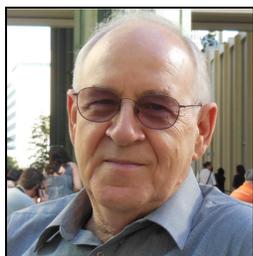


Essentials for Vision Therapy Success Course



Led by Thomas Lecoq,

33 years of working on practice development for vision therapy practices. Former communications director for Optometric Extension Program Foundation, Journalist and editor, film maker and photographer. A lifetime in communications, devoted to the advancement and expansion of Optometric Vision Therapy.

Essentials Content Section by Section

Section 1

Not a clinical course

Startup of VT only and in Primary Care setting

Expanding an existing practice

Stepping out of the managed care trap

Who needs Vision Therapy

The market for vision therapy services (underserved in all regions).

Statistics

The case for starting with uncomplicated cases (85-90%)

Uncomplicated: Visual Skills, Sweet Spot Kids

Pitfall: Doing therapy yourself

Commit to growing BEFORE you start down this path

Developing therapists, resources

Cost of a startup for VT only practice. (Discussion, Q&A)

Starting VT in an existing Primary Care practice

(In many ways, easier and faster)

Location selection for startup or expansion

Your VT facility (Simple to elaborate)

Pitfall: Failure to commit to growing the practice

Commit to a staff run practice – a higher likelihood of success

Payment for Vision Therapy (Discussion of options)

Principle of program pricing (Comparable services)

Calculating what to charge (Formula)

Distinguish Dr. vs therapist time

Discussion of realistic profit margin expectations

Insurance options: Accept plans? Out of network provider? Cash only.

Payment by hour, by month, by unit of therapy, in advance in full

Dropping out of third party plans

Using existing plans as a marketing resource in a primary care setting.

The Number One Demo: The Up-Down Reader (Demo and practice)

Open discussion/Q & A

Section 2

Communicating the VT Message (The Critical Task)

Explanations

Introducing your self so you have an opening to speak about the issue

What NOT to say

The power of observable signs

Talking about their child, student, patient or client

Consequences of NOT being effective are paid by the child

Behaviors of untreated vision problems (illustrated)

What to look for in your audience (or the person with whom you are speaking)

Step 1 of a communication process that works

Probing using the signs hint list (3 responses to visual stress)

Where to start

The transition to Predicting

Explanation: Short and experiential

Experience, Emotions

Invitation to take action

Overcoming the information glut by making it personal

Use of this communication pattern within the practice

The practice flow map

The Double Vision Demonstration

Discussion,. Q & A

Section 3

Organizing the practice (Step-by-step-by-step process)

The system map

Triage (Initial phone call)

Patient Preparation

The System Map overview

The Intake and enrollment segment

Community outreach, marketing segment

The Vision Therapy segment

External marketing Segment

Workshops, tool # 1

Primary Care Track vs VT track

Triage: The crucial first phone call

THE triage question – Which track? VT or Primary Care

Not just VT, also useful for primary care

Step by step through the Triage Conversation

This section is extensive and detailed and runs for more than an hour

Our form

Patient Preparation collecting basic information (Dropped calls)

The Interview segment (Learning more about the patient)

What to expect when you get to the appointment (Checklist)

No Surpises, discussing fees and insurance issues

Step by step through the Triage Conversation (*continued*)

The hint list, how to use it. Don't rely on memory (Discussion)
"This is empathetic communication." W. C. Maples (discussion)
Demo: Visual span, inaccurate saccades and their effect on comprehension
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Discussion, Q & A

Section 4

Structure for success

Patterns Effective vs efficient

What effective means

Efficiency and the conventional wisdom of primary care

Why efficient doesn't work for vision therapy.

Paradox, in VT taking time to be effective results in greater efficiency

High sign up (conversion) rate with effective presentation

Introduction of the map (The pattern found in highly successful VT practices)

The Shake Out and options to keep potential patient in the loop.

The key to the doctor's case presentation in the chair. Link findings to behavior

Discussing the manifestations of certain tests in terms of behavior & performance

(Information from clinical practice guidelines, Ideal Vision Institute test grids)

Stereopsis

Saccades

NPC (or Near Point of Discomfort, NPD) related to attention and avoidance

Use of the Up-Down reader in the chair as aid to parent understanding

Summary of findings and recommendation, preparation for next step

Next steps in the grid: Perceptual testing, parent interview.

Perceptual testing (Refers OD to other resources for tests to use)

Parent Education and Report Interview

Setting it up, what to discuss, sequence, resources

Use of videos, handling questions, success stories

Report interview - Identifying others working with the child

This is an important part of community outreach!

