Article • Presenting the Results of the Evaluation

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Introduction

Whether we are in the middle of a pandemic, or when life is back to a real normal, it is vital that you are able to educate your patients in such a way that it inspires them to take action.

During the pandemic, many VTODs switched to video conferencing with parents, which presented a number of challenges. Many of the demos they relied on were no longer possible to use, such as having the parents wear prism while reading so they could experience what it is like for their children. Others relied on their written reports to be their messenger to the parents, with the expectation that they would move forward with vision therapy. While some were successful with this approach, many were not.

When people who are struggling contact your office (and no one else has been able to help them), all that the doctor (and/or the staff) needs to say is one thing that makes sense, and they are ready to move forward. It is typically hard to discourage them.

Many doctors experienced a sudden increase in patients because parents were home with their children while they were attending school online, and it was easy to see that they were struggling. These parents either spoke with friends who referred them or searched online to get their answers. It was significantly easier to get these patients to follow through with vision therapy.

Vision Therapy & Lenses

When recommending lenses, you rarely have a patient who doesn't follow through with your recommendations. It is also very unusual to have a patient ask for a full understanding of optics before purchasing glasses. This is because everyone is familiar with the fact that some people need glasses. Also, the patient can see the difference immediately in the phoropter or trial frame.

Vision therapy is not a subject that enjoys this level of familiarity. People tend to be skeptical of things they have not heard about. This makes it especially difficult to communicate with patients who have come to you for a regular eye examination when you find a binocular dysfunction and vision therapy is the treatment of choice. The whole idea of vision therapy is unfamiliar to them, and patients are reluctant to follow through—unless insurance covers it...and then it becomes acceptable.

Binocular vision and perceptual problems are not as easy to demonstrate to the patient as refractive errors. In addition, many times the decision makers are not the person with the problem, especially when the patient is a minor. Many parents have a hard time relating to the difficulties that their child is having.

The third major difference is in terms of commitment. With lenses, you are asking for a one-time expenditure of perhaps $100 to $300 (or more) and one to two hours of the patient's time. Even then, when the patient inquires about designer frames and hears the price, the first reaction is usually, "I can't afford it." Yet, given time and a mirror, a good percentage of your patients actually purchases the designer frames.

However, vision therapy requires a much stronger commitment. Forget about the financial commitment for a moment; just consider the number of times you want the patient to return to your office, and the entire length of the program, not to mention any home activities you might require. This requires a great commitment on the part of the patient and any caregivers involved, especially parents.

All of this explains why VT case acceptance, especially in areas where it is not covered by insurance, is not as high as it should be. Therefore, it becomes critical to the success of any vision therapy practice that the doctor and their staff understand how to get patients to follow through with their recommendations.

Preparing for the Presentation

Case presentation has become an integral part of a successful vision therapy practice. When insurance covers vision therapy, patients are more apt to follow through, regardless of the quality of the actual case

presentation. As long as patients understand that they need to do it and agree that there is a problem that needs to be remediated, the majority of the patients will follow through with treatment. However, even when insurance covers vision therapy, many patients don't avail themselves of the opportunity.

I have done an extensive amount of research to find out why patients don't follow through with treatment when it is indicated. In working with numerous behavioral/developmental optometrists, the result has been an in-depth 19-step sequence for presenting the need for vision therapy. Clients have found that case presentation can have a profound impact on the number of patients who follow through with the recommendation for vision therapy, as well as attendance and overall patient compliance.

When one parent or spouse is uncertain and another is skeptical, those can be much harder to convince. While some of these cases may move forward with care, when they discover that insurance won't cover it or reimburse them, or hit any other obstacles, they drop out.

The following is a chapter I wrote a number of years ago that goes into more detail on how to educate your patients successfully on the need for care. I hope you find it helpful. If you have any questions, please feel free to email me. I am happy to help.

Over the years, I have discovered that it can take quite a bit of work for a doctor to master case presentation skills. While this chapter does not allow for the type of interaction required in order to ensure you will be able to master the entire 19-step sequence, it will give you some overall guidance on the subject of case presentation that I hope you will find helpful.

