

Double or drop



Much thought has been given to clinical methods of reducing drop-outs and boosting contact lens business but what part do payment options play in maintaining contact lens wear?

CooperVision commissioned *Optician* to survey its readers on the issues surrounding direct debit (DD) and care plans to establish attitudes and behaviours among optical professionals. The results show a big variance in the number of patients taking up DD in practice and a similarly big difference in the activity levels of practices to encourage patients to take them up. The research also shows a direct link between activity and success in this area and wide differences in the way practices promote DD and contact lens care plans.

Despite the varying levels of activity, practices of all types and with differing levels of patients on DD believe that DDs reduce drop-outs and encourage patients to remain loyal to the practice. The research also looked at the activity taken when patients did drop out of contact lens wear.

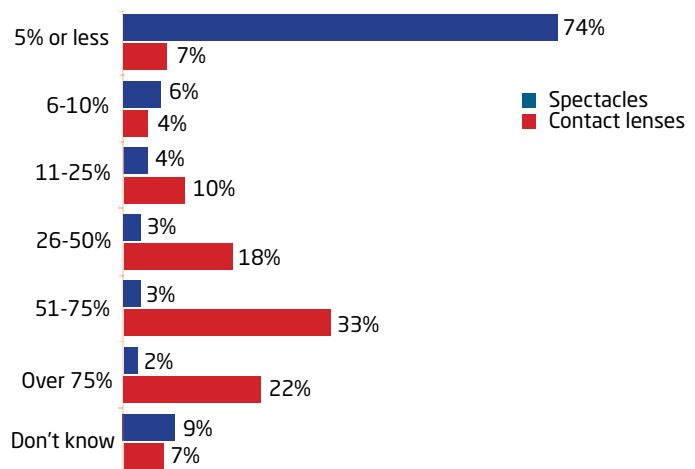
In just over a week, at the end of October, *Optician* gathered the opinions of nearly 400 optical professionals with UK practices. Just over half (52 per cent) were from within independent sector, 30 per cent from a multiple practice, 14 per cent a franchise and 4 per cent from a supermarket. Optometrists accounted for 54 per cent of respondents, DOs 27 per cent, CLOs 15 per cent and others 4 per cent. The regional spread of respondents took into account opinions from across the UK but not from overseas.

Proactive independents

DD is almost universally offered within franchised practices (98 per cent) and multiples (92 per cent) while high levels of independent practices (86 per cent) also offer this method of payment. However, when it comes to using DD payments for eye exams and aftercare the figures look very different. The most striking figure is that while on average 52 per cent

Practitioners understand the financial benefits direct debit-based contact care plans can bring to their practices and yet only a little over one half of practices actually offer such plans on eye exams and aftercare

Figure 1 Proportion paying by DD/standing order



Base: All respondents offering patients a DD option answering (297)



of practices offered DD for aftercare and eye exams, independent practices are the most proactive. Despite fewer independents having the mechanism to offer DDs, 59 per cent offer DD plans to their customers. The figure for the multiples is 46 per cent and 49 per cent for franchises.

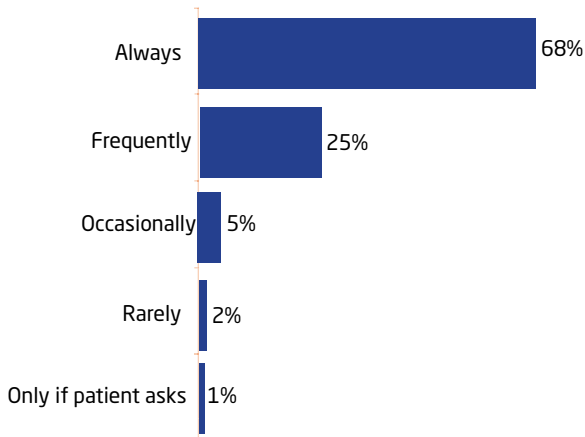
There are also big variances in the proportion of patients paying for contact lenses by DD (Figure 1). A third of practices have between 51 and 75 per cent of their patients on DD plans and just over a fifth (22 per cent) have more than three quarters of their patients on DD. However, 18 per cent have between a quarter and a half of patients on planned payments and 10 per cent have between 11 and 25 per cent of patients on a plan. Seven per cent of practices have fewer than 5 per cent of their patients on a plan.

Despite the patchy take up of DD, it is clear that its use with contact

lenses is much more widespread than with spectacles (Figure 1). As a comparison, 74 per cent of respondents said they had fewer than 5 per cent of their spectacle customers on DD and just 2 per cent of practices had more than three quarters of their customers on a spectacles-based DD. On average, 9 per cent of customers paid for spectacles through DD. This was lower for independents (7 per cent), lowest for franchises (6 per cent), but most prevalent in multiples (14 per cent).

