

CooperVision®

2016 contact lens survey results

Contact Lens Category Retention White Paper

Understanding current
contact lens wearers and
patients who dropped out

October 2016





Research at the heart

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Here at CooperVision, we pride ourselves on putting our customers' needs at the heart of what we do so that we can continue to provide you with the best possible products and services. As part of this commitment, in 2016 we partnered with market research company GfK to survey 1,000 people on their experiences of being prescribed contact lenses, supplied by a range of manufacturers.

About half of the respondents, or 51%, were contact lens wearers who had started wearing their contact lenses within the last 12 months; referred to here as 'current users'. The other 49% had given up on wearing their contact lenses within the last three years; referred to as 'dropouts'.

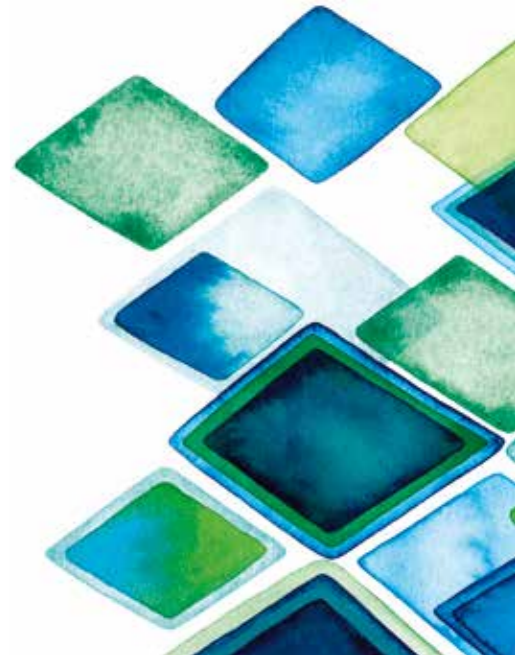
We also ran small focus groups, inviting some of these individuals to tell us their stories and opinions so that we could understand important details about their personal experiences.

Now we're sharing what we discovered. We're profiling who wears contact lenses in 2016 and why, as well as why some individuals give up. Based on this research, we include some tips on how to help more patients become, and remain, contact lens wearers.

We also asked two key opinion leaders for their thoughts on how the category can be extended and what the benefits are for eye care practitioners (ECPs) and their practices.

We hope that you will find the insights in this report valuable and that you are able to use some of the findings to help improve your customers' contact lens-wearing experience, drive retention with your contact lens wearers and grow your business.

The insights contained in sections 1-8 of this report are taken from GfK Category Retention Research. Data on file, CooperVision, January 2016. Where statistics have been rounded up or down they may not always total 100%.



Feelings about contact lenses

Do dropouts feel more negative?

We asked our survey respondents, 'How do you feel about using and wearing contact lenses?'. Current wearers were, unsurprisingly, very positive – but so, too, were the dropouts, who only had one main concern.

Top six feelings for current wearers

✓ Confident	33%
✓ Comfortable	31%
✓ Free	27%
✓ Relaxed	25%
✓ Happy	24%
✓ Attractive	24%

How do current wearers feel?

The respondents who were still wearing their contact lenses mainly expressed positive feelings, stating that they mostly felt 'Confident', 'Comfortable', 'Free', 'Relaxed', 'Happy' and 'Attractive'.

Top six feelings for dropouts

✗ Uncomfortable	42%
✓ Unrestricted	31%
✓ Free	29%
✓ Attractive	28%
✓ Confident	26%
✓ Convenient	19%

How did dropouts feel?

Even the dropouts were positive about how they'd felt while wearing contact lenses. Among the top six feelings were 'Unrestricted', 'Free', 'Attractive', 'Confident' and 'Convenient'. However, the top feeling, and what arguably drives drop-out, was 'Uncomfortable'.

In other words, 42% of dropouts – almost half – would potentially have continued to wear their contact lenses if only they'd been able to resolve their discomfort. And yet, as we'll see, patients aren't always offered the extra support or alternative options which might enable them to stay with contact lenses.

