

Contact Lens Specialty Practice

Janice Jurkus , Neil Pence , and Charles Bailey

Contact lens practice, contact lens patient care, and associated services are a part of almost every optometric practice. In the past 25 years, the requirement that a practitioner obtain additional education and training to provide quality contact lens care has eased substantially. New lens designs and new materials have simplified the fitting process and alleviated some of the problems previously encountered with the contact lens-wearing population. This is not to say that every practitioner can successfully fit every patient. Older practitioners often subscribe to the concept that patients who need contact lenses or care beyond the most simple are not good candidates and discourage contact lens wear. There was a time when patients needing astigmatic corrections were discouraged from wearing contact lenses. Today, those patients are mainstream. Specialty contact lens care has now become the domain of those practitioners who have the skills and knowledge and/or training to accept the greater challenges of fitting difficult cases involving patients with irregular corneas, keratoconus, or corneal anomalies and postsurgical patients that require specialized lenses. Many optometrists prefer to avoid fitting the presbyopic patient with contact lenses, although this patient demographic represents a rich opportunity for the practitioner interested in providing this service.

Successful optometric practices, as well as most small businesses, need to identify and provide services to specific target markets. The business plan for a practice must identify the target population the business plans to serve and develop marketing techniques to address and create interest within this target market. Contact lenses, particularly specialty contact lenses, are designed to meet the needs of specific groups of patients. Over 38 million people wear contact lenses and that number is growing. Each year the variety of lens options increases to expand the services to a particular demographic base of patients. This variety of product availability increases the challenge for the practitioner to stay abreast educationally on materials, solutions, and service needs for proper patient care. The development and/or marketing of contact lens services of the practice requires increased attention. In addition, to provide the best in-office patient care and service, staff and doctor responsibilities need to be defined and understood by everyone in the practice.

Some contact lenses are now considered a commodity because of Internet sales and other low cost outlets, but specialty contact lenses are not readily available through such sources and therefore not considered as commodities. The fees for these types of lenses should also reflect the complexity of the lens design and the service associated in delivering them to the patient. In addition, modern practitioners have learned to charge for services rendered and not depend on material revenue for large profits. Contact lens wearers appreciate the improvement in the quality of vision, the cosmetic factor, and the relative ease of caring for their lenses. Individuals fitted with contact lenses tend to be loyal to the practice where the lenses were prescribed. Most would prefer to purchase their materials from that practice. Making the prices of contact lens materials competitive with other providers can enhance the opportunity for providing other patient services and materials. Contact lens patients may purchase not only contact lenses but also prescription glasses and nonprescription sunglasses, adding additional economic benefit to the office. Many patients who decide to purchase materials elsewhere are hesitant or embarrassed to return to the practice with minor contact lens problems. By providing lenses at competitive prices, patient retention is encouraged, and patient care is enhanced.

Internal and external marketing develops the contact lens aspect of a practice. Growth in the contact lens area is achieved by proactively recommending contact lenses as a vision correction option, seeking referrals from other practitioners, developing a reputation as an expert problem solver, and actively informing people about the services offered by the practice and advances in contact lenses. Solving contact lens problems and aiding patients to achieve contact lens success serve as outstanding methods to gain referrals and promote a practice.

PATIENT COMMUNICATION AND PROMOTION OF CONTACT LENSES

Communication

The overall experience of the patient in a practice is invaluable in promoting the practice. A referral base can be created by a practitioner who communicates effectively with patients,

emphasizes personal attention, and attends to the unique aspects of presenting visual problems. Calling attention to special procedures and unusual lenses used in patient fitting enhance patient perception of the expertise of the practitioner. Presenting contact lenses to patients as a matter of routine will grow that segment of the practice rapidly. Patients generally are never made aware of the fact that they are contact lens candidates. Many have perceptions of contact lens problems or difficulties, whereas others were never made aware that contact lenses were even an option available for their vision correction. In many offices, patients who are interested in contact lenses must initiate the discussion by inquiring about them. If they do not mention an interest in contact lenses and the doctor has not discussed contact lenses as an option, there is a tendency for the patient to assume they are not a candidate for contact lenses. Practices can prevent this with coordinated efforts by the entire staff to consistently inform patients of contact lens options available to them. The contact lens industry has tried to overcome this lack of communication with direct-to-the-consumer advertising by providing “free trial fit” coupons for patients to take to their appointments and help initiate the discussion about contact lenses. However, the practitioner has better control of the process if they initiate the discussion.

Communicating the availability of contact lenses should begin before the patient arrives for their first appointment. Practice Websites can highlight that the practice has expertise in fitting all types of contact lenses. The benefits of contact lenses can be presented, and patients can be encouraged to ask questions about what types of contact lenses might be best for them.

When new patients call to schedule an appointment, contact lenses should be mentioned. In addition to obtaining required general information, such as telephone number, insurance information, etc., the patient can be asked if they currently wear or are interested in wearing contact lenses. Even when they express no interest at that time, the question informs the patient that the practice fits contact lenses. This brief discussion can plant the seed of interest in a patient, who may then be more receptive to contact lens information or discussion in the office.

The appearance of the office can make it apparent that contact lenses are a large and active part of the practice. Small countertop placards emphasizing contact lenses should be placed in the registration area and on end tables in the reception area. Informational brochures highlighting various contact lens options should be available in the waiting area. Contact lens-related posters placed throughout the office can increase awareness of this service. Placemats illustrating colored contact lenses are available and can be used in the spectacle dispensary to invite discussion.

Staff members who wear contact lenses can be effective in communicating the pleasure and benefits of wearing them. A staff member who mentions wearing contact lenses tends to validate the perception of value to the patient of that correction option. Staff members who wear contact lenses could wear buttons that say, “Ask Me About My Contact Lenses!” as another means to initiate conversation about contact lenses.

Questions about contact lenses should be a part of new patient acquaintance forms or returning patient paperwork that patients complete. Current or previous contact lens wear should be identified. Boxes next to statements such as “Are there times or certain activities where you would like to wear contact lenses?” or “Would you like us to discuss with you new developments in contact lenses?” allow the patient to indicate interest.

During preliminary testing, the assistant can note and discuss contact lenses with the patient who has indicated interest. A patient who records a history of previous contact lens wear can be questioned when and why they ceased wearing lenses. This is an opportunity to inform the patient that significant advances have been made in terms of comfort, vision, and lens performance and that the patient may be a good candidate for lens wear again.

The best opportunity during the office visit to effectively communicate to the patient is in the examination room. When discussing vision correction options, contact lenses should be routinely included. The possibility of occasional wear can be offered to those expressing no interest in wearing contact lenses as a primary correction. Learning that contact lenses can be worn during exercise, various active sports, such as scuba diving or skiing, might pique patient interest. When a patient proceeds to the frame dispensary, another opportunity exists to present contact lenses as a correction alternative. For patients with higher refractive errors, offering to insert contact lenses to help them better see and select eyewear is a valuable service. Not only does the patient appreciate the benefit of good vision when looking in the mirror at various frames, but experiencing the benefit of having contact lenses becomes apparent. Trial daily disposable lenses can be used, and the patient may be pleasantly surprised by both the comfort and vision with contact lenses.

Problem Solving

Patients will be enthusiastic if a practitioner has the reputation of being a problem solver. If a patient has troublesome contact lens problems that are solved, the practitioner benefits not only from an appreciative patient but also is likely to receive additional referrals because of this demonstration of clinical expertise. This is especially true if the patient’s problems have been overlooked or unresolved by other practitioners.

Supportive and Well-Trained Staff

A well-trained supportive staff that shows individual concern for patient needs and enthusiasm for patient success will promote patient loyalty and referrals. Therefore it behooves practitioners to make a significant investment in staff training, with an emphasis on showing staff how to become sensitive to individual patient needs.

Differentiation

In a specialty practice, the practitioner must work to differentiate and highlight their expertise. One way to accomplish this is to offer services viewed as unique. In the contact lens

field, these services can include orthokeratology, prescribing for children and presbyopes, postsurgical fitting, and fitting patients with irregular corneas or those in need of prosthetic ocular devices. Patients who benefit from these specialized services are often a great referral source.