The underground river of referral resources

This is an interview, not a checklist

What happens to the data – The Report process

Parent Consultation and signup segment of the flow chart

VTA conducts this, doctor steps in for 20 minutes

Report sequence is the pattern for the consultation

What the VTA does, step by step

Turning it over to the doctor, what the doctor handles

Presenting the program of care, fee presentation

Agreements, policies, financial agreement

Goals Interview: Leaving parent with a positive expectation

Detailed discussion of process

What outcomes does parent consider most important?

Section 4 (Continued) Structure for success

Parent and Patient Orientation

Parent Orientation – Setting up value of completing VT even if child is doing better

- What to expect during VT.(No surprises)

 - Series of breakthroughs and plateaus

 - Elimination of signs and symptoms is NOT the end of therapy

 - Reaching grade level is NOT the time to quit therapy

- Report changes and breakthroughs

- Notify they will be asked to write or record a success story

Patient/Child orientation

- Rules of therapy

- We'll try to make it fun

- Keep trying and you'll be able to do this well.

- What specifically does the CHILD want to be better at.

Advanced workshop –

- Details of why therapy works, neuro basis of VT

- Teach parents how to refer others

- Invite to help get the word out about VT in their communities and circles

The Changes Checklist and success story assignment

The Therapy process, Discussion of different options

- Progress evaluations

- Home therapy (Yes or No?), how to make it effective

Example of IVI Activity sheet,

- Detailed guidelines for therapist for each activity.

- Resource(s) for training therapists

Laying out a VT space

- Sample “ideal” floor plan (Square, Based on Rob Fox office)

- What needs to be there

- Lease for growth 2-3 years out. Moving is disruptive and expensive!

Furnishing and equipping the VT space a sample layout

DEMO: Near Point of Discomfort

- Giving the experience of how it feels to have nearpoint problems

Overview of practice flow chart – quick review

Discussion, Q & A

Section 5

Marketing Vision Therapy – Community outreach, external and internal marketing

- Community outreach on the practice flow map

Workshops – Foundation of all marketing

In office workshops – a major resource for patient enrollment

- Alternative path for doubtful parents or those with issues to resolve first

 - Keeping prospective parents and patients in the loop

- What to say...Far is easy, near is difficult. Near work permeates our lives

- What observable signs look like

- The three responses to visual stress – Hint list

Section 5 (continued) Marketing Vision Therapy

The RTEC empathetic communication process

Talks in the community – How they differ

Setting up Community Talks

Finding groups – resources

Successfully asking for the opportunity to talk

System for VTA to manage opportunities and booked talks

Talks and inservices for Educators, professionals and other potential referral sources

How professional talks differ

Change the context but use the RTEC process

Teacher inservices

Media – get the word out

What to say during an interview

Website: Hints and tips for content

Lots of pages, tons of information, Avoid calling it vision therapy

Email Newsletter

Content, imagery – resources

Links back to your website

Social Media – Focus on groups that make a difference

Facebook, video, images, share posts by others

Success stories that are NOT promotional

Searching for local groups as talk prospects

Vision Therapy Parents Unite

Demos:

Pursuits

Mixed letters – Why good readers don't use phonics

Discussion Q & A

Section 6

The Staff Run Practice Personnel & growth; education & training; financing; resources

Pitfall, doctor is the center of the practice

Doctor time is the most precious resource

Using doctor time for what matters most.

The formula for a great VT practice

The Key Roles

The Vision Therapy Administrator (VTA)

VTA actions in the System Map

The VTA role defined, plus responsibilities

Performs many non clinical functions in place of doctor

The Chief Therapist (CT)

The CT role defined – what this person does

CT actions in the System Map

Developing a great CT (Linda Sanet, Lyna Dyson)

Test grid – example of training/education “device”

Section 6 (*Continued*) The Staff Run Practice

The Key Roles (*Continued*)

The Patient Care Coordinator (PCC)

Position defined, when you should hire a PCC

What the PCC does

Triage

Master of the calendar

Helps with VTA marketing effort when possible

Therapists – Full and Part Time

Training and education

Qualification

Retention

Marketing Coordinator

Usually a part time position.

Supports marketing effort, handling details as VTA gets too busy

Available hiring and roles guides online

Education Vs Training – 3 circles: What, How, Why vs Why, How, What

Leadership by inspiration - Discussion of mission

Resources for starting up or expanding

Education and training for doctor

Equipment and supplies

Education and training for therapists

Contact us for information and digital files.