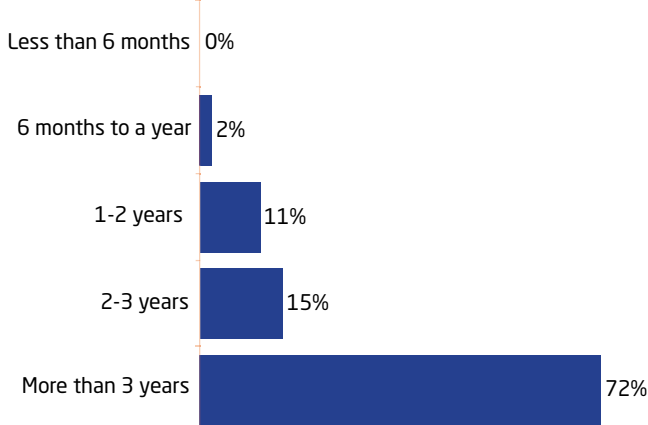
The next set of questions quizzed practices on their habits when offering DD and payment plans. Just 5 per cent targeted particular age groups although no trend towards any particular age group emerged. However, the frequency with which plans were offered did highlight a trend. Our survey showed that 68 per cent always offered a contact lens plan to patients, 25 per cent did so frequently and 5 per cent occasionally (Figure 2). Some offered rarely (2 per cent) or only if the patient asked (1 per cent). Among those always offering DD, take up was 60 per

Figure 2 How often DD/standing order plan suggested to CL patients



Base: All respondents offering patients a DD option answering (293)

Figure 3 How long, on average patients keep their DD/standing order



Base: All respondents offering patients a DD option answering (240)

cent, DDs were held by 43 per cent of patients in practices where they were offered frequently and DD was used by just 17 per cent of patients in practices where DD was only offered occasionally. The trend was even more pronounced when analysed a little deeper.

In practices where 75 per cent of patients had a DD, 92 per cent of the practices had always offered a DD. Conversely where fewer than 25 per cent were on a DD, only 42 per cent of the practices had always offered the option.

For contact lenses, only 53 per cent of patients signed up for a DD for their supply when initially fitted, with 27 per cent opting to buy contact lenses as and when needed and 12 per cent buying a supply for six months or more. Those not buying contact lenses after a fitting accounted for 8 per cent of patients.

The next section of the survey looked at the contact practices have

with customers on DD. This showed that contact was predominantly through post (85 per cent), when they came into practice (84 per cent) and telephone (76 per cent). Email accounted for just 32 per cent of contact. The frequency with which these methods were used also showed a great deal of similarity. Around half used these methods once or twice a year and between 18 per cent (email) and 25 per cent (direct mail) on a quarterly basis.

Benefits to the practice

The benefit of DD to the practice was perhaps the most revealing result of the survey. When it asked what percentage of DDs had been cancelled in the previous year, 6 per cent said none, 14 per cent said between 1 and 2 per cent, 26 per cent said between 3 and 5 per cent, while 22 per cent of practices lost between 6 and 10 per cent of their DD customers. Just 12 per cent of practices had lost

11-20 per cent of DD and 3 per cent reported losing 21-30 per cent. None reported losing more than 30 per cent of DD.

An equally strong picture for loyalty was painted when it came to the length of time DDs were held (Figure 3). Practices said 11 per cent of patients kept their DD running for one to two years, 15 per cent said two to three years but a whopping 72 per cent said patients kept their DD running in excess of three years.

This led 55 per cent of respondents to agree that DD patients were significantly less likely to drop out of contact lens wear, 33 per cent thought patients on a regular payment plan were slightly less likely to drop out and just 14 per cent thought such patients no more likely to drop out.

As might be expected, those with the greatest number of DD payees thought those patients less likely to lapse. Among those with more than three quarters of their patients on DD, 77 per cent thought patients significantly less likely to drop out. Among those not offering DD, just 26 per cent shared the same view on drop-outs. Significantly, many practices with low levels of DD customers (less than a quarter) thought those on a debit scheme were less likely (47 per cent) to drop out of contact lens wear.

The kind of verbatim comments given by practices suggested those contact lens wearers on DD were more committed than those who paid as they went along. 'Because they are paying for the lenses regularly they are wearing them regularly,' said one. The benefits to patients were also commented on by respondents. 'It's usually more convenient,' said one. 'It is generally cheaper because everything is included,' said another.

The final part of the questionnaire looked into the action taken by practices when a patient did drop out of contact lens wear. Over half (52 per cent) claimed to call the patient to discuss and a third offered a better priced product to the patient. The most pro-active groups in calling patients were franchises (74 per cent) and those with large numbers of DD contact lens wearers.

A large 34 per cent admitted to doing nothing at all when a patient dropped out of contact lens wear. This was slightly lower for those offering DD (29 per cent) but among practices not offering DD 63 per cent admitted to not taking any action when a patient dropped out. ●