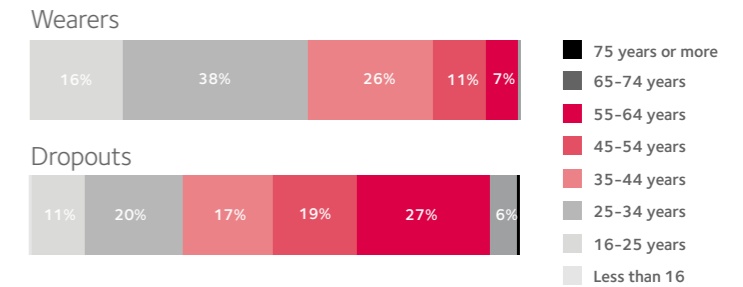
By working to resolve discomfort at an early stage, ECPs could help a high proportion of wearers to keep going – transforming their contact lens practice.

Age, sex, location

Who keeps going, who drops out?

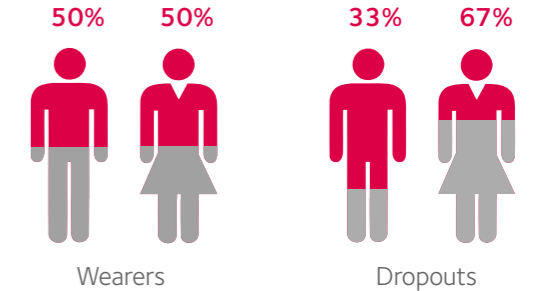
How old are they?

Of our survey respondents, the majority of current wearers were within the younger age groups with 64% aged 25-44 years, whereas the majority of dropouts clearly sat within the older age groups with 52% over 45 years old. For this age group, 'application', 'removal' and 'irritation' were given as their particular challenges.



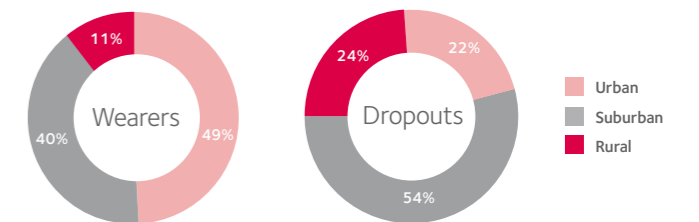
What sex are they?

The group surveyed split evenly between the genders when focusing on current wearers. However, the dropout category, for those who had stopped using contact lenses within the last three years, saw a clear female majority.



Where are they?

There was also a higher percentage of urban dwellers within the current users surveyed whilst the majority of dropouts questioned lived in suburban areas.



Since convenience is especially important, those ECPs who are willing to think creatively about reaching rural and suburban patients – who don't have a service on their doorstep – can achieve real wins.

"It's just not working for me..."

Why do patients drop out?

For a variety of reasons, of course, not every patient will be able to continue wearing contact lenses.

However, our survey showed that the vast majority of patients' reasons for giving up could well have been averted. Many patients might have been able to keep going if they had:

- received more training on applying and removing their lenses
- received more ongoing contact and support
- been able to try alternative lenses (or at least been told that alternatives exist).

What happens as time goes by?

Reasons for dropping out differ, depending on how much time has elapsed since patients were first fitted with contact lenses. In the early months, many struggle with putting their contact lenses on and taking them off. However, this can largely be resolved with more initial training and follow-up support.

Later on, patients tend to drop out if they experience eye irritation and discomfort, so they need ongoing advice on wearing and cleaning their lenses. They also mention value, or the perceived benefits weighed against the cost. Contact lenses which don't feel comfortable or can't be worn for long enough may affect perceptions of value – so it's vital for patients to be fitted with the right contact lens.

Why did dropouts give up?

Dry/watering/red eyes, discomfort, infection	41%
Difficulties applying/removing the lenses	27%
Too expensive	14%
Squeamish about eyes	6%
Vision is poorer with contact lenses	4%
Other*	8%

* Can't read/see up close; eye problems/eye health; no longer needed; etc

Dropped out within three months

Difficulty applying the lenses	24%
Difficulty removing the lenses	18%
Discomfort throughout the day	13%

Dropped out beyond three months

Dry/watering/red eyes, infection, discomfort	45%
Cost/expense	16%

Giving it another go

What might tempt patients back?

There are plenty of reasons to revisit contact lenses with a patient, for example:

- Their lifestyle or occupation may have changed
- Their prescription may have changed
- They may have been prescribed contact lenses at a different practice, previously
- They may be aware that they didn't really persevere last time
- They may have a friend or relative who swears by their contact lenses.

That's why it's vital for ECPs to keep patients informed about the latest contact lens technologies as they become available.

What would make dropouts come back to contact lenses?

