



THE TAX ANALOGY

“Marketing is the tax we pay for being unremarkable,” remarked Matt Jensen, the former CEO of Vance Thompson Vision, at a recent practice development meeting in Frankfurt, Germany. His statement resonated strongly with me, its implication clear: Delivering a remarkable service and patient experience reduces a practice’s need for extensive marketing. Satisfied patients become advocates generating word-of-mouth referrals. This is often more effective than traditional newspaper, radio, or TV advertising.

Many clinics vie for attention. They tout their advanced technology, experienced surgeons, or competitive pricing. In a field where everyone claims to be the best, however, the quality of the patient experience is the biggest differentiator. Shareef Mahdavi’s insightful book, *Beyond Bedside Manner*,¹ reimagines the care chain to increase its value to all involved—patients, doctors, and the practice. The book describes six Ps for enhancing patient interactions:

- *Profession*. How do you define your role? What business are you in?
- *Patients*. What do patients really want?
- *People*. Who is on your team?
- *Place*. Does your environment work for or against you?
- *Promotion*. How do you build awareness sustainably?
- *Price*. Where do fees fit in the decision-making process?

Focusing on the six Ps can greatly enhance the patient experience and reduce your practice’s marketing tax.

Jensen’s statement led me to examine our clinic’s expenses to identify other potential taxes (ie, costs incurred owing to inefficiencies or shortcomings). Although some expenses are unavoidable (such as value-added tax, medical indemnity, and premises costs), I identified three others that can be viewed as penalties for underperformance in certain areas.

No. 1: Human resources and recruitment expenses. Some of these costs are unavoidable, such as hiring a temporary replacement for staff on family leave. The so-called tax occurs when a valued employee leaves the practice for a job

elsewhere that offers a higher salary. Retaining the employee by increasing their salary might be more cost-effective than bearing the recruitment and training expenses for a new hire.

No. 2: Cleaning. A clinical facility must be spotless. Ours requires daily professional cleaning to maintain its impeccable standard. If the team takes pride in their workplace and cleans up after themselves, the cleaning workload—and associated costs—can be reduced.

No. 3: Printing, scanning, and shredding. These are self-explanatory.

Whether you currently identify as a refractive surgeon or are simply interested in achieving optimal visual performance outcomes following intervention, this edition of *CRST Global | Europe Edition* is a treasure trove. It features expert insights into new corneal imaging and planning tools, the use of losartan in refractive surgery, corneal endothelial cell restoration, the limits of current laser vision correction options, the emerging role of phakic IOLs, additive techniques in corneal allograft surgery, a new look at thermal keratoplasty, and refractive indexing. Prepare to absorb a wealth of knowledge.

The tax analogy can be applied to refractive surgery: Wearing glasses can be seen as the tax for not exploring vision correction surgery options. Our practices’ responsibility extends beyond mere marketing to educating patients, providing appropriate surgeries, and ensuring a unique and positive patient experience. ■

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1. Mahdavi S. *Beyond Bedside Manner: Insights on Perfecting the Patient Experience*. Story Seven; 2020.