Patients gather information about contact lenses from external sources such as Websites of lens companies, print advertisements, and talking to friends. The image of the practitioner will be enhanced if time is taken to expand and clarify the information the patient has gathered in this manner. An enthusiastic contact lens wearer is one who perceives special care is being provided by the best practitioner.

Patients in general and contact lens patients in particular like to feel the practitioner is at the cutting edge of care and that the most current techniques and instrumentation are being used. The use of specialized equipment is essential. Advanced technology enhances prescribing capabilities and can impress and educate the patient. When a patient sees the shape of their cornea in a topographic image, the patient perceives a better understanding of their eye. Certainly, seeing the typical cylindrical shape of a cornea requiring toric contact lenses makes understanding astigmatism easier (Figure 30-1).

Instrumentation can also be used to demonstrate and document change in not only the quality of vision but also the amount of improvement that contact lenses can produce. The use of an aberrometer can clearly demonstrate why vision may be fuzzy and how it may be improved with a contact lens (Figure 30-2).

Specialized equipment, such as a topographer, autorefractor, aberrometer, pachymeter and anterior segment optical coherence tomography (OCT), set the practice apart and can result in an increased number of referrals from patients and

other practitioners. Creating a service for which other practitioners send patients to your office for specialized evaluation can develop a mutually beneficial arrangement.

Contact Lenses as a Profit Center

Contact lens services are an important source of income for most optometric practices. Various industry and American Optometric Association (AOA) surveys have consistently shown contact lenses to be responsible for 26% to 30% of the annual net income in the average optometric practice. In fact, the contact lens patient is a more valuable asset to a practice from a financial standpoint than the typical eyeglass wearer. A number of investigations over the years have all concluded that over the lifetime of a patient in the practice, contact lens patients are more profitable than eyeglass wearers are alone.

One of the more cited studies was done by Ritson at the London School of Business in 2005. Looking at eye care practices in five different European countries, he found on average contact lens patients were 60% more profitable than spectacle patients. Other findings of interest were that for a single, initial visit, spectacle patients were more profitable. Contact lens patients return for annual eye examinations more frequently, however, and were more loyal patients. The longer a patient remains with the practice, the more valuable they become. They spend more money per visit, and their increased loyalty is also profitable to the practice through increased patient referrals. Focusing on the lifetime value of patients, contact lens patients were clearly more profitable than eyeglass only wearers.

Data derived through the Management & Business Academy program conducted as a joint effort by CIBA Vision and Essilor also show a similar result. A 2006 presentation by

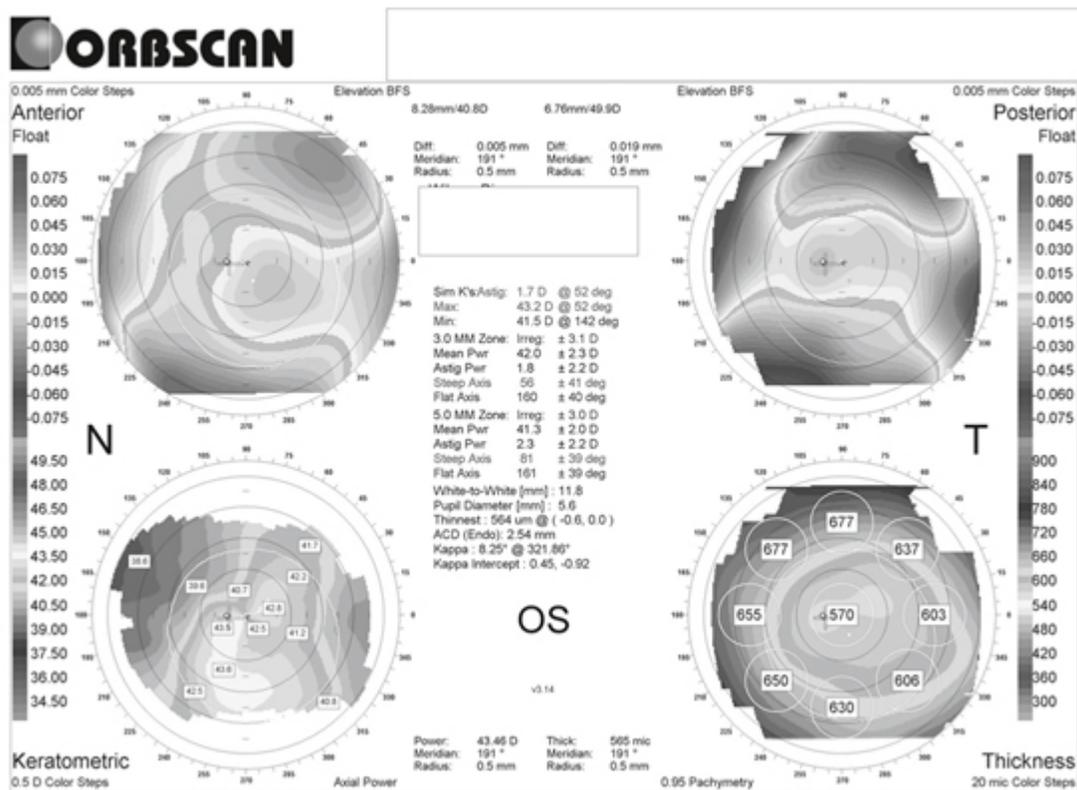


FIGURE 30-1 Topography image.

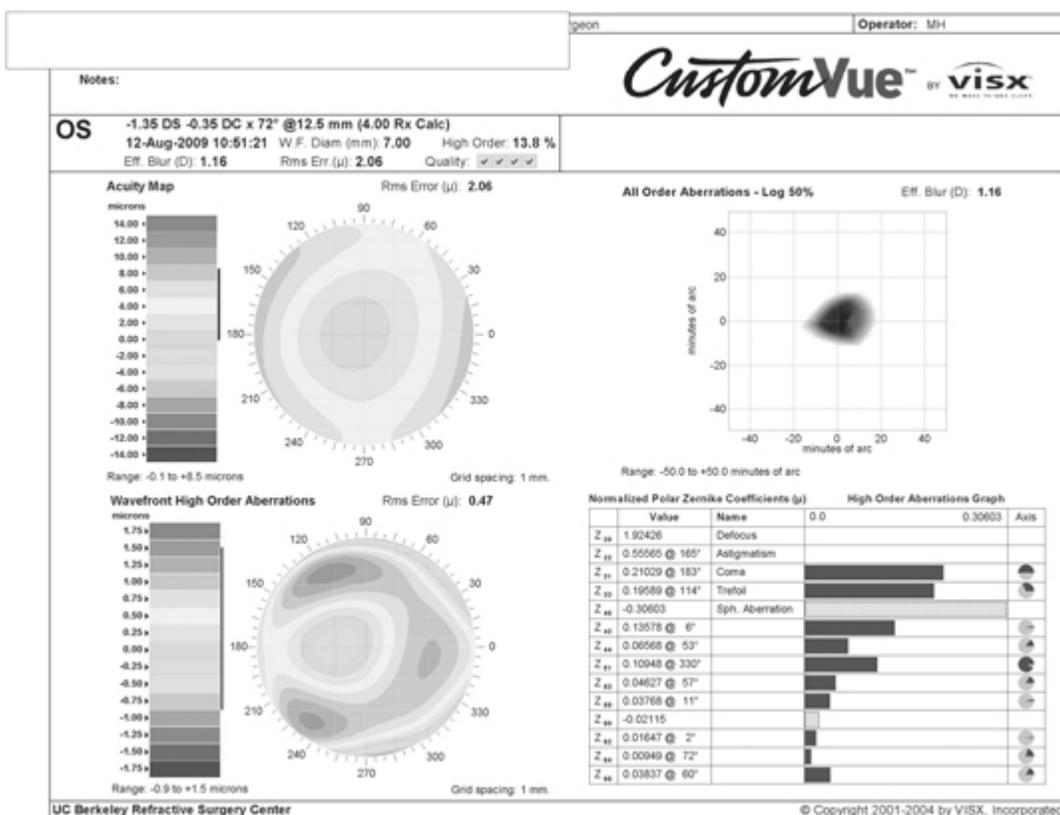


FIGURE 30-2 Aberration analysis.