First, let's start with the five major ingredients that make up a successful VT practice:

I. The ability to attract new patients
2. The ability to get patients to accept treatment
3. The ability to get patients to follow through with the entire treatment program
4. Good clinical outcomes
5. Patients and parents raving about your results to others

While each part is important, getting patients to accept treatment seems to be a major stumbling block for many practices. Case acceptance is the result of good case presentation skills. A good case presentation results in patients who:

I. Understand their visual problem
2. Understand what is involved in the solution to their problem
3. Are willing to do whatever is necessary to handle the problem, including:
   a. Pay the fees
   b. Attend all therapy sessions
   c. Do the home activities

Why Don't Patients Follow Through with Vision Therapy?

You have completed your examination of the patient and know the treatment protocol the patient needs. If he or she needs glasses, contacts, or even surgery, you are confident and can easily tell the patient what is needed. Yet, when it comes to recommending vision therapy, it becomes a different situation. The following are some of the barriers that interfere with patient compliance:

1. False information: Probably the biggest barrier that you will hit is the one created by false information, opinions, or preconceptions.

As an example, the majority of the population believe that 20/20 means you have "perfect" vision or "there is nothing wrong with your eyes." I have even spoken with some optometrists who have actually said this to patients. It is very hard for parents to understand their child has a vision problem if they do not understand what 20/20 means. Therefore, it becomes vital that you actually have a discussion with the patient and parents about the meaning of 20/20 at the outset. Even if the patient isn't 20/20, the lay-person's understanding is that glasses will help them see 20/20, and that is all that is needed.

One client shared this story with me. He had a 12-year-old patient who was thrilled that someone had finally figured out what was wrong. Unfortunately, the mother was just sitting there not reacting to what was being said by the doctor. Nothing was penetrating. The son thought his mother was just stupid. How could she not see his excitement and that this doctor was absolutely correct in his diagnosis?

Fortunately, my client finally asked the mother for her understanding of 20/20. She slowly answered, "It means you have perfect vision, there is nothing wrong with your eyes." Well, of course, her son had 20/20 eyesight, so nothing was wrong. After reviewing with her what 20/20 really meant, he said it was like a ton of bricks landed on her. All of sudden, she looked

up at the doctor and said, "Is that what's wrong with Johnny?" She followed through with treatment.

There are quite a few labels which children are given for symptoms which indicate a learning-related vision problem. These labels can give the parents a false sense that they have a solution, even though the solution is just a label. For example, many patients and parents have been told Johnny's negative behavior is the result of laziness, lack of motivation, ADD, ADHD, etc. If this misinformation isn't dealt with appropriately at the outset, it will be very difficult to get your message across.

2. Insurance does not always cover any or all of the vision therapy: If insurance covers vision therapy, it is an indirect validation that this is an accepted form of treatment. When insurance doesn't cover it, the validity of vision therapy tends to come under question. In addition, if the patients do not understand the value of what is being presented, it doesn't matter what your fees are, they will be too expensive. For these reasons, it can become difficult to get patients to follow through with therapy.

The problem is not, however, managed care or the insurance companies. It is the fact that patients without insurance coverage have to be more motivated to go ahead with the program than those with insurance. The problem is how to increase a patient's motivation to follow through with your recommendations regardless of the cost. Patient motivation will be discussed later in the chapter.

3. Lack of understanding: Most patients come to you for a solution. They are having difficulty with their vision. They want to see better. The majority of the population is not walking into your office expecting a lecture that explains why they are more myopic than they were two years ago. Nor do they want a lecture on how and why someone becomes myopic. All they want is for you to handle their problem. As far as patients are concerned, they don't need to understand how glasses work, all they care about is that they can see better after they get the glasses you have prescribed.

However, when it comes to vision therapy, it is critical that the patient understands what is causing the problem and what is involved in the solution. The key word here is "understand." Just because you tell the patient (and/or their parents) about the vision problem in clinical terms or by sharing the results of all the tests that were performed, it does not mean that they understand what you are saying. You need to use terms they will understand (layperson's terms). An example of how to present your findings is presented later on in this article.