1) Comfort/vision

More comfort/less irritation	11%
If they improved vision	7%
Less dryness	4%
Could be worn for longer	3%

2) Personal preference

Nothing/prefer wearing glasses	13%
Don't know	6%

3) Cost

Cheaper price	13%
More disposable income	5%

4) Handling

If they were easier to put on, take off and use	11%
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5) Product

Wider choice of lenses to try	4%
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“ I need an optician like those dentists who specialise in nervous patients! I'd like to wear them, but I'm scared, and can't seem to get the hang of it. ”

Focus group member



Service levels

Could ECPs do more?

Eye care is about far more than products for correcting vision: there's a significant level of service attached to patient care. Our research found that the better the service level from their ECP, the more likely the patient is to succeed with contact lenses – especially when it comes to application and removal.

What do current wearers think about their ECP's service? (on a scale where 1 is poor and 7 is excellent)

6-7	65%
3-5	34%
1-2	2%

What do dropouts think about their ECP's service? (on a scale where 1 is poor and 7 is excellent)

6-7	53%
3-5	42%
1-2	5%

What could ECPs do better?

When we asked our survey respondents what their ECP could have done better, it was very encouraging to see that 37% said 'nothing' – and this was by far the most common response given.

This would appear to be at odds with the proven link between time spent/support from the ECP and a patient's potential success with contact lenses (see overleaf). However, patients won't be aware of all the options available to them, and can't miss what they haven't had or don't know about.

It is clear that dropouts tend to leave their first assessment feeling much less confident about applying their lenses than current wearers:

	Current wearers	Dropouts
Confident	60%	39%
In-between	38%	50%
Not confident	1%	10%

“I had some initial problems but my optician was very helpful. We looked at various alternatives, like new makes and types of contact lens.”

Focus group member

Length of the first consultation

Do patients get enough time?

How much time do people get?

We asked our survey respondents how long their ECP spent with them at their first contact lens consultation. Unsurprisingly, a higher proportion of dropouts got less time, whereas more of the current users had longer consultations. It's a clear indication that training and advice have a positive impact on success with contact lenses.

Minutes	Current users	Dropouts
Less than 10	7%	9%
10-15	17%	26%
20-25	32%	27%
30-40	25%	25%
45-60	16%	10%
Over 60	3%	3%

What about follow-up after the first assessment?

The average time between their first fitting and their follow-up check was 65% longer for dropouts, suggesting that faster follow-up could help people stay with their contact lenses. Also, people are more likely to drop out if they aren't offered any follow-up.

	Current users	Dropouts
Average lapse in weeks between first fit and follow-up	4.3	7.1
Never offered a follow-up	23%	40%

Although dropouts do generally think their ECP spent enough time with them, they leave the first assessment much less confident about applying their lenses than current users do.

67% of dropouts never discussed their decision with their optician – so ECPs may need to be the ones to keep communication open.





How much training do new wearers get?

Interestingly, when it came to feelings rather than facts and figures, only a third of dropouts felt they didn't get enough time on how to apply contact lenses, whereas almost half of current users felt they needed more time.

This may well reflect a particular determination on the part of current wearers to keep going and resolve their niggles, which will require more support from their ECP. It may also reflect aspects of particular individuals' characters; it certainly highlights the need to treat the individual, as no two contact lens patients are the same.

Did dropouts feel the time spent on their first consultation was sufficient?

	How to apply	How to remove	How to look after	Risk and advice	Different options
It was not discussed during my consultation at all	1%	2%	4%	11%	12%
No, not enough time	5%	6%	5%	14%	15%
Yes, about the right amount of time	63%	63%	72%	51%	53%
Yes, but would have liked a little more time	16%	17%	11%	14%	11%
Yes, but would have liked much more time	15%	12%	7%	10%	9%

Trialling

How effective is a choice of contact lenses to try?

We found that over two-thirds of all dropouts only ever tried one type of contact lens, and only 13% of dropouts (who only tried one type of contact lens) were offered an alternative contact lens.

Current wearers are 78% more likely than dropouts to have been offered at least two types – a powerful reminder of the need to communicate to patients from the outset that other options exist, and to keep trying if the first contact lens doesn't suit.

Clearly, a choice can help to find the right lens material. However, there may also be psychological factors at play: patients who are offered options may feel more empowered and enjoy taking some responsibility for decisions about their own eye care.