Gailmard of available data demonstrated contact lens patients were responsible for 85% more profit per patient than eyeglass wearers alone. The data again showed greater value increasing over time. The interval between examinations was shorter for contact lens patients. It should be noted that this is based primarily on data collected before the Fairness to Contact Lens Consumers Act (FCLCA) was enacted by Congress in 2003 (Appendix 1). With contact lens prescriptions expiring at 1 year more consistently, it is likely that contact lens patients in the United States will be returning for annual examinations more frequently than either the Gailmard or the European data indicate. Thus contact lens patients in the United States may be more profitable currently than the studies reported.

A portion of the profit from contact lens practice comes from contact lens professional fees charged over and above the normal examination charge. It is important that fees be charged based on the level of service provided. When a contact lens patient returns for an annual visit, there are a number of services provided in addition to what is done during the routine visit for an eyeglass wearer. The visit requires a detailed contact lens wear and care history. Aided acuities are taken with the contact lenses, and an over-refraction is performed. The contact lenses are evaluated with the biomicroscope for their fit, surface condition, presence of deposits, etc., as well as looking for specific contact lens-related ocular changes or side effects. There is added decision making involved in the prescribing of lenses for the next year, whether newer lens styles or parameter changes might be appropriate. Finally, there is the acceptance of the responsibility for the contact lens prescription for the next 12 months. All of these extra services merit a professional fee over and above the annual examination fee.

Contact lens professional service fees should be formulated to reflect different levels of service and the time required. Typically, the type of lens being fit or evaluated and the time required differentiates fee levels. Astigmatic contact lenses and multifocal contact lenses will warrant a higher professional fee than a spherical single vision patient. Fees may also be differentiated by the type of patient. Patients with keratoconus or other irregular corneal surfaces, postsurgical cases, or monovision patients are some patients who warrant higher professional service levels.

It may be common to categorize patients as “contact lens” or “eyeglass” patients. In practice, it is wise to refrain from making such classifications or if applied, they should be considered very “soft” descriptions. If a patient is viewed as an “eyeglass patient,” then the opportunity to supply contact lenses to meet a desire for occasional use on weekends or activities is often missed. Likewise, isolating a patient as a “contact lens” patient can make it easier to overlook a need for sunglasses, updated spectacles, or in some cases, reading glasses. Keeping these factors in mind increases the financial impact of contact lenses on the practice and serves to better meet and satisfy all the visual needs of the patient.

Fee Presentation

The fees associated with contact lenses are twofold: the professional service fee component for the expertise and time spent with the patient and the material fees for the lenses. When discussing fees, it is wise to explain the options and costs before providing the service. After completing the primary care examination, the practitioner can explain the contact lens fees. Many practitioners will offer a global professional service fee

that includes the office visits for a specified amount of time; 60 days is usually sufficient to complete all necessary fitting and follow-up care. An alternate presentation of fees is to quote the per-visit fee for the screening, fitting, and each follow-up visit. The service fees should be determined by the complexity of the case, as well as the amount of chair time required.

The idea of including the patient in the decision making of the lens type they will use can be accomplished by introducing the concept of “good, better, best.” For example, a 2-week disposable hydrogel lens may be a good option, the health benefits of the silicone-hydrogel lens may be a better option, and the convenience of a daily disposable lens may be the best option for the patient. The professional service fees may remain the same, but the costs of the materials will differ. The patient will be part of the educated choice when given an option. Computer savvy patients will investigate the cost of lenses from various Website and third-party lens providers. Keeping the material fees competitive by monitoring external prices and by offering company rebates will help ensure patients get the product they need to follow the wear and care instructions prescribed.

STAFF UTILIZATION

Many aspects of contact lens care can be performed costeffectively by a well-trained assistant. Consequently, many duties in contact lens practice are delegated to assistants, including ordering and verifying contact lenses, training patients in techniques for insertion and removal of lenses, and educating patients in the use of proper lens care regimens. However, assistants must be properly trained and their scope of responsibilities must be clearly defined.

Teaching Lens Care and Handling

Staff can be used effectively in many aspects of contact lens practice. Delegating teaching of lens care and lens handling is the optometrist’s most common use of assistants. Fitting contact lenses is not a task to be delegated to technicians. Patients expect a level of professional expertise that only the optometrist can provide. It is important that assistants always serve as good examples, which starts by emphasizing handwashing.

Staff Training

There are various ways for an assistant to obtain training. The best means is through formal course work. There are formal training courses for optometric technicians offered at community colleges and at selected colleges of optometry. Although these individuals learn basic skills in a teaching institution, most require on-the-job training to ensure that they conform to the standards of a specific practice. The majority of contact lens assistants are trained in an optometric office. It is easiest to train a contact lens assistant who is presently a contact lens wearer. These individuals are more sensitive to the problems and needs of a potential contact lens patient and have personal experience as a wearer to guide them.

When an individual with an extensive contact lens background is hired by a practice it is often assumed these individuals understand the basics of contact lens care. However, it is generally necessary to give them additional on-the-job training to conform to the standards of the individual practice. In fact, all contact lens technicians should be required to attend periodic ophthalmic assistant courses offered at state and regional educational meetings. Attendance at continuing education courses not only adds new knowledge but also helps keep the assistant motivated and enthusiastic.

Contact lens assistants should know their personal limits and should understand the degree of autonomy allowed to assistants under state law. Any questions of a professional nature or concerning the limits of responsibility should be brought to the supervising optometrist for resolution.

Well-structured office procedures can allow employees who are contact lens assistants to make independent decisions. These independent decisions can be outlined in their job description and should be described in the office handbook. A well-run contact lens practice should have contact lens assistants with clearly defined responsibilities described in writing. The scope of these responsibilities will vary from practice to practice, but basic skills that are generally required include the following:

- Telephone skills are essential. A contact lens assistant should be able to answer many procedural contact lens questions by telephone. The assistant should be made aware of the philosophy of the office regarding fees and should be able to intelligently discuss and answer questions that a potential contact lens patient might have about fees.
- The assistant should understand why a contact lens patient must return for a follow-up appointment and what procedures will be performed during that visit. The contact lens assistant should be trained to understand rigid gaspermeable and hydrogel lenses and also should understand the use of solutions, eye makeup and eye makeup remover, and face creams by contact lens wearers.
- In most states the contact lens assistant can legally use an automatic refractor, objective or subjective refracting system, keratometer, or lensometer. This use of assistants changes the role of the optometrist from a data collector to a data analyzer and decision maker, decreasing the contact lens practitioner’s costs while maintaining professional quality.
- The assistant should understand that questions beyond the scope of his or her expertise must be brought to the attention of the supervising optometrist. By using assistants to their optimum capacity, optometrists can work at their highest level of professional capability in the most cost-effective manner.

Staff Involvement to Speed the Fitting Process

Staff can also provide great time saving assistance in the fitting of contact lenses. The practitioner can determine the best first lens for the patient and can then move on to another patient’s care. Meanwhile, an assistant finds the desired lenses,

inserts them into the patient's eyes, monitors the lenses as they settle, takes acuities, and in some cases might even perform an autorefractometer over the contact lenses. The practitioner can then return to the patient being fitted, assess the lens fitting relationship, and determine if the lenses should be ordered. If not, additional lenses might be chosen and the process repeated by the staff member. A well-trained contact lens assistant can make the lens-fitting procedure more efficient, giving the doctor more time to educate the patient regarding their contact lenses.

Recommendation for Eyewear

Assistants in the office can also play a key role in determining the eyewear needs of contact lens patients. All patients require backup spectacles, and questioning the patient as to the presence and effectiveness of backup glasses should be a part of staff routine with contact lens patients. All contact lens patients should have sunglasses. For most contact lens wearers, plano sunglass wear was not an option before having a contact lens correction. Most are pleased to have many choices in sunwear.

