successful in fitting multifocals. It's better to have a slow ramp-up versus jumping off the ledge into a multifocal.

Dr. Glover: To highlight the word *opportunity*, we have to remember that ours is an aging population. What are we going to do for these patients? Are we going to let them be among

Figure 5. DAILIES TOTAL1® and TOTAL30® multifocal contact lenses cover 96%* of presbyopic patients with 195 fit parameters (*excluding those with 0.75 D or more of astigmatism).

the statistics of contact lens dropouts, or are we going to give them a solution to their needs? We know that the eyes get drier with age,[12] so there's an opportunity to fit patients with a contact lens that can help combat contact lens dryness symptoms, such as lenses with WaterInnovations™ technology.

Dr. McGee: We have the technology—we should embrace it and give people a different experience. They're going to demand it. **If we think that millennials are going to wear reading glasses on the end of their noses, we are sorely mistaken.**

Dr. Gustafson: **Multifocals are even more underutilized in the marketplace than toric contact lenses;** research indicates that there are approximately 2,700 multifocal contact lens candidates for each optometrist.[13,14] So again, there's an opportunity to differentiate ourselves. Alcon multifocal contact lenses are so easy and streamlined to fit. **The Alcon fitting guide** (Figure 6) has been extensively studied[15-17,*] and is the same for all of the lenses in the company's portfolio. Alcon has created such a defined fitting process that it streamlines the patient's experience, most importantly, but my chair time as well.

Dr. McGee: You hit on a really key point that I think we all need to hear: **follow the fit guide.**

Dr. Gustafson: I agree. There are many counterintuitive things about that fit guide, and we optometrists like to do things the way that we're biased to do them, but just follow the fit guide and success will follow you.

ALCON RESOURCES

Reps, MARLO, ASSIST, and the Alcon Experience Academy

Dr. Glover: Something I've used in my office that I think has helped drive contact lens business is **leveraging my sales representatives** from the manufacturers I work with. I feel like that is the secret sauce. These representatives have the knowledge to guide me and my staff in the right direction. Most importantly, they put the right resources and tools at our fingertips to help us create that patient experience. What resources are you each using?

Dr. Gustafson: Definitely, I call on my Alcon sales representative as much as he'll let me. He's always very kind and generous with his time, and he's super responsive if I have a patient who needs a trial lens I don't have. Also, he keeps me well stocked in trial lenses, because having them on hand is a critical part of creating that patient experience. My representative is also great at updating me on new lenses or any new technology in the pipeline. I like to tell patients what I have for them, or what's coming down the line, to give them a reason to come back to see me. My patients trust that I'll keep them at the forefront of technology.

Dr. McGee: I consider my representative to be my trusted advisor. **I build relationships with our esteemed people who work inside the eye care industry because they have the knowledge about everything—new technology, best practices, industry insights, patient talking points, annual supply trainings, etc.** Also, these representatives visit multiple practices every day. If I struggle with

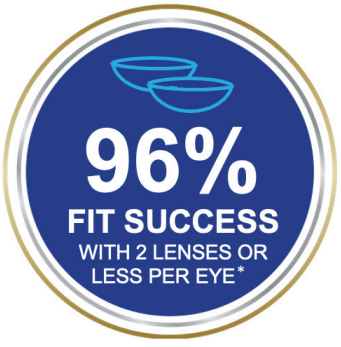

Figure 6. Alcon's proven 2-step fitting process produces high rates of fit success (80% success with 1 lens per eye, and 96% success with 2 lenses or less per eye). (15. Merchea M, et al. Assessing a modified fitting approach for improved multifocal contact lens fitting success. Paper presented at Optometry's Meeting, the 121st Congress of the American Optometric Association; June 20-24, 2018; Denver, CO. 16. Bauman E, et al. Material effect on multifocal contact lens fitting of lenses of the same optical design with the same fitting guide. Poster presented at: British Contact Lens Association Clinical Conference & Exhibition; June 9-11, 2017; Liverpool, UK. 17. Alcon data on file, 2022.)

*At the initial fitting visit

something, I can ask them what solutions they may have seen elsewhere.

Another Alcon resource that I use heavily is MARLO. I want to give my patients that experience of accessibility, and I do not want them buying things online that I can't help them with once they've left the practice. **MARLO is a first-of-its-kind digital platform** that helps keep my patients and their contact lens reorders in my practice throughout their eye care journey (Figure 7). My patients order their lenses directly through the site or through the MARLO patient app, and the lenses are delivered to their location of choice, but it looks like they come from our practice. Patients can receive text reminders to reorder and when it's time for a check-up.

Dr. Glover: What I love about MARLO is that it allows patients to stay connected to my office after hours. Many people shop online in the evenings (including for contact lenses), and MARLO enables my patients to access and order lenses with the prescription that I wrote them. It prevents them from checking other online contact lens sellers.