You might say, "I ask them if they have any questions and they always say they understand." Unfortunately, people don't always realize they don't fully understand something until they get home and try to explain it to someone else. At that point, the person they have explained it to says, "This doesn't make sense." The patient's response is, "Yes. You're right, it doesn't." The end result is that they go for a second opinion or search the internet, which confirms their negative reaction, or they just don't move forward with care. Either way, the patient doesn't get the care that is needed and continues to struggle unnecessarily.

A good exercise is to give your presentation to your spouse or a friend, converting all technical terms to layperson's terms or using analogies. At different points in your presentation, ask the person to be honest and tell you what their understanding is of what you said. You will be surprised at the answers.

4. Lack of commitment: Your patients will hit many obstacles along the way to complying with your recommendations. How can you ensure patients have the fortitude to do everything which is needed for a successful outcome? Let's forget about the financial component for a moment. You are asking them to come to your office how many times per week? For how long? And you want them to do activities at home? If there is any opposition in their household, it will be difficult for the patient to continue without sufficient understanding and commitment. Some examples of obstacles are life is too busy, spouse isn't supportive, and teachers/doctors with negative opinions.

All this takes exceptional commitment on the patient's and parent's part. Commitment comes first from their understanding of how the symptomatology they are having is connected to the vision problem you have isolated. Next, they need to see that the solution to their problems is the vision therapy program. If you can connect the problems the patient or child is having with the vision problem presented in your office, they will become motivated to get through the program.

Too many doctors get so excited about explaining what the vision problem is and how to treat it. They lose sight of the fact that their patients need to see how the vision symptoms relate to the real-life problems the patient is having and how the therapy program will handle these problems.

5. Lack of symptomatology: One of the hardest cases to present is the one where the patient appears to have no symptoms even though your clinical findings show there to be a problem.

If your patients have made accommodations in their lives in order to compensate for the visual problem, it will be very difficult for them to believe there is a serious problem. These are the cases that will go for a second opinion if you don't present it properly. These are also the cases that will agree with the second opinion if they disagree with your diagnosis.

In this case, you must develop the problems they are having before presenting the solution. Otherwise, the solution will not have any value to them. If the patient won't volunteer any symptoms while in your office, give the patient a symptom list. Make sure the patient knows what to watch for and to call you if any of the symptoms are observed. Good case presentations are not a matter of trying to convince someone. They are a matter of showing how the vision problem is contributing to the patient's real-life problems or symptoms.

6. Losing the patient: One of the biggest difficulties doctors face is that patients rarely say, "I don't understand," or "Doc, this doesn't make sense." You ask the question, "Do you have any questions?" The usual answer is "No." So, the obvious conclusion is that they understand you. Correct? No.

The situation is that most patients do not have a strong desire to understand everything about their problem. They want a solution to their problem, not a course on behavioral optometry. They are paying you to give your professional opinion as to what should be done. After all, you are the one with the degree. However, in vision therapy, if the patient does not understand the problem and how it relates to their vision, there is a good chance they will not follow through with your recommendations or go for a second option. This is quite a dilemma.

The answer is to ensure that you don't "lose the patient" during the case presentation. The following are a couple of signs and symptoms that indicate you have lost the patient.

They hide behind insurance: "We just can't do this if insurance doesn't cover the treatment." Almost all patients will want you to check their insurance before starting. The danger signal is if the patient is expressing the negative attitude that they will not go ahead without insurance.

They want to go for a second opinion: And when they go for a second opinion and it contradicts your recommendation, they side with the second opinion.

The solution is an "interactive" case presentation, where you are doing as much questioning and listening as you are talking. This means you are:

- Finding out about the patient's problems, symptoms, and concerns;
- Relating the presentation to these problems, symptoms, and concerns;
- Checking for understanding several times during the presentation;
- Watching for signs you have "lost" the patient and handling them as soon as you notice them.

Overcoming the Barriers to Case Acceptance

The problem to solve is how to give a presentation which will overcome the barriers just discussed. The answer breaks down into two skill attributes.

Skill 1 – Clinician

The doctor must have the professional training and skill to:

- Make an accurate diagnosis,
- Determine the best treatment protocol,
- Ensure the vision therapy program gets excellent results.