Staff Role in Contact Lens Ordering

Staff members play a key role in the ordering process for contact lenses. Once the doctor has determined the contact lens prescription and informed the patient, it is generally turned over to a staff member to actually discuss the ordering details with the patient. Emphasizing what the doctor has recommended, the assistant can inform the patient of the ordering process. Assistants play an important role in reeducating the patient as to replacement schedules, and thus the number of lenses needed for the next year. If lenses are not in stock, assistants can offer to have lenses shipped to the patient, as well as discuss any manufacturer's coupons or rebates that might be applicable. The assistant then handles all the details of recording and placing the order and determines the charges to be collected.

Additional Patient Education by Staff

Staff plays an important role in educating patients about the need for follow-up and continuing care. Patients or parents of younger patients need to understand that contact lenses are medical devices placed in the eye, and closer monitoring and follow-up is required compared to spectacle wear. Once new wearers have been successfully followed and for patients returning for annual visits, the importance of continuing care must be continually stressed. Ideally, the doctor will recommend when a return visit is needed, and the staff will then reemphasize the importance of returning for these evaluations. The staff assures that the recall is initiated, or in many practices sees that the patient has an appointment for the recommended return visit. This whole process ensures not only the best level of patient care but also strengthens the patient's ties and loyalty to the office.

Lens Prescription Verification

The FCLCA governs the release of contact lens prescriptions. The push for this legislation was mainly from consumer advocacy groups, but the act has also had an impact on the quality of care for contact lens patients. Before this act, patients could (and often did) receive contact lenses via mail order, telephone, or the Internet without a valid prescription. Patients would reorder replacement lenses year after year without ever receiving the annual follow-up care they required. The FCLCA set federal rules and regulations for supplying contact lenses.

The FCLCA requires the prescribing practitioner to give the patient a copy of their full and complete contact lens prescription on completion of the successful fitting of contact lenses. Contact lens sellers cannot fill an order for contact lenses until they have verified the prescription with the prescribing doctor. For the system to work properly, the prescribing office must take an active role in responding to verification requests. If there is no response, the seller can fill the order roughly 24 hours later (passive verification). When the prescribing office does respond that the prescription is expired, the seller cannot complete the order.

Contact Lens Prescription Release

The FCLCA requires the release of the contact lens prescription on the completion of the fitting. This includes any followup visits required to ensure the lenses are fit and are tolerated and do not threaten the ocular health of the patient. This will typically be after 1 to 4 weeks with new fittings for the majority of patients. The best rule to follow is when the process reaches the point where the doctor would be ready to order final lenses or boxes of lenses for the patient, the fitting period is complete and the contact lens prescription should be given to the patient. This is to be done for all patients, whether the patient has requested it or not. Patients cannot be charged for a copy of the prescription and cannot be asked or required to sign any type of waiver in exchange for the release of the contact lens prescription.

Contents of the Contact Lens Prescription

The FCLCA defines a contact lens prescription as containing sufficient information for the complete and accurate filling of a prescription, including the following components:

1. Name of the patient
2. Date of examination
3. Issue date and expiration date of prescription. The issue date is the date that it is handed to the patient. The expiration date is to be not less than 1 year from the issue date (not the initial examination date), unless state law specifies a longer period. In certain circumstances, the expiration date can be less than 1 year if there is a written documented reason in the medical record supporting the need for the patient to return for follow-up care in less than 1 year.
4. Name, address, telephone number, and facsimile number of the prescriber

5. Lens parameters including the following:
 - Power
 - Material or manufacturer or both
 - Base curve or appropriate designation
 - Diameter, when appropriate
 - In the case of a private-label contact lens, name of manufacturer, trade name of private label brand, and if applicable, trade name of equivalent brand name
6. Number of refills allowed

The latter should correspond with the number of lenses needed until the prescription expires. For example, if lenses are replaced monthly, the patient would need 12 lenses per eye or have authorization for 2 boxes for each eye (assuming each box contains 6 lenses). If the practitioner has supplied 1 box for each eye already, the contact lens prescription would then allow only 1 box per eye for the rest of the remaining 12 months. While not required by the FCLCA, it is also an excellent idea to note on the contact lens prescription the recommended wearing schedule and replacement schedule. Additionally, it is helpful to list the care system and lens care procedures recommended for the patient.

Handling Verification Telephone Calls

It is important that all prescribers take an active role in the verification process from contact lens sellers. If no response is received, the seller can provide contact lenses without any verification of their accuracy or their being within the valid expiration time. Offices are given 8 business hours to respond (the intent essentially is 1 business day for response). Responding to this verification request does not require a signed consent from the patient, and the verification is neither a Health Insurance Portability and Accountability Act (HIPPA) nor patient confidentiality violation. When a verification request involves an expired prescription, in addition to responding to the seller, it may be good policy to also have the office contact the patient to explain why the prescription has expired and offer to make an appointment for the patient's annual examination so that a new prescription can be provided.

There can be some confusion over expiration dates with these verification requests. For example, a patient might have received eight boxes of lenses for their year's supply, and then a verification request for an order of eight more boxes is received 1 to 2 weeks before the expiration date. This request would typically be denied because filling it would give the patient 2 years' worth of lenses not 1 year's supply. The patient is entitled to purchase a year's supply of lenses not all the lenses they want within a year's time.

Sellers are required to supply the office with all the contact lens information, as well as the patient's name. The prescriber then simply verifies if the prescription is valid and if the parameters are correct. There have been occasions in which a seller will request "on behalf" or as "an agent" for the patient the release of the patient's medical record when the only information needed from the record is the contact lens prescription. This is not a valid FCLCA verification request. It should only be complied with if there is a signed records release from the

patient requesting such action because releasing information from the patient's medical record is entirely different from verifying the accuracy of a contact lens prescription. With a request such as this, the prescriber should decline to release this information and make it clear that they are not refusing to verify a contact lens prescription per the FCLCA guidelines. Since this is not a valid request, it would be unlawful for the seller to proceed with the sale 1 day later based on the prescribers "refusal" to release the information.

Contact Lens Delivery Options

Possibly the one most valuable single policy a practice can have concerning contact lenses is to always attempt to meet all the patients needs at the time of their visit. When this level of service is achieved, the need for the patient to ever consider obtaining services or buying materials elsewhere is eliminated. This provides the greatest convenience for the patient, eliminating any further trips to the office, or the need to call or visit a Website for re-ordering additional contact lenses. This goal can be accomplished by either having an inventory of contact lenses for immediate dispensing or by using direct-to-patient delivery services for lenses that are ordered. Some practices in smaller service areas or small towns like to have patients who have chosen less than an annual supply pick up additional lenses in the office, especially if home delivery is not preferred. This office "visit" continues to connect the patient to the practice and presents the opportunity for other interactions, services, or products. In smaller venues, patients often like to "stop by" the office.

The doctor and the staff need to understand and support the goal of dispensing an annual supply to patients whenever possible. Given a choice of the number of boxes of lenses, some patients opt for the least amount of upfront cost, such as one box per eye. When this occurs, it increases the likelihood that patients will stretch the lens replacement intervals and the possibility that they may obtain the remaining lenses from other sources. There are additional costs to a practice when providing multiple replacement orders per year. Consider the steps required when a patient calls to re-order one box of lenses per eye: a staff member must take the call, look up the patient record to confirm eligibility for lenses, record the lens parameters that need to be ordered on an order form or computer record, place the order, receive the order and reconcile it, notify the patient, deliver the lenses, take a payment from the patient, and issue a receipt. If a patient does this every 3 months for bi-weekly replacement lenses, the cost in staff time may well exceed the profit from the single boxes of lenses dispensed. Practice style and business model will dictate the choice made in ordering and delivery of contact lenses.

Many lens distributors offer the appearance of customized practice contact lens order Websites for use by the patient. The practice enters patient data and prescription expiration on the Website when the prescription is finalized. Patients may then order online with the distributor collecting the charges (defined by the practice) and periodically forwarding the net proceeds to the practice.