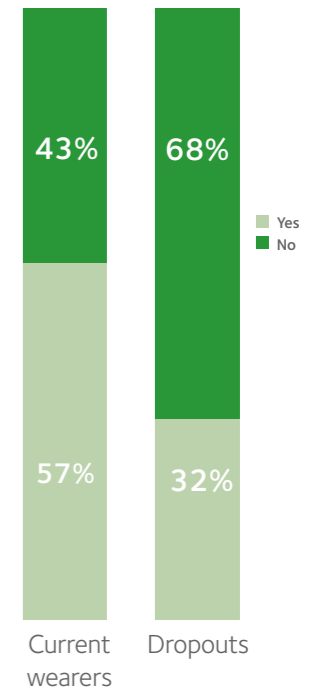
At follow-up appointments, it's important to check whether a patient's contact lenses not only feel comfortable but also suit the patient's current lifestyle. It might be appropriate to suggest silicone hydrogel contact lenses for longer wearing times, for example.

“ I have to change to glasses when relaxing or watching a film, for the fear of falling asleep with them in. ”

Focus group member



Were patients offered a choice of trial lenses?



Pay-as-you-go (PAYG) vs. subscriptions

Subscription schemes suit both patients and ECPs

Convenience is a key feature of subscription schemes (such as Direct Debit). They can make accessing contact lenses and related services much easier for the patient, enabling home delivery and helping to prevent patients from running out. They also build loyalty and ongoing business for the practice.

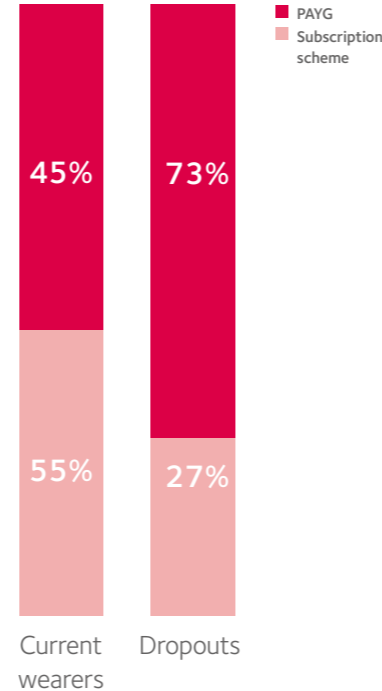
In recent years, Direct Debit schemes have undoubtedly delivered significant progress by answering the consumer's need for a more flexible way of making payment. However, in light of digital and mobile technology developments, the customer's requirements and shopping habits are constantly evolving and ECPs should be aware that today's consumer may well be looking for even more flexibility and different ways to pay.

PAYG customers are more likely to drop out.

Within the context of contact lenses, PAYG simply refers to over-the-counter sales; there are no extra benefits such as bolt-ons or added value options which are solely available through the PAYG purchase mechanic. Being such a basic, no-frills option, perhaps it's little wonder that 73% of dropouts were PAYG users (62% more than those who continued wearing contact lenses). And, interestingly, 52% had never even been offered a subscription scheme.

Savvy ECPs ensure that their schemes come with discounts and additional benefits, often including follow-up sessions so that the ECP can gauge how the patient is feeling and resolve any problems before they result in drop-out.

How do patients pay for their lenses?



Why don't some patients want a subscription?

Of the 48% of all respondents who were offered a subscription scheme but chose not to take it up, the reasons given were:

Wanted to see how they got on first	21%
Not worn often enough to be worth it	18%
Didn't want to commit or get locked in	16%
Reasons of cost/value	7%
Preferred to pay as they went	7%
Other	31%

Flexibility clearly matters when it comes to subscription schemes. 13% of dropouts felt their scheme was inflexible, whereas only 2% of current wearers described their scheme as inflexible.

Making subscription schemes more flexible would address the majority of the issues mentioned previously, break down some of the barriers currently preventing PAYG customers from converting to a subscription scheme and potentially reduce the rate of drop-out.

“I'd prefer it if the delivery of new lenses by post was free.”

Focus group member



Summary

Our research helped to put some up-to-date statistics behind what we already know about the contact lens category. For example, we confirmed that:

1. Investment pays off – Contact lens patients need a more personalised level of care and advice than glasses patients, but investing the time pays off for both the patient and the ECP in the long run.

2. Clarity matters – There's a lot of myth and misinformation out there – like contact lenses falling out or getting lost behind the eye. Probing for individual patients' concerns, dispelling misperceptions and providing gentle encouragement will help to set the record straight.