Skill 2 – Patient Motivator

When a patient does not go ahead, it is because there was not enough motivation on the part of the child or parent. The doctor must have the training and skill to:

- Ask questions to understand what will motivate the patient,
- Determine from these questions how best to communicate with the patient;
- Communicate with the patient in such a way that the patient (and their parents) become motivated to do whatever is needed to start and follow through with therapy.

Motivation skills are not typically taught in school. Many practitioners feel it is a sort of "magic" that some doctors have and they somehow do not.

The first step to raising case acceptance occurs when you recognize that the above two skills are two separate abilities. Being a good clinician does not automatically mean patients will go ahead with your recommendations.

The next step is to recognize that you spent hundreds of hours of training and practice to become a good clinician. The skill to motivate patients can also be learned, but it takes hours of training and practice. The good news is that, with training and practice, this is a skill that can be developed.

Patient motivation is the result of:

- Handling any false information or preconceptions so that the patient is receptive to hearing your message;
- Handling any initial concerns that might prevent the patient from being receptive;
- Establishing the need for therapy. You must show how the real-life problems and difficulties the patient is struggling with are related to their vision problem. If the patient has no symptoms, education becomes a key component to ensure the patient understands what the problem is and what symptoms to watch for;
- Showing how your therapy program will handle the problems and difficulties. This gives the patient and parents hope. With hope comes commitment.

The case history helps to establish the need for treatment. Time does not always allow for the amount of discussion required to verbally gather all the symptoms from the patient. Doctors often miss cases which need care because they fail to gather the appropriate information in the case history. It is vital that you are gathering the correct information in writing from the patient. Otherwise, when your schedule gets busy, you may forget to ask one key question which would have told you how to proceed. The solution is an in-depth symptom list which is filled out prior to the examination. Once a binocular problem or behavioral vision problem is established, a second history form should be filled out at the time of the additional testing. This form should have more in-depth questions.

Example: Mrs. Jones is bringing Johnny in for an eye examination. To ask her in-depth questions about her child's home and school behavior would not make sense to her. Because of this, she might decide not to answer these questions, leaving you with insufficient information. It is better to merely ask questions about symptoms at the first visit, then let the parent know the case is more involved and requires additional testing. It is also good to let the patient know that the symptoms they are observing are indeed vision related. Now you are justified in asking for more in-depth information, and you will find the patient and/or parent much more willing to share.

Patient and Parent Understanding

A key step to motivating a patient is to find out what problems they are having that are a direct result of their vision symptoms. The next step is to ensure the patient understands their vision problem. Speaking in layperson's terms is a must.

For example, don't say, "Mrs. Jones, Johnny has a severe convergence problem and, in addition, I am finding he has an accommodative infacility." The patient will not understand you. Try something like, "Mrs. Jones, when Johnny is reading or looking up close at things, he is having a lot of difficulty using his eyes together correctly. That's why he avoids reading and board games. In addition, he has trouble looking at things in the distance after looking at things up close. It is also why he has trouble seeing the chalkboard at school after looking at his notes or reading."

Periodically asking the patient what their understanding is of what you have said is better than asking if the patient has any questions. Many times, patients are either afraid to ask questions or don't realize they have questions until you ask about what was just said.

Report Development

Contrary to what others have said, it is my view that reports are not critical to case acceptance. There are many uses for reports, and you need to determine how you want to use the report before you write it. If you want to use it to communicate with the parent who wasn't present for the consultation, then you need to ensure it communicates in layperson's terms. If you want to use it to communicate with a physician or a teacher (to help stimulate referrals, etc.), then it needs to be written differently. You have to keep in mind your audience when you write your reports. Reports will vary according to how your vision therapy program is designed. It is important for you to survey your patients or their parents to find out what format is best for them.

The Case Presentation: Frequently Asked Questions

1. Should you schedule a separate appointment for the case presentation?

One of the problems that doctors face in talking with patients about their need for vision therapy is

that time does not allow for any level of in-depth discussion. If you do not have sufficient time, then you need to schedule a separate consultation. Effective case presentations can take a good bit of time, anywhere from 30 minutes to two hours, and you do not want to do this when there is already an information overload from the examination.

