

PRACTICE UNDER PRESSURE

Converting patient interest into bookings, motivating younger colleagues, and addressing global vision equity.



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CRST Global: What is the field's biggest unmet need and why?

Amanda Cardwell Carones, MPH: The biggest unmet need in refractive and cataract surgery is not another technology or tool; it is alignment. Right now, patients are bombarded with mixed messages from practices and industry and are completely overwhelmed. Every clinic claims to have the best or fastest procedure, and instead of helping patients make informed decisions, this messaging often leaves them confused. Fearmongering about one technique versus another, coupled with the anti-laser vision correction movement, has many patients afraid to make any decision at all.

When patients do seek care, they often do not know what questions to ask, so they fall back on the only thing they feel they can measure—price. That is a major issue because price does not reflect outcomes, safety, or quality of care. As an industry, we need more consistency in how we educate and guide patients so they understand the real differences in technology, surgeon expertise, and personalized

care. Until we achieve that alignment, even the most incredible innovations will be undervalued, and patients will continue to perceive vision correction as a commodity rather than a life transformation.

Stefanie Schmickler, MD: The climbing cost of employee salaries, increasing numbers of sick days, limited drive for achievement among younger colleagues, and a steadily rising patient volume, combined with honoraria that have remained unchanged for the past 3 decades, are widening the gap.

We offer our staff some extras and pay additional incentives, but since the COVID-19 pandemic, there has been a trend—not only in medicine but in many other professions as well. How can we motivate young staff and younger colleagues to understand that work is not just work but can also be a positive source of purpose and motivation?

Tanya Trinh, MBBS, FRANZCO, FWCRS: The biggest unmet need in our field

is recognizing and addressing the immense global burden of uncorrected refractive error. We ophthalmologists have long accepted the notion that glasses or contact lenses are good enough, yet the cost of replacement, maintenance, or even access to hygiene or clean water can be prohibitive for many patients. Providing lifelong vision correction is transformative—not merely for sight but also for opportunity. Although cataract remains a leading cause of blindness, uncorrected refractive error affects far more people worldwide; it limits their ability to learn, work, and live safely. Vision is not just a health issue; it also determines people's access to education, employment, mobility, and protection from exploitation. Poor vision restricts the autonomy of millions of individuals and their capacity to care for themselves and their families.

Efforts to address refractive error must begin with understanding its social and cultural dimensions, particularly among those most

vulnerable yet most essential to community resilience—women. Across many underserved regions, women remain both the primary caregivers and the most disadvantaged in accessing vision care. In some settings, the social stigma of wearing glasses—perceived as a sign of a genetic defect—discourages young women from seeking correction for fear of

diminished marriage prospects and social exclusion.¹ In outreach cataract programs, it is not uncommon for husbands to be treated first while wives wait, only to be turned away when time or resources run out and never to return owing to caregiving responsibilities, compounding inequities in access and care.²

Culturally sensitive, equity-focused programs are essential. Addressing

refractive error in working-age populations, particularly among women, can have profound ripple effects—lifting families out of poverty, strengthening economies, and improving national productivity. While cataract surgery restores sight, refractive correction restores potential—and meeting this need is central to advancing global vision equity.

CRST Global: What is the biggest challenge in your practice right now, and how are you managing it?

Ms. Carones: The biggest uphill battle we face every day is this idea that vision correction is a commodity. Patients come in and tell us they trust us more than anyone else, and then in the very next sentence, they ask if we can match a competitor's price. It is not that they do not value quality; it is that they do not always connect how surgical planning, the right technology, and the surgeon's experience directly impact their results. To manage this, we spend a lot of time on education. We walk patients through different options, explain the differences clearly, make sure our whole team is consistent in how we communicate, and make a final, specific recommendation. It takes more time up front, but it helps shift the conversation from "How cheap can this be?" to "What's the best solution for me?" When patients see that we are focused on long-term results and their personal best outcome rather than just the procedure itself, it builds trust and makes price less of a deciding factor.

Rod Solar and Laura Livesey: A lot of what we are seeing in practices currently is a wide gap between patient interest and actual bookings. Most clinics are spending plenty on marketing. Enough leads are coming

in, but too many never make it past the initial inquiry. The numbers are telling: it is common to see 60% to 70% of leads never even contacted in person and a big chunk left waiting hours or days for a response. This is not a lack of demand. It is a failure to convert.

If more clinics tightened up their sales process—fast follow-up, more touches, actual conversations—the same lead spend would yield a lot more surgeries. The industry's fixed costs (staff, OR, lasers) do not get any cheaper, so every missed booking is both lost revenue and wasted capacity. Improving the conversion funnel from inquiry to surgery is still the biggest untapped lever for most practices. It is not that we need more leads; we need to be better at working with the ones we already have.

Dr. Schmickler: It is the lack of younger colleagues to take over responsibility, not only in the medical part but also in the economic part. To avoid selling clinics to private equity, we need a generation who likes to invest and to achieve certain goals. ■

women and girls: What are the key areas for action? *Community Eye Health*. 2025;38(126):8-9.

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