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Customer focus

In-office versus wholesale labs

The technology stage is set for a shift in where patient lenses will get finished

By Steve Swalgen

As more and more ophthalmologists choose to provide full-service patient care, including eyewear dispensing, the relevant and growing complexities to the choice between an in-office edging lab

approach versus an off-site, wholesale finishing lab solution have become increasingly important.

Breakthroughs in coatings, lens material base, and substrate technology provide patients with greater visual acuity and comfort than ever before. The introduc-

tion, acceptance, and widespread use of new materials—such as Trivex, super-hydrophobic, and anti-reflective coatings—and innovative lens-fabrication processes—such as digital surfacing—evidence this trend.

These enhancements to the lens-processing community have, in turn, led to greater and more finessed technology needs by eye-care professionals (ECPs), who either choose to finish patient-prescription lens jobs on-site or out-source jobs to wholesale labs locally and nationwide.

Risk versus reward

Advancements in technologies—such as the “trace-and-transmit” method—have become much more viable as the costs of new lenses and treatments have increased. Trace-and-transmit is where frame and patient data are sent directly to a wholesale lab, rather than on-site lens edging performed by the dispensing practice. (See Figures 1 and 2 on Page 66.)

Increased lens complexities and treatments have the associated risk of an on-site lens finish job being done incorrectly. When that happens, the dispensing ophthalmologist is left with only out-of-pocket expenses. Lens-edging technologies have evolved to a level of risk mitigation in finishing the newer materials and shapes on-site. It is now more of a \$40,000 to \$60,000 investment for an in-office edging solution, however, versus the more traditional

In Brief

Preventive measure

CIBA Vision voluntarily recalls lotrafilcon B lenses

Duluth, GA—CIBA Vision Corp. has launched a voluntary trade-level recall of select lots of O₂Optix (lotrafilcon B) contact lenses, distributed primarily in the United States, and in other countries excluding Japan.

According to a statement, the company “[took] this action because we have identified that some lenses in these lots did not meet our standards for ion permeability, a material characteristic which contributes to lens movement on the eye. Some lenses with reduced ion permeability may cause persistent discomfort until the lens is removed, which could lead to corneal irritation for some wearers.”

The CIBA Vision U.S. consumer Web site, www.us.cibavision.com, offers users an apology for the current unavailability of O₂Optix product. “This situation is due to a number of different factors including manufacturing capacity issues and a recent limited voluntary, trade-level recall from eye-care professional, distributor, and retailer inventories,” according to the company’s Web site.

No other CIBA Vision lenses are involved with this recall, according to the company, which added that it has acted proactively by notifying eye-care professionals and the appropriate health authorities.

Finding funding

CLAO ERF to award research grants

St. Paul, MN—The Contact Lens Association of Ophthalmologists Education and Research Foundation (CLAO ERF) Board of Trustees will make available scientific research grants to be awarded July 1.

The grants, valued at up to \$10,000 each, are intended to sup-

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standard of \$25,000 to \$30,000. Ballooning costs have led to continued—and increased—interest in the trace-and-transmit method.

A long-standing industry estimate notes that 52% of all optical lens edging is performed at retail locations, whereas 48% is done at wholesale labs. The complexities and potential costs/risks of on-site lens processing have set the stage for a dramatic shift in where patient lenses will get finished over the next 2 to 4 years.

Although most retail dispensers that edge their lenses traditionally have sent 5% to 10% of their specialty finish work to a wholesale lab anyway, that number has grown in recent years to 20% to 30% and more. Much of the rationale behind that increase is individual lens (i.e., technology) cost being paramount in the mind of the dispensary proprietor. Historically, many dispensers have used the trace-and-transmit solution, not as a 100% standard operating procedure, but rather for expedited jobs to alleviate some time and transport cost. After all, less manipulation at any level means faster turnaround time.

Complementary to all this are the technology advancements made available to wholesale labs regarding, arguably, the most important phase of lens processing: finishing. The advancements in standards of data communication applicable to lab-management software primarily are responsible for the accuracy of lens processing. Coupled with wholesale lab-specific robotic automation for finishing and the overall consistency of tracing technology, and the table is now set for any ECP who chooses to refrain from in-office lens finishing in

favor of complete off-site handling responsibility of patient lens choices and correctness. Many of the core technology advancements in wholesale finishing technology are—and will continue to be—available to the in-office dispensing practice, albeit in a stand-alone format versus the more common robotic format adopted by more and more wholesale labs (See Figure 3). The cost of buying into technologically complete in-office finishing is now at a more challenging economic level, however.

Can we help save the forests? Available counter time with patients is one of the most critical factors to dispensing ophthalmology practices. The continuing ability to use the Web and limit packaging, handwritten order forms, and paper at almost all levels is helping drive the growing use of technologies such as patient self-imaging (i.e., mirror) products for frame and style choices. Lineage between this and existing on-site tracing technology will no doubt vault the retail dispensing world to a level of patient cosmetic and visual satisfaction that will be nothing short of revolutionary.