3. Trials help – Sometimes both the patient and the ECP can give up too early. Initial problems can often be resolved by offering alternative lenses. However, we found that 42% of dropouts would have liked to try another type of lens but weren't given the option.

4. Problem-solving works – Patients who experience problems are most likely to have difficulties with application and removal, discomfort, and value. Fortunately, ECPs have many options at their disposal for supporting patients through these issues.

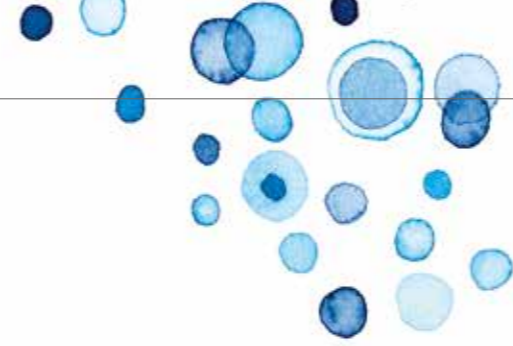
5. Training is essential – Front-of-house staff are often the first point of contact when it comes to enquiries about contact lenses, so they'll benefit from refresher training and information about the latest advances in technology.

6. Value matters – Patients are concerned about value, especially as most will need glasses in addition to contact lenses. While the contact lens which best meets their needs should always be prescribed first, other pricing options should be communicated as required. Creating bundles of added value (such as free dry eye appointments) and subscription services can all help.

7. Care should be individualised – Every patient is different: their motivations for wearing contact lenses, any struggles they experience and their changing lifestyles will all be unique and need to be considered if they are to succeed with contact lenses. That's why careful early listening, plus regular contact (especially in the first few weeks, even via a phone call) can help to individualise care and lower the chances of drop-out.

“Because I had some discomfort, my optician changed my contact lens for a softer one.”

Focus group member



Key opinion – “It’s worth the investment for everyone”

Lynne Fernandes – BSc (Hons) MCOptom
Optometrist and director

Lynne Fernandes Optometrists, Bristol

Making sure they're offered

From time to time we run an initiative to introduce people to contact lenses, and it's been very successful. We'll meet as a team before we open and discuss which of the patients we'll be seeing that day might be suitable for contact lenses. Then we put some trial lenses in their record cards to save time searching for suitable contact lenses whilst keeping the patient waiting. This also reduces patient anxiety as the patient may become nervous whilst waiting for the optometrist to return.

The extra services are worth it

We enjoy the extra services we can offer patients such as contact lens fittings, reviews and dry eye appointments as they help patients see more clearly and comfortably and make our routine practice more interesting.

We run an Eyesense™ scheme which covers the cost of the contact lens fitting, eye examination and as many follow up appointments and teach sessions as deemed required by the ECP. This helps with our costs, but it also gives patients ongoing contact and support, so they're less likely to abandon their contact lenses.

“With ongoing contact and support, patients are less likely to discontinue wearing their contact lenses.”

Getting deeper, richer information

We work hard to help people continue to wear their contact lenses. When patients say, ‘Yes, I’m doing fine with my contacts,’ I think it can be too easy to accept that and move on.

Instead our ECPs drill deeper, and ask questions: how often, and for how long would the patient like to wear their contact lenses? Are they comfortable at the end of the day? That way, we can resolve little niggles before they turn into the sort of problems which might send the patient back to glasses. We've also published our own leaflet full of helpful advice.

Loyalty brings rewards

We get a lot back from our contact lens wearers. They're invariably more loyal than glasses-wearers, so although contact lenses take more time and effort, they're more rewarding in the long run.

“Getting a patient well-established with contact lenses is always very rewarding. I don't think I've ever been defeated – I've always been able to find the right ones for every patient. Sometimes you just have to think outside the box.”

Key opinion – “It’s about managing expectations”

Neil Retallic – BSc (Hons) MCOptom, FBCLA, FIACLE, PgCert CO, Prof Cert LV
Learning and development manager – registered optical

Vision Express, Nottingham

“I think there can be mismatched perceptions and expectations when it comes to contact lenses, on the part of both the ECP and the patient. That’s why some patients stop wearing them, and others never even get started.”