More ideally, if at the conclusion of the examination the assumption is that the patient will obtain a 1-year supply of contact lenses, the patient and the practice both will be better served. The presentation could be: “You will need 4 boxes of contact lenses per eye for this next year. I will check and see if we have them for you to take with you today, or if not, we can have them shipped to your home for no additional charge. In addition, when you get a 1-year supply of lenses, the manufacturer has a coupon that you can take advantage of to lower your cost even more.” This removes any impetus for the patient to investigate other sources for lenses. With the 1-year supply, the patient is more likely to replace lenses on the recommended schedule, rather than stretch wear until more lenses can be obtained. The practice and the patient benefit from the strong recommendation for the purchase of an annual supply of contact lenses. Dispensing annual supplies can be met by maintaining an inventory or through direct-to-patient shipments. It is feasible for many practices to inventory the spherical contact lens most commonly prescribed in the practice in the most commonly used base curve. If the lens is prescribed for 2-week replacement, then 8 boxes of lenses (assuming each box contains 6 lenses) need to be available to dispense an annual supply, or if monthly replacement lenses, then 4 boxes are needed. If less than this number is on hand, to achieve the desired result, some boxes can be dispensed and the remainder shipped, but this may incur higher shipping fees for the practice. Maintaining sufficient inventory will only be possible for the most common powers, perhaps -1.00 D to -4.50 D and maybe $+1.00$ D to $+2.50$ D, if the practice prescribes monovision. (The next section of this chapter covers inventory management in more detail.) Other spherical lenses, as well as toric and multifocal contact lenses, would generally only be inventoried in a very large practice. For these and all noninventoried powers, direct shipping to the patient is an excellent option. Nearly all manufacturers and distributors provide no-charge shipping with annual supply orders.

End-Product Contact Lens and Trial Lens Inventory and Inventory Management

For practitioners who fit contact lenses, there is an inevitable need for trial lens sets and a contact lens inventory. A balance must be achieved between the size of the inventory and its cost-effectiveness.

The larger the inventory, the greater the number of options the practitioner can offer to patients. On the other hand, the larger the inventory, the greater the expense of maintaining it. The advantage of maintaining a large inventory—in addition to permitting the patient and the practitioner the maximum choice of product—is the ability to dispense lenses to the patient on the same day the lenses are fitted or needed. Because United States citizens live in a society that treasures immediate results, the sooner the patient can receive the lenses, the happier the patient will be. Moreover, there is a great advantage to be realized in terms of quality control. The larger the inventory, the greater the opportunity to replace a lens on the same day (Figure 30-3).



FIGURE 30-3 Contact lens inventory and diagnostic lenses.

The disadvantage of a large inventory is that lenses not in use have already been paid for and can constitute a significant expense. The advent of disposable and planned replacement lenses has placed new demands on inventory. This issue should be managed with the “just-in-time” approach, which allows the manufacturer to maintain a large inventory and uses overnight mail and messenger service to replace depleted inventory. Another disadvantage of a large inventory is the problem of obsolescence. It is essential that any arrangements made with a manufacturer or distributor include the return of unopened packages for full credit. The final disadvantage of a large inventory is a lack of inventory control. With proper computerization, however, an effort at inventory control can be made.

Practitioners need fitting sets of lenses made by various manufacturers, including different polymers, which allow the broadest range of parameters in hydrogel products. In addition, the contact lens practitioner should select favorite daily wear, extended wear, and disposable lenses in a varied frequency of replacement, and these should be well inventoried. The practitioner should not inventory lenses that are dispensed under different brand names but have the same parameters and polymer.

An inventory should have one favorite daily wear, rigid gas-permeable lens that is inventoried on a consignment basis. The rest of the available rigid gas-permeable lenses should be small fitting sets. It is unnecessary to inventory every type of lens because required lenses can be received by overnight mail with the “just-in-time” replacement philosophy.

It is inadvisable to try to inventory toric and bifocal lenses, since the number of parameters that are available makes stocking these materials extremely expensive. Patients wearing custom-designed toric lenses, which might take several weeks to produce, should be advised of this fact. In many instances, patients will then decide to keep backup lenses in the event of an emergency.

Every effort should be made to negotiate with contact lens laboratories to persuade them to consign lenses at minimum cost rather than to require outright purchase. The type of arrangement that can be made with a specific laboratory

depends on the practitioner's negotiating skill and the volume of contact lens patients. There is no exact formula for maintaining a contact lens inventory to maximize practitioner efficiency and patient convenience while minimizing inventory expense. Diagnostic sets that are useful to the contact lens practice are found in Box 30-1.

Each contact lens company has specific procedures for obtaining an initial lens inventory. The process usually starts with a credit application. A manufacturer's customer service department is one of several places where a potential new customer can obtain a credit application. The application is also available from the sales force. In fact, the area sales representative assigned to the practice is another source for trial lens fitting sets. A credit application is required for any customer that will have a "BILL TO" role with the company. Once credit and an account has been established, diagnostic sets can be ordered via customer service or the sales representative. The practitioner may negotiate with contact lens laboratories regarding the cost and volume of diagnostic lenses.

Reorder Methods for Contact Lenses

There are many reordering systems, but the two basic methods are replacement ordering and computerized systems. An inventory sheet with minimum numbers of lenses will determine when inventory is low, based on a weekly count. More lenses of the most frequently used powers (i.e., -2.00 D to -4.00 D) should be maintained in inventory. Using bar codes, a computerized inventory system permits the practitioner to keep current on lenses that need to be reordered.

In most areas, contact lens sales representatives will visit an office, count the number of inventory lenses that have been dispensed, and reorder them for the office. In this way, each time a lens is dispensed, another lens of the same parameters is placed back into inventory.

BOX 30-1

Contact Lens Diagnostic Fitting Sets

SOFT DISPOSABLE: HYDROGEL AND SILICONE-HYDROGEL

Sphere
Toric
Multifocal
Colored Lenses
2-week, 1-month, or daily replacement designs

GAS PERMEABLE (GP) LENSES

Spherical lenses
Multifocal lenses
Keratoconus lenses

SPECIALTY LENSES

Reverse geometry lenses
Hybrid designs
Large-diameter GP lenses
Mini-scleral lenses

Ordering options include purchasing directly from a manufacturer or becoming part of a buying group. One way to get information about buying groups is by talking to other practitioners at local society meetings and to friends who are part of national or regional buying groups. A practitioner is paying for more than just the cost of lenses. When deciding where to purchase products, it is important to consider the level of service. This includes delivery time, financing that is available and determination of the billing cycle, and ease of ordering. Other considerations are possible discounts on other items needed for the office such as computer paper, preprinted forms, spectacle frames, sunglasses, and ready made readers.

Contact Lens Fee Structure

The contact lens fee structure can be broken down into fees for services and fees for materials. The fee for service is determined by the value of the practitioner's time and complexity of the service—this includes the practitioner's charge for service, in addition to the base chair cost. Consideration also should be given to the fees charged for contact lens services in the community. Material charges are based on the cost of lenses. A fee is added to the cost of lenses to compensate for mailing and handling expenses. A simple method to compute this additional amount can be using the percentage of practice expenses devoted to fixed overhead. This technique permits prices to be competitive with Websites and other discount suppliers. The amount to be added will be influenced by the cost to patients of obtaining similar materials in the community.

Replacement lenses can be provided at a predetermined cost based on the fee policies of the office. A frequent replacement lens program establishes the cost of office visits and lens replacement as a fixed dollar amount per year and guarantees the patient a certain number of lenses per year. A disposable lens program can be like a frequent replacement system—the patient pays a fixed amount per year and receives a certain number of lenses and certain enumerated services. A structured program encourages patients to use the lenses dispensed each year and reduces the tendency of patients to hoard or stockpile supplies of lenses.

Fitting and Informed Consent Agreements

A written contact lens fitting agreement is a valuable component of contact lens practice management (Box 30-2). The agreement should address issues of patient compliance with wearing schedules, contact lens care and handling, and needed follow-up care.

The agreement also should specify the exact fees that are being charged for the contact lens care, including the cost of the original lens supply and replacement lenses. It also should specify the cost of needed follow-up care and should include a discussion of a refund policy if the patient proves to be unsuccessful as a contact lens wearer.