Market consolidation

Another significant factor—and the likely impetus to promoting routine acceptance of trace-and-transmit technologies at the dispensing site as the norm—is the continuing consolidation of the independent wholesale lab market.

Many of the leading lens manufacturers continue to thirst for greater oversight and relative control of how their lenses wind up in a patient's frame, from the initial written prescription (transmission), to lens fabrication (generating, surfacing), and then finishing onto mounting. This desire has led to a considerable amount of high, medium, and even some smaller-vol-



Figure 1 (top) This frame tracer (LT-900, Nidek) can send frame and patient data directly to an off-site wholesale lab.

Figure 2 (right) This frame tracer (LT-1000, Nidek) has a screen that enables frame-shape editing.



Figure 3 Many core technologies are available in a stand-alone format, such as this multifunction edger (ME-1000, Nidek), left, which provides 3D drilling and grooving capabilities, and this tracer/blocker (ICE-9000, Nidek), right.

ume labs being acquired by lens design and manufacturing companies. By vertically integrating many of the processes, select lens manufacturers have the added benefit of optimizing technology investment choices within these purchased labs, therein protecting the value of research and development dollars that went into producing the latest lens technology. Add to that the ability to develop or align special lens programs (that may include the further fostering of remote trace-and-transmit directly from the dispensing practice) and overall efficacy opportunities abound.

Effectively controlling behavior via technology opportunities at the dispensing point will be the most critical challenge and potential cost benefit to lens manufacturers, wholesale labs, and—ultimately—the optical practice.

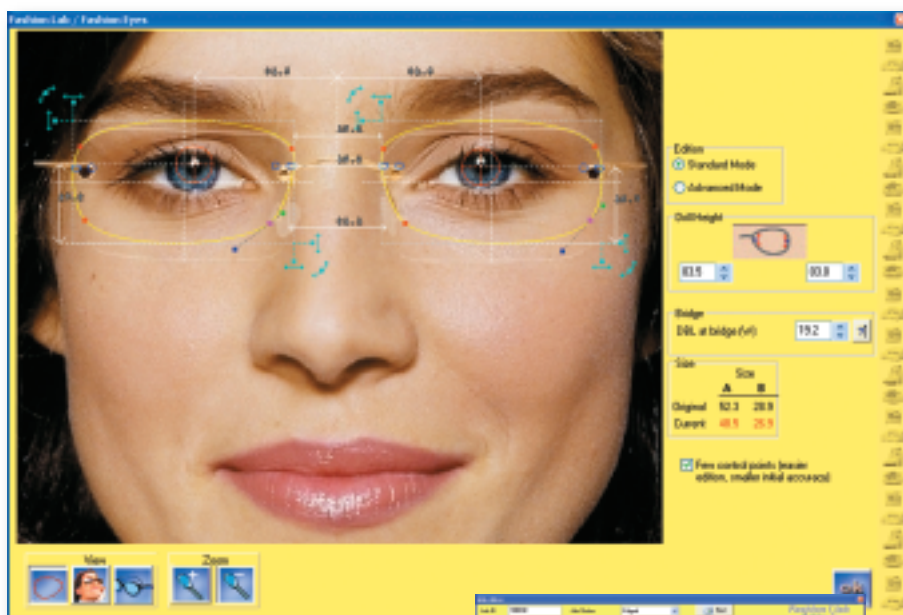
Current lens-finishing technology will continue to offer choices (in-office finishing versus wholesale lab). The merits of which option will best meet the needs of an individual practice, however, will be guided by many internal and external factors such as a local, reliable labor pool; capital investment viability of practice; and demographics of the practice locale. Lens manufacturers have done excellent marketing over the years to make wearing eyewear increasingly accepted and fashionable. This trend also has led to premium-level eyewear becoming the norm rather than the exception.

In the coming 2- to 4-year window, it is entirely likely that lens designers and manufacturers will develop economic modeling customized to the dispensing practice. Such an economic model would, for all intents and purposes, pull through the full utility of on-site, encompassing electronic transfer of complete prescription jobs via the Internet; essentially, mandating a practice's specific use of a hybrid of trace-and-transmit technology and patient self-imaging (counter-based) technology. At the outset, this likely would be tied to special pricing programs for lens, lens treatment, and lens-coating purchases to reach the level of conformity needed to achieve a level of standard practice.

That transformation will be no less a

quantum leap than when the world moved from paper faxes to e-mail. It's that significant and necessary a paradigm shift. Most of all, it's truly exciting!

The ophthalmology dispensing practice always should be mindful of full patient choice in eyewear. When patient focus is coupled with increasing integration within the industry, aided by the technology conduit of less manual manipulation and expedited service, then the overall dynamic of choice should—and likely will—be greatly enhanced. **OT**



Figures 4 and 5 With this software (Fashion Lab, Activisu), customized rimless lens design is possible. Lens shapes are superimposed over a digital image of the patient's face. Both the lens size and shape can be edited while maintaining the drill hole and optical center. Also included is an integrated database which stores shapes, drilling points, and patient data. (Figures courtesy of Santinelli International, distributor.)



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