It’s not walk-in/walk-out

The patient often thinks getting contact lenses is a simple walk-in/walk-out affair, so we need to make the customer journey clear from the start to avoid frustration or even a missed sale. Going through the steps of the contact lens journey; from the eye examination, to fitting the lenses, the teaching process, ordering the lenses and finally the follow-up check, can take several weeks but is worth it in the long run. It is essential that the full process is communicated from the beginning to manage the patient's expectations and increase the chance of a final purchase.

Misperceptions among ECPs

The ECP may assume a patient isn’t a candidate for contact lenses, perhaps because of their age or prescription, or decide a patient isn’t interested if they haven’t asked. They might think that contact lenses just aren’t worth the time it takes. None of these things are likely to be true – and it’s a real lost opportunity, because there are so many benefits for the practice, too.

Individual lifestyles

One of the key things we need to do is explore a patient’s personal motivations for wearing contact lenses. Most patients will have times when they prefer to wear contact lenses or glasses, so by asking the right lifestyle questions, we can prescribe the right lenses, the right times to wear them, and how to balance them with glasses, according to the patient's individual needs. Real life examples can also be communicated to

ensure the patient understands all of the vision correction options available to them.

Personal learning styles

People learn differently. Since application and removal can be a problem for many patients we would always recommend a 1:1 training session but patients may choose to reinforce their learning in different ways. We need to find the best way to ensure each patient understands, and then remembers, what to do, so it is important to provide different resources, such as a leaflet, video or app, or be available in person to respond to questions. We need to find all the ways we can to help patients make the most of their contact lenses and maximise their chance of experiencing a successful contact lens journey.



Business development – Winning new contact lens users

Bust the myths – Patients may believe that contact lenses can pop out at any time, stick to their eye, or get lost behind their eyeball. They may think they’re too old for contact lenses; that no contact lenses can ever be slept in or worn for long periods; or that they don’t improve vision as much as glasses do. It’s just a question of gentle encouragement; asking the right questions in order to identify any concerns or misconceptions and then sharing the relevant information to reassure.

Affordability – Cost isn’t the same thing as value, so it’s important to ensure that patients understand all the extra benefits which contact lenses can offer. Even a budget-conscious customer may be willing to pay more for a benefit which answers a specific need within their lifestyle and so has a high perceived value for them. They just need to be made aware of it. Flexible and attractive subscription options can help, too.

More mature – Older patients often assume that their eye problems are too complex for contact lenses. In fact, not only is there a contact lens for virtually everyone but there are big emotional benefits to be had from looking and feeling younger after swapping glasses for contact lenses.

Curiosity – People are often fascinated by contact lenses, wanting to watch them being fitted or to ask questions. Encouraging patients to touch a contact lens can make a big difference, as they’re often amazed by how soft and light they actually are.

Stay up to date – The latest product developments offer advances to suit more and more patients, and the manufacturers’ fitting guides help ECPs to optimise patients’ success with their contact lenses.

Complementary wear – Patients who love their glasses may never have considered using contact lenses for certain occasions such as evening socialising, playing sport or going to the gym.

Children – 60% of parents say their child’s glasses sometimes get in the way of their daily activities¹ – leading some children to avoid wearing their glasses at school. Contact lenses can be worn by most children just as easily as teenagers, and can really boost self-esteem.

“They were reluctant to help, and advised I give up and go back to glasses.”

Focus group member

Business development – Preventing drop-out

Getting started – The first few weeks are critical to the likelihood of long-term success. Patients need lots of advice, training and support.

Learning styles – People learn differently and forget fast, so give them lots of ways to learn how to apply, remove and use contact lenses – including take-home leaflets and videos.

Comfort – If the first lens doesn't suit a patient, it's important to keep trying. The right material – such as a silicone hydrogel lens – can help the patient to minimise any discomfort. Lubricating eye drops can also help.

Lifestyles – People's lives change: they take up sports, change jobs, get pregnant – and they might not realise that their lenses need to change with them. So it's important to keep asking the lifestyle questions.

Social – Including contact lens information on social media pages can be a great way to keep your patients informed. Share reminders, tips, videos, advice, new developments, price promotions and any other interesting and relevant content you can find. It's a great way to build loyalty and engagement and can stop the patient feeling isolated between visits.