Dr. Gustafson: It's all about that convenience. Providing online scheduling has been huge for my practice. Alcon has also helped me market my practice. I have a corporate sublease, and recently, I used the **Alcon ASSIST program**, which was created to help optometrists reach and connect with potential patients in their market. With targeted marketing resources, the ASSIST program helped improve the patient experience and supports our relationship to keep those patients coming back to our practice. As a busy, independent OD, marketing can get pushed to the side, so I appreciate that resource from Alcon.

Dr. Glover: I think one of the best things we can do as optometrists is educate ourselves about the latest technologies, both to build our competence and confidence and because patients are going to ask about them. Alcon provides a lot of resources for eye care professionals to become knowledgeable about its product lines, from local events to educational programs at their campus in Fort Worth, TX.

Dr. Gustafson: I agree. I've been fortunate to be a part of the **Alcon Experience Academy** (Figure 8). For colleagues who need an extra boost, I highly recommend participating in that program to network with colleagues, exchange ideas, build that confidence, and learn the talking points to take your practice to the next level.

Dr. McGee: I love networking with colleagues and learning from their experiences, and so I think the Alcon Experience Academy is such a gift that we can lean into. Sitting in a room on a Zoom meeting is maybe not the best opportunity to learn from our colleagues. There's a lot that happens in those conversations on the sidelines that is so valuable in our profession.

CONCLUSIONS

Dr. Glover: For all our colleagues out there who are looking to elevate their practices, to take that patient journey to the next level and drive more business with contact lenses, what would be your best advice if you had to leave them with one tip?

Dr. McGee: Build a relationship with a company like Alcon that has invested in you and our profession, and go deep with that. You have the resources there. You have this trusted advisor who is going to help you on this journey. You are not in a vacuum, and you don't have to do this alone. There are people here to help you, and they will take you to whatever dream you have. They're going to be part of that journey with you. Lean into that.

Dr. Gustafson: Be confident in what you're telling the patient. Patients don't want a laundry list of options from us; options are overwhelming when they're highly technical and the patient doesn't understand them. We must decode the options for the patient. Owning that and being confident will change your practice style and change your patient outcomes.

Dr. Glover: I think the WaterInnovations™ technology has given us the confidence we need to elevate the patient experience, and I appreciate how Alcon's eye care teams listen to our concerns as front-line eye

KEY STRATEGIES

- Lean on your representatives for help & continual technology updates
- Patients are excited by new technology, even in eye care
- Take advantage of the platforms and programs available to help you succeed

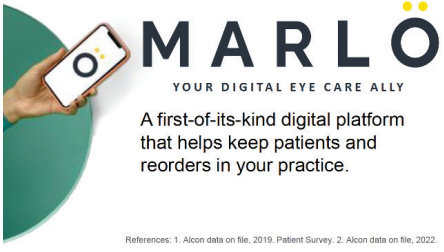

Figure 7. Alcon's MARLO digital contact lens management platform lets you purchase, price, and sell select Alcon eye care products directly to patients. At the Pro member level, you can customize the phone app your patients download with your practice's logo and brand colors.

Figure 8. The Alcon Experience Academy, an immersive event held at Alcon's global headquarters, offers hands-on exposure to new technology and thought leadership.

care professionals. That being said, what could Alcon do better for optometrists to elevate that patient journey more?

Dr. McGee: I think we're at a really interesting precipice in eye care as a whole, a very divisive path forward where consumers see us as a commodity. I like to partner with companies like Alcon because they are very invested in me as an eye care provider, as well as my practice and the way that I want to continue running my business. I would ask of Alcon to continue having these conversations, continue asking questions, how can we best serve the profession and serve eye care providers.

Dr. Gustafson: A number of times, Dr. McGee used the word *intention*. It's so important to practice with intention, approach our days with intention. I was on the Alcon campus a few weeks ago, and one of their senior leaders said, **"At Alcon, we innovate with intention,"** and that really stuck with me, and that is at the heart of why I partner with Alcon, because I know they're innovating with my patients' best interest in mind and will continue to do so. That would be my ask of Alcon: to keep innovating with intention. Keep bringing unique technologies to our practices so that we can serve our patients better.

Dr. Glover: This has been a fantastic conversation, a true masterclass in how we can best use innovative-technology contact lenses for the benefit of our patients. Importantly, we also learned that we have a partner in Alcon to help elevate not just that patient experience, but eye care in general. I can't wait to see how this conversation evolves as we all continue to gain clinical experience. ■

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Important information for PRECISION7® (serafilcon A) contact lenses: For daily wear or extended wear up to 6 nights for near/far-sightedness. Risk of serious eye problems (i.e., corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning or stinging may occur.

See product instructions for complete wear, care and safety information. Rx only

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