Some doctors try to squeeze the presentation into the end of the examination: "Because my case acceptance is so low, I don't want to waste my precious chair time." Doing this will not only waste your consultation time but your examination time too, as you will surely continue to have low case acceptance. The solution is not to shorten your presentation but to learn how to do better case presentations.

If you have the time and the parents are eager to hear the results, if you can make arrangements for someone to watch their child, then you can go into the presentation on the first appointment. Of course, if the child is in meltdown mode, you will have to schedule a second visit just for the consultation.

If the patient is coming from quite a distance and you feel that there will be reluctance for returning a second time, you can schedule it all to be completed on the first appointment. However, the patient and parents need to be informed that the appointment will be for a long time, and arrangements need to be made to have the child watched.

If you know that the patient coming in was referred by a non-OD referral source and is a potential VT case, then these two appointments should be scheduled at the time the initial appointment is made.

2. Should the child be present?

Some doctors feel it is good to have the child present for the consultation. My experience has been that parents are much more candid and willing to talk when the child is not present. It is easier to ensure you achieve a good level of understanding when there is communication flowing in both directions.

3. Is there a charge for the case presentation?

This is up to you. It is definitely easier to get the patient to return for the additional visit if you say something like, "I would like to spend some time reviewing the results of Johnny's tests before we go over your options. The good news is that I can definitely help you. The next appointment is at no charge. When would be a good time?"

If you would like to charge for the consultation, the best way to do this is to present the additional testing fee and the consultation together as one fee. Later, if needed, you can break it down into two separate numbers for insurance purposes.

As mentioned earlier, if you are discussing your recommendations for treatment after a regular examination, it is going to be a bit more difficult to charge for the additional appointment without offering some amount of explanation. However, if some additional tests would help you fine-tune your diagnosis or your recommendations, it is better to let the patient know that some additional tests are needed and that you will review the results of all the tests and your recommendations at that time. Again, please make sure you state that the good news is that it looks like you will be able to help, and that the symptoms they complained about appear to be connected to a vision problem, adding that you will be happy to review all the information with them once the additional tests have been completed.

4. Who should do the consultation?

If the doctor has done the evaluation, then the doctor should do the consultation. The patient wants to hear from the doctor. However, if your schedule is so busy that it is almost impossible to schedule consultation appointments, then you could offer the patient a choice.

> *Mrs. Jones, Dr. Smith is only available for consultation from 11:00 – 1:00 on Mondays. We realize that this might be difficult for you to schedule, so we can arrange for our head therapist to present the doctor's findings to you if you prefer. Her schedule is a bit more flexible. If you still have questions, the doctor will be happy to meet with you after that."*

This way the patient is making the choice.

5. Should I use sales techniques?

When patients come to see you, they are expecting to see a doctor, not a salesperson. If you start using sales techniques, they will become suspicious. All actions should be geared toward establishing a trust relationship. Typical sales techniques can often distract from such a feeling of trust.

For example, if you went to a heart surgeon and they said, "I am going to explain what is going on with your heart, and then when I am done I am going to ask you to make a decision." You would become suspicious. You would ask yourself, "Why do they have to 'sell' me on this. Are they just in this for the money?" What is expected of a doctor is that they:

- Tell you what is wrong,
- Tell you how serious it is and how it relates to your life,
- Tell you what needs to be done about it,
- Answer any questions you have.

In other words, by trying to sell the case, you can inadvertently alienate the patient, making them more likely to go for a second opinion.

6. Why isn't explaining the problem enough?

When patients are paying privately for your services, they need to understand, not just be told, what is wrong. If you work towards achieving maximum understanding, the patient will go ahead with vision therapy (provided you can demonstrate how the symptoms they are observing are connected to the visual problem you have diagnosed).

7. Should I use a script?

Scripts of what to say can be very helpful. If you say something to a patient during a presentation and it gets a good response, write it down and use it again. You might also get helpful things to say from colleagues or consultants. Indeed, it is a central part of my own case acceptance program.