For extended-wear contact lens patients, the agreement must contain language that informs the patients of the risks of overnight wear and of the alternative modalities that are available. A properly worded agreement, signed by the patient

BOX 30-2

Contact Lens Fitting Agreement

**XXXXX YYYYY ZZZZZ Eye Center
Contact Lens Fitting Information and Policy
(123) 456-7890 www.XYZ.com**

Patient Eligibility: You must have had a primary care eye examination within 6 months prior to obtaining a contact lens fitting. If you had an eye exam outside of the Eye Center, your records must be forwarded to us.

Fitting Services Include: Evaluation of your prescription and ocular health to determine if contact lenses can be/should be fit; design of lenses; evaluation of diagnostic lenses, instruction on lens insertion, removal, and care; and follow-up care for either 3 or 6 months (as determined below).

Fitting Fee: The cost of the fitting fee depends on your prescription, type of lens fit, and proposed wearing schedule. If you have not worn contact lenses previously, or if you need to switch to a different category of lens, you will be charged the new fit fee. Levels 1, 2, and 3 fits include 3 months of follow-up care. Level 4 fits include 6 months of follow-up care.

Your fitting fee is: (circle one)

Level	New Fit	Re-fit
1	\$111	\$99
2	\$222	\$188
3	\$333	\$311
4	\$444	\$389

Cost of Lenses: The cost of contact lenses is not included in the fitting fee, and is determined by the type of lens prescribed. It is often difficult to predict the cost of materials before the fit is finalized, however an estimated range for your prescription and wearing schedule is: _____. If your lens is a custom lens, you will have to pay for it before it can be ordered. (This usually applies to fit levels 2–4 and annual lenses shipped in vials).

Refunds: Patients who cannot be fitted successfully, or who choose to discontinue the fitting process may be eligible for a partial refund. The amount of the refund will not exceed 50%, and depends on the number of visits and diagnostic lenses used. Material refunds depend on the policy of the manufacturer. In general, lenses cannot be returned for a refund after 30 days. We cannot return lenses in opened boxes or damaged boxes (e.g., writing on boxes, crushed boxes).

Insurance: Most medical insurance plans do not cover contact lenses. Contact your plan for more information. If you have extra vision coverage (e.g.: Vision Service Plan, Medical Eye Services), you may have contact lens benefits and should check with your provider or benefits coordinator.

Contact Lens Prescriptions: A contact lens prescription can be released to patients only after the fitting has been completed including follow-up contact lens checks.

Patient Responsibility: Most people can wear contact lenses successfully without complication. However, people who abuse their contact lenses can develop serious, sight-threatening conditions. It is your responsibility to follow the instructions of your clinician as to wearing schedule, cleaning regimen, and follow-up care. Contact lenses that feel fine can still be damaging to the eyes which is why regular eye appointments are necessary to ensure good eye health. Contact lens prescriptions expire in 1 year (or sooner depending on your ocular health) so that the health of your eyes can be maintained.

I agree to the above policies of the XXXXX YYYYY ZZZZZ Eye Center. I further agree to follow the advice and instructions given to me by the Eye Center clinicians and staff. I will remove my lenses and seek care immediately from the Eye Center, another eye doctor, or a hospital emergency room, if I experience any unexplained eye pain, redness, discharge or vision change.

Signed: _____

Date: _____

(Patient, or Parent/Guardian if patient is a minor)

Print Name: _____

Original to patient after scanning into chart

and the doctor (or doctor's representative)—a copy of which is given to the patient, with the original retained in the record—will provide written evidence that the patient was properly informed if there should be any legal dispute.

Refund (Adjustment) Policy

A practice should establish a fair adjustment policy for patients who cannot be successfully fitted with lenses. The value of such a policy cannot be overemphasized because it allows an escape clause for both the practitioner and the patient if a fitting is unsuccessful.

The contact lens patient who cannot be successfully fitted can be a management problem for the practice. The practitioner can spend an enormous amount of time, effort, and money constantly replacing lenses in the hopes that the fit will succeed. It is often preferable to inform a patient that the fitting was not successful and offer a refund.

Refunds can be made by returning part of the fee for materials, but a more desirable approach is a refund composed of other types of ophthalmic materials (such as sunwear). When a refund is given, the patient should be asked to sign a written release indicating that a refund was received and that the practice is no longer obligated to continue contact lens services.

Contact Lens Information Sources

Keeping up to date about new contact lenses, new research, and new promotions can be challenging for the busy practitioner. Communicating with corporate representatives is an

excellent way of learning. Rather than trying to “squeeze in” a time for a meeting, consider setting a specific time each month that is available for meeting with sales representatives.

Schedule the time, create an agenda, and stick to it. Often, a 15-minute meeting will provide the busy practitioner with excellent information, verbal and written, that can benefit the practice. If face-to-face meetings are not possible, visit the corporate Websites to read about new offerings. In addition to product information, many companies offer marketing support in the form of patient brochures, newsletter development, office posters, and other internal marketing tools.

Staff training information is essential. Updating staff knowledge on contact lenses can be accomplished at staff meetings. Online sources of information can be viewed and ideas shared. Contact lens specific courses are offered by professional organizations and contact lens manufacturers to enhance staff knowledge and communication skills.

Professional organizations, such as the AOA and Gas Permeable Lens Institute offer patient-related information. Pamphlets can be placed in the reception area, and videos can be used to show new technologies and contact lens modalities. Box 30-3 offers a partial listing of Websites that provide contact lens information and training.

Forms to Demonstrate Information

In today's busy practice, various forms are used to gather information about the patient's demographics, insurance, general medical history, general ocular history, and patient

BOX 30-3

Informational Websites

PATIENT INFORMATION

American Optometric Association (AOA) consumer page:
www.aoa.org/contact-lenses.xml
 Contact Lens Manufacturers Association: www.contactlenses.org
 Contact Lens Council: www.mycontactlenses.org

ORGANIZATIONS

AOA: www.aoa.org
 American Academy of Optometry (AAO): www.aaopt.org
 Association of Optometric Contact Lens Educators (AOCLE):
www.aocle.org
 Gas Permeable Lens Institute (GPLI): www.gpli.info
 International Association of Contact Lens Educators (IACLE):
www.iacle.org

COMPANIES

Advanced Medical Optics: www.amo-inc.com
 Alcon: www.alcon.com
 Art Optical: www.artoptical.com
 Bausch & Lomb: www.bausch.com
 Blanchard: www.blanchardlab.com
 CIBA VISION: www.cibavision.com
 ABB Concise Optical Group: www.abbcon-cise.com
 Contamac: www.contamac.com
 CooperVision: www.coopervision.com

Euclid Systems: www.euclidsys.com
 Lens Dynamics: www.lensdynamics.com
 Menicon: www.menicon.com
 Metro Optics: www.metro-optics.com
 Paragon Vision: www.paragonvision.com
 SynergEyes: www.synergieyes.com
 Vistakon: www.jnjvisioncare.com

PUBLICATIONS

Optometry: www.optometryjaoa.com/home (Journal of the AOA)
Eye & Contact Lens: www.claojournal.org (Journal of the Contact Lens Association of Ophthalmologists [CLAO])
Contact Lens Spectrum: www.clspectrum.com
Contact Lens & Anterior Eye: www.contactlensjournal.com (Journal of the British Contact Lens Association)
Cornea: www.corneajrnl.com
Optometry & Vision Science: www.optvissci.com (Journal of the American Academy of Optometry)
www.siliconehydrogels.org

STAFF INFORMATION

www.allaboutvision.com
www.winkproductions.com
www.clsa.info
www.gpli.info

confidentiality and rights. Preprinted forms also provide a means of patient communication and instruction that can be referenced by the patient at home. Many practices have Websites where patients can obtain specific additional information regarding care and treatment. Preprinted forms are available from various sources. The AOA offers a number of forms for purchase that can be used in an office. Practitioners can also create personalized forms. Many of these forms are contained in a downloadable and customizable format in the *Eyecare Practice Tool Kit* published by Mosby Elsevier. Practice Websites can have information-gathering templates permitting the patient to complete forms before the office visit. No matter which format one chooses, questions regarding contact lens wear or the desire to wear contact lenses should be included in the initial information gathering. This will alert the staff and practitioner to the patient's interests. The patient should be advised of the fees associated with contact lenses. A prescription and management form details the professional fees, length of service, materials costs, and return policy. Misunderstandings regarding costs can be averted by putting this information in writing, having the patient sign the form, giving them a copy, and keeping a copy in the chart or scanning into an electronic medical record (EMR). Patients often forget what they were taught about care and handling of their contact lenses. Reinforcement of this education should be in written form. A guide to lens wear, care, and handling should detail the numbers of hours of lens wear, the replacement schedule, the care products to be used with the lenses, and what to do in the event of irritation. A simple "do and don't" list often answers common questions the patient might have. Various Websites also provide information. The practitioner may want to include this information on the practice Website or provide the patient a link to a site consistent with the office instructions.