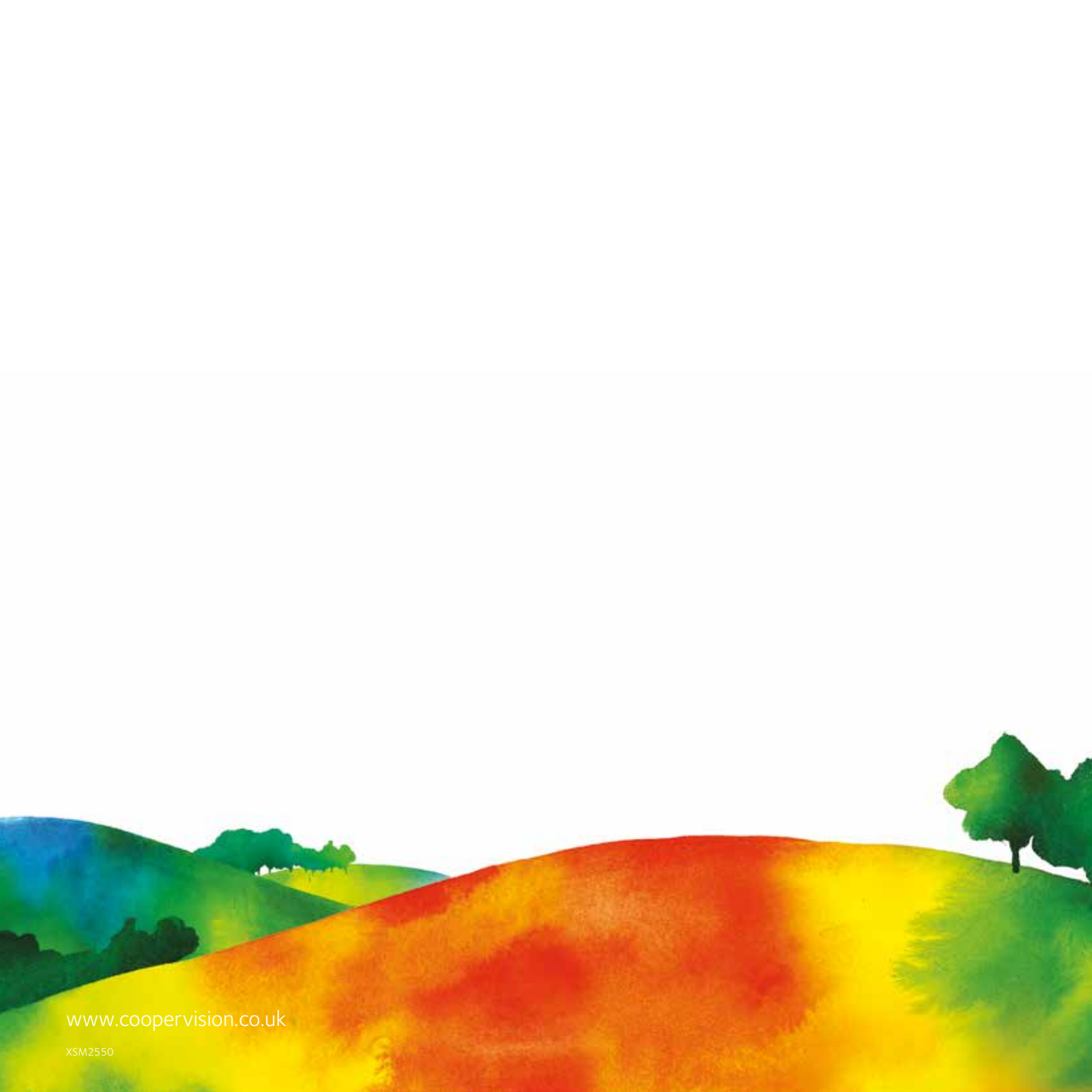
Payment plans – Subscription schemes can have huge benefits for the customer, offering a range of added-value benefits and providing peace of mind by eliminating the possibility of running out of lenses. However, it is important to tread carefully as new wearers who are yet to establish a wearing routine may find the prospect a little overwhelming.

Not 'fine'? – Patients may be afraid that mentioning any little problems will force them back to glasses. Gentle questioning, lots of reassurance and trialling different lenses can nip any problems in the bud.

Night driving – Patients may struggle with driving at night. If their eyes get dry, remind them to close the windows and angle vents away from their face. If their vision 'worsens', it's worth checking that the windscreen and headlights are clean and free of smears!

Wearing for longer – Some patients may need to know about silicone hydrogel contact lenses and that there are lenses available which they can wear for longer.

Offering adaptations – Ensure lens power and prescription are optimal when fitting and that appropriate corrections are made; manufacturers' fitting guides have been designed to help.



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