However, scripts are not a substitute for knowing what you are trying to achieve. In fact, just parroting phrases can actually harm your case acceptance rate when you sound like you are using a script.

Scripts are only beneficial if they help you achieve the goal of motivating the patient to accept your recommendations. One suggestion I can give you is to think of the patient as a blank slate, with no knowledge of vision or how the eyes work. Explain the condition to the patient as you would to a young child.

8. Why should I practice my case presentation with laypeople?

It is very helpful to work on your case presentation skills with a layperson. After all, your patients are laypeople. When someone has been in a field for a long time, there is a tendency to lose sight of what is new information to a layperson and what is clinical information which took you hours, if not years, to master. You can't expect your patients to grasp these concepts in a matter of minutes. By working with a layperson, you get a better perspective on what can actually be understood and how simply you need to communicate your message. Also, professionals tend to use technical jargon which has little meaning to the lay public.

To get an idea of how well you are doing in getting your message across, try this exercise. Sit down with one of your staff or your spouse and have them imagine being a parent. Tell them what symptoms and difficulties the child is having. Then present the case the same as you would if they were a real patient.

After you have completed the presentation, ask the following questions:

- What is your understanding of your child's problem?
- How does this problem relate to any difficulty your child is having in school or in life?
- What is your understanding of what is required to solve this problem?
- Do you have any questions which weren't answered?
- How would you explain what I shared with you to your spouse?
- Do you feel you would want your son or daughter to get this treatment if insurance didn't cover it?

As you listen to the answers, observe how certain the person is of the information received. How many times do they have to pause and/or guess as to what you said? This will give you an idea of what occurs when the parent goes home. As a note, it is best if you don't tell the person you will be quizzing them after the consultation. You want to get honest feedback, as if they had been a patient in your office. Since people are different, do this on a variety of people and get each one's feedback.

A day or so later (or even a few hours later), ask the same person some of the above questions again and see how much they remember. This will give you a good feel for whether or not you are getting through.

If you find that you are unable to get your message across, then it is time to seek the help of a consultant who specializes in case presentation skills.

9. Should I lower my fees to improve case acceptance?

If the patient does not understand why the program is needed, or has not truly decided that this is the right thing to do, it doesn't matter how low your fee is—it will be too expensive. Think about it. If someone had mentioned you might look at cars but you had not made the decision that you actually wanted a car, a salesman could go hoarse working out various payment options. You would not be ready to move forward.

If patients are telling you your fees are too high, the first thing to do is to work on your case presentation and make sure you are building the patient's desire for treatment.

10. How should I handle the insurance coverage question?

When a patient has insurance, they will want to do everything possible to see if it will cover VT. If you know for sure their plan will cover it, it's a simple discussion. The problem occurs when you don't know or if it is a plan you have had difficulty with. A simple statement such as this is usually sufficient in letting the patient know: "Some plans cover it and some do not. We need to check into your plan to know for sure." If you can structure your practice so that patients pay for their services and then get insurance to reimburse them directly, you will be one step ahead.

Having said that, whether you take insurance or not, if the patient has insurance, it is best if you can have one of your staff check the patient's insurance coverage prior to the actual consultation, so you can speak with confidence regarding their insurance.

If you take insurance, the key question you need to know is if insurance is denied, will the patient go ahead with treatment anyway? The way that you can determine the answer to this question is by paying attention to what the patient is communicating.

If the patient is saying, "We know we need to do this regardless of what insurance will pay," you know they understood the message. If, however, the patient says, "I'll only do this if insurance will cover it," then you know that they truly do not understand the need for treatment, especially if there is a negative attitude that goes with that statement. In this situation, if the patient was being completely honest, they would say, "Doctor, I truly do not understand what you have told me and don't see the urgent need for therapy. I don't know what questions to ask to understand better and don't want to insult you or appear stupid." Unfortunately, patients are usually not so open and honest. Therefore, it becomes vital that you really listen to what is being said and get feedback from your staff to find out what was said to them. Some patients are embarrassed to admit they have questions or concerns when speaking with you but will open up to your staff.

If the patient will not go ahead unless insurance will pay, then you must realize that the patient truly does not understand the need for care. At the point where you or your staff see this is the case, this is a good time to ask the question, "Mrs. Jones, what is your understanding of why I have recommended this course of treatment?"