Samples of informational forms are in Appendix 2.

CONCLUSION

Contact lenses offer specific practice management challenges and opportunities. Prescribing contact lenses is a profitable aspect of patient care. Contact lenses are unique because the management aspects involve both a professional service and a product that is provided to the patient. In marketing, one

must always manage the service and product, promotion, position, and price. Blending these aspects with communication skills, adherence to regulations and guidelines, and maintaining excellent professional skills will make the prescribing of contact lenses an integral and successful part of the optometric practice.

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www.optometric.com. Online version of *Optometric Management* magazine, which offers information on contact lens practice.

www.revoptom.com. Online version of *Review of Optometry* magazine, which offers information on contact lens practice.

APPENDIX 1**FAIRNESS TO CONTACT LENS CONSUMERS ACT**

108th CONGRESS 1st Session

H. R. 3140

AN ACT

To provide for availability of contact lens prescriptions to patients, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE

This Act may be cited as the "Fairness to Contact Lens Consumers Act."

SEC. 2. AVAILABILITY OF CONTACT LENS PRESCRIPTIONS TO PATIENTS

- a. **IN GENERAL** When a prescriber completes a contact lens fitting, the prescriber—
 - 1. whether or not requested by the patient, shall provide to the patient a copy of the contact lens prescription; and (2) shall, as directed by any person designated to act on behalf of the patient, provide or verify the contact lens prescription by electronic or other means.
- b. **LIMITATIONS** A prescriber may not—
 - 1. require purchase of contact lenses from the prescriber or from another person as a condition of providing a copy of a prescription under subsection (a) (1) or (a) (2) or verification of a prescription under subsection (a) (2);
 - 2. require payment in addition to, or as part of, the fee for an eye examination, fitting, and evaluation as a condition of providing a copy of a prescription under subsection (a)(1) or (a)(2) or verification of a prescription under subsection (a)(2); or
 - 3. require the patient to sign a waiver or release as a condition of verifying or releasing a prescription.

SEC. 3. IMMEDIATE PAYMENT OF FEES IN LIMITED CIRCUMSTANCES

A prescriber may require payment of fees for an eye examination, fitting, and evaluation before the release of a contact lens prescription, but only if the prescriber requires immediate payment in the case of an examination that reveals no requirement for ophthalmic goods. For purposes of the preceding sentence, presentation of proof of insurance coverage for that service shall be deemed to be a payment.

SEC. 4. PRESCRIBER VERIFICATION

- a. **PRESCRIPTION REQUIREMENT** A seller may sell contact lenses only in accordance with a contact lens prescription for the patient that is—
 - 1. presented to the seller by the patient or prescriber directly or by facsimile; or
 - 2. verified by direct communication.
- b. **RECORD REQUIREMENT** A seller shall maintain a record of all direct communications referred to in subsection (a).
- c. **INFORMATION** When seeking verification of a contact lens prescription, a seller shall provide the prescriber with the following information:
 - 1. Patient's full name and address.
 - 2. Contact lens power, manufacturer, base curve or appropriate designation, and diameter when appropriate.
 - 3. Quantity of lenses ordered.
 - 4. Date of patient request.
 - 5. Date and time of verification request.
 - 6. Name of contact person at seller's company, including facsimile and telephone number.
- d. **VERIFICATION EVENTS** A prescription is verified under this Act only if one of the following occurs:
 - 1. The prescriber confirms the prescription is accurate by direct communication with the seller.
 - 2. The prescriber informs the seller that the prescription is inaccurate and provides the accurate prescription.
 - 3. The prescriber fails to communicate with the seller within 8 business hours, or a similar time as defined by the Federal Trade Commission, after receiving from the seller the information described in subsection (c).

(Continued)

APPENDIX 1-cont'd**FAIRNESS TO CONTACT LENS CONSUMERS ACT**

108th CONGRESS 1st Session

- (e) **INVALID PRESCRIPTION** If a prescriber informs a seller before the deadline under subsection (d)(3) that the contact lens prescription is inaccurate, expired, or otherwise invalid, the seller shall not fill the prescription. The prescriber shall specify the basis for the inaccuracy or invalidity of the prescription. If the prescription communicated by the seller to the prescriber is inaccurate, the prescriber shall correct it.
- (f) **NO ALTERATION** A seller may not alter a contact lens prescription. Notwithstanding the preceding sentence, if the same contact lens is manufactured by the same company and sold under multiple labels to individual providers, the seller may fill the prescription with a contact lens manufactured by that company under another label.
- (g) **DIRECT COMMUNICATION** As used in this section, the term 'direct communication' includes communication by telephone, facsimile, or electronic mail.

SEC. 5. EXPIRATION OF CONTACT LENS PRESCRIPTIONS

- (a) **IN GENERAL** A contact lens prescription shall expire—
1. on the date specified by the law of the State in which the prescription was written, if that date is 1 year or more after the issue date of the prescription;
 2. not less than 1 year after the issue date of the prescription if such State law specifies no date or a date that is less than 1 year after the issue date of the prescription; or
 3. notwithstanding paragraphs (1) and (2), on the date specified by the prescriber, if that date is based on the medical judgment of the prescriber with respect to the ocular health of the patient.
- (b) **Special Rules for Prescriptions of Less Than 1 Year-** If a prescription expires in less than 1 year, the reasons for the judgment referred to in subsection (a)(3) shall be documented in the patient's medical record. In no circumstance shall the prescription expiration date be less than the period of time recommended by the prescriber for a reexamination of the patient that is medically necessary.
- (c) **DEFINITION** As used in this section, the term 'issue date' means the date on which the patient receives a copy of the prescription.

SEC. 6. CONTENT OF ADVERTISEMENTS AND OTHER REPRESENTATIONS

Any person that engages in the manufacture, processing, assembly, sale, offering for sale, or distribution of contact lenses may not represent, by advertisement, sales presentation, or otherwise, that contact lenses may be obtained without a prescription.

SEC. 7. PROHIBITION OF CERTAIN WAIVERS

A prescriber may not place on the prescription, or require the patient to sign, or deliver to the patient a form or notice waiving or disclaiming the liability or responsibility of the prescriber for the accuracy of the eye examination. The preceding sentence does not impose liability on a prescriber for the ophthalmic goods and services dispensed by another seller pursuant to the prescriber's correctly verified prescription.

SEC. 8. RULEMAKING BY FEDERAL TRADE COMMISSION

The Federal Trade Commission shall prescribe rules pursuant to section 18 of the Federal Trade Commission Act (15 U.S.C. 57a) to carry out this Act. Rules so prescribed shall be exempt from the requirements of the Magnuson-Moss Warranty—Federal Trade Commission Improvement Act (15 U.S.C. 2301 et seq.). Any such regulations shall be issued in accordance with section 553 of title 5, United States Code. The first rules under this section shall take effect not later than 180 days after the effective date of this Act.

SEC. 9. VIOLATIONS

- (a) **IN GENERAL** Any violation of this Act or the rules required under section 8 shall be treated as a violation of a rule under section 18 of the Federal Trade Commission Act (15 U.S.C. 57a) regarding unfair or deceptive acts or practices.
- (b) **ACTIONS BY THE COMMISSION** The Federal Trade Commission shall enforce this Act in the same manner, by the same means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade Commission Act (15 U.S.C. 41 et seq.) were incorporated into and made a part of this Act.

SEC. 10. STUDY AND REPORT

(a) **STUDY** The Federal Trade Commission shall undertake a study to examine the strength of competition in the sale of prescription contact lenses. The study shall include an examination of the following issues:

- (1) Incidence of exclusive relationships between prescribers or sellers and contact lens manufacturers and the impact of such relationships on competition.
- (2) Difference between online and offline sellers of contact lenses, including price, access, and availability.
- (3) Incidence, if any, of contact lens prescriptions that specify brand name or custom labeled contact lenses, the reasons for the incidence, and the effect on consumers and competition.
- (4) The impact of the Federal Trade Commission eyeglasses rule (16 CFR 456 et seq.) on competition, the nature of the enforcement of the rule, and how such enforcement has impacted competition.
- (5) Any other issue that has an impact on competition in the sale of prescription contact lenses.

(b) **REPORT** Not later than 12 months after the effective date of this Act, the Chairman of the Federal Trade Commission shall submit to the Congress a report of the study required by subsection (a).

SEC. 11. DEFINITIONS

As used in this Act:

(1) **CONTACT LENS FITTING** The term “contact lens fitting” means the process that begins after the initial eye examination and ends when a successful fit has been achieved or, in the case of a renewal prescription, ends when the prescriber determines that no change in prescription is required, and such term may include—

- (A) an examination to determine lens specifications;
- (B) except in the case of a renewal of a prescription, an initial evaluation of the fit of the lens on the eye; and
- (C) medically necessary follow-up examinations.

(2) **PRESCRIBER** The term “prescriber” means, with respect to contact lens prescriptions, an ophthalmologist, optometrist, or other person permitted under State law to issue prescriptions for contact lenses in compliance with any applicable requirements established by the Food and Drug Administration.

(3) **CONTACT LENS PRESCRIPTION** The term “contact lens prescription” means a prescription, issued in accordance with State and Federal law, that contains sufficient information for the complete and accurate filling of a prescription, including the following:

- (A) Name of the patient.
- (B) Date of examination.
- (C) Issue date and expiration date of prescription.
- (D) Name, postal address, telephone number, and facsimile telephone number of prescriber.
- (E) Power, material or manufacturer or both.
- (F) Base curve or appropriate designation.
- (G) Diameter, when appropriate.
- (H) In the case of a private label contact lens, name of manufacturer, trade name of private label brand, and, if applicable, trade name of equivalent brand name.

SEC. 12. EFFECTIVE DATE

This Act shall take effect 60 days after the date of the enactment of this Act.

Passed the House of Representatives November 19, 2003.

APPENDIX 2
SAMPLE FORMS

CONTACT LENS SELECTION QUESTIONNAIRE

Please mark the appropriate response for each question. The purpose of this form is to help determine what type of lens will be best for you and how easily you will adapt to contact lenses.

1. Previous contact lens experience

a. None

b. Currently wear contact lenses

Type _____

c. Stopped wearing contact lenses

Why _____

2. Allergies

a. None

b. Allergic to _____

Mild

Moderate

Severe

3. Medications

	Never Use	Use Occasionally	Use Frequently
Antihistamines			
Diuretics			
Birth control pills			
Eye drops			

4. Ocular symptoms

	Normal	Mild	Moderate	Excessive
Tearing				
Light sensitivity				
Eyes itch				

5. Eye infection

a. Never

b. Rare (less than one per year)

c. Frequent (more than one per year) d. Continual

6. Desired contact lens-wearing time

a. Casual wear (few hours social wear on occasion)

b. Less than 8 hours

c. Over 8 hours

d. Extended wear (more than 24 hours)

7. Are you interested in changing your eye color?

YES

NO

XXXXX YYYYY ZZZZZ Eye Center

(123) 456-7890

CONTACT LENS PRESCRIPTION AND MANAGEMENT AGREEMENT

At the XXXXX, we are dedicated to providing the highest level of contact lens services to our patients. This agreement outlines our contact lens policies.

Professional Fees

Professional fees are due at the time of service and are for 90 days of contact lens related visits. In addition, they are non-refundable. Those fees not covered by insurance are the responsibility of the patient. When this agreement expires in 90 days, additional professional fees will apply.

Orders

All orders must be paid in full at the time they are placed. Disposable lens orders of four boxes or more will be direct shipped to you. Nonstandard orders are subject to a \$5 processing fee. If you request a nonstandard order be shipped, there is an additional \$5 fee. If a more advanced or different design is needed, additional fees may arise. Material returns are only permitted within 60 days of the original order date. Only unopened boxes of multipackaged lenses may be returned. There are no discounts on lost or damaged lenses. There are no returns or refunds on custom, donated, or colored lenses. Orders not picked up within 60 days will be returned and your deposit forfeited.

Prescriptions

Each year you will receive a copy of both your contact lens and spectacle prescriptions in accordance with federal law. You may re-order on a valid prescription up to the maximum number of refills listed by calling (123) 456-7890.

Preliminary fee estimate

_____ Health Examination Fee
 _____ 90-day professional fee for fit and follow-up
 _____ 1-year supply of contact lenses
 _____ Present total
 _____ Discounts and/or co-pays
 _____ Balance

Recommended follow-up schedule

_____ 1 day
 _____ 1-2 weeks
 _____ 1 month
 _____ 3 months
 _____ 6 months
 _____ As needed

Important Information About Your Eye Health

Yearly eye examinations are necessary to ensure complete eye health. Therefore we recommend yearly-dilated eye examinations at the XXXXX.

Contact lens patients require special care because of the increased risk of eye infection that may lead to severe vision loss. If you experience any of the following symptoms, you should remove your contact lenses immediately and call the XXXXX at (123) 456-7890 (24-hour urgent care service). During normal business hours, you should also contact the XXXXX at (123) 456-7890.

Eye pain or unusual irritation	Cloudy or decreased vision
Watering or a discharge from the eye(s)	Sensitivity to light
Redness of the eye(s)	Any disturbance in vision or eye comfort

*Please note after-hours visits may be subject to additional fees.

I have been given the opportunity to ask questions about this agreement and my responsibilities associated with contact lens wear. With my signature below, I acknowledge having received a copy of this agreement and accept it as it is written.

 Signature of patient or guardian

 DATE

CONTACT LENS “DO’S AND DON’TS ”

To have comfortable and optimal use of your contact lenses, it is important that you follow these basic instructions on the care and cleaning of your lenses. You will be instructed on proper lens insertion and removal, as well as proper cleaning and care procedures.

Please review the following list of “dos and don’ts ” and ask our staff any questions you may have.

Do’s

1. Before handling lenses, wash your hands with a mild soap.
2. Clean your lenses well.
3. Follow your wearing schedule.
4. Soak your lenses in the recommended soaking/storage solution when not wearing them.
5. Remove your lenses if discomfort or blurring occurs. Call for an appointment.
6. Use proper eye protection or sunwear when needed.
7. Keep appointment for follow-up care and remember to wear your lenses at least 2 hours before scheduled evaluations in our office.
8. Contact our office immediately if problems arise.
9. Keep an updated pair of eyeglasses for emergency and know where they are.
10. Use eye makeup designed for contact lens wearers.
11. Have a complete visual examination once a year.
12. Bring your glasses and contact lens case with you each time you come to the office.

Don’ts

1. Overwear your lenses beyond the maximum recommended wearing schedule.
2. Sleep with your lenses unless specifically advised to do so by your doctor.
3. Shower, sauna, or swim with your lenses (unless you use a mask or goggles for swimming).
4. Wear your lenses near aerosol sprays or noxious fumes.
5. Use any contact lens products other than those recommended by your doctor.
6. Take the advice of other contact lens wearers without consulting our office.

Wearing Schedule

It is critical that your eye(s) have time to adjust to contact lenses. The doctor recommends you wear your lenses as follows:

Day 1 _____ hours

Day 2 _____ hours

Day 3 _____ hours

Day 4 _____ hours

Day 5 _____ hours

Day 6 _____ hours

Day 7 _____ hours

Maximum amount of wear _____

Replacement Schedule

To keep your eyes healthy and provide you with comfortable contact lens wear, you should replace your contact lenses every _____.

If you have any questions, call us at (123) 456-7890.