As a note, the only way you will be able to create a practice which is independent of the insurance companies is by ensuring all of your patients truly understand their need for care.

11. What if the patient is asymptomatic?

If the patient is asymptomatic, there will generally be less inclination towards immediate treatment, or any treatment at all, for that matter. In these cases, education is the key. Do not try to pressure the patient into starting. Make sure the patient understands the problem and any symptoms to watch for. Let the patient know that you would like to hear from them if they notice any of the symptoms you have listed. If the patient develops symptoms, they will want to go ahead.

12. Should I offer payment options?

Patients can become very tense when discussing finances. The last thing you want to do is offer an all or nothing scenario. Be flexible. By offering several payment options, you are offering choices. This makes the financial discussion one of which payment plan works best for them rather than whether they are going to do the program or not.

13. What if the patient is reluctant to decide?

You do not want the patient to feel pressured into deciding before leaving your office. You do want to be sure your patients understand:

- Their vision problem,
- How the vision problem relates to the symptoms they are complaining about,
- What is involved to handle the vision problem,
- The different payment plans available.

Once all this is understood, the next step is to give the patient the option of scheduling before leaving. This must be done very gently, as you do not want the patient to feel pressured to schedule. The attitude in working with the patient is more one of ensuring that if there is a particular time and/or day of the week that works well for them and is available they have the option to schedule. You want to help work out a treatment schedule.

14. What if the patient does not want to go ahead?

What is appropriate follow-up for those cases that don't sign up right away? As in the asymptomatic case, education is the key. Do not try to pressure the patient into starting. Make sure the patient understands the problem and how the symptoms may lead to worsening problems. Give the patient a symptom list with instructions to contact you if any of the symptoms get worse. At the right time, the patient is then called to find out their current status.

Who should make the call? The person who does the follow-up call should be knowledgeable about vision therapy and the symptoms that relate to vision problems. This person should also be able to read the doctor's records and figure out what

problems the patient has. The staff member must be knowledgeable, reassuring, and above all, concerned about the patient's welfare.

The content of the call will vary according to each individual situation. If possible, have the doctor review the chart and give you a question to ask the patient. The question must be specific to that particular patient. For example, "The doctor asked me to call to see how Johnny is doing. He specifically wanted me to find out if Johnny is still getting headaches at the end of the day?" If he still has the symptoms or they are worse, saying, "In that case, he asked me to set up a time for Johnny to come in for some additional testing. Would you have time on Monday?"

If it has only been a month or two since the patient was seen, here is another example of a possible follow-up call. "We are putting together the schedule for next month, and the doctor asked me to call and see how Johnny is doing?" Ask specific questions and get the information. "Based on what you have said, it sounds like it might be a good idea to get Johnny started in our vision therapy program. Do you have any questions about how the program is structured?"

If the patient or parent is reluctant to schedule and the patient is symptomatic, the caller can say, "OK, I will let the doctor know." At that point, the doctor can ask the staff person to call back with further questions, or, time permitting, call the patient directly.

Calling to find out if the patient is ready to move forward with vision therapy gets old very quickly. You can only call so many times before you wear out your welcome. The key is to make each call different and as effective as possible.

Conclusion

The key to your success lies in two abilities:

1. Your ability to get excellent therapy outcomes,
2. Your ability to motivate patients to accept and complete vision therapy.

If you have concerns about the quality of your vision therapy program, it is vital that you get that resolved as rapidly as possible. Some excellent resources include OEPF, COVD, NORA, and ISVA. All four organizations hold regular conferences where excellent continuing education programs are presented.

Clinical knowledge and skills are not enough. To be successful, you must be able to motivate patients to accept and complete the therapy program. These skills play a critical role in ensuring that patients get the care that they need. Patients will pay for vision therapy out-of-pocket, if need be, when they truly understand the need for care. If you plan on having a practice that is not dependent upon third-party coverage, it is vital that you develop sufficient communication skills to ensure that patients follow through with your recommended treatment plan. It takes training and practice, as does anything that is worth achieving.

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