

# Web-generated lead analysis via mystery shopping in laser vision correction practices

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## Abstract

The Refractive Surgery Council has tracked refractive procedure volume in the United States since 2015 and recently reported a 12.1% year-over-year decline in procedures.<sup>1</sup> While some might believe the current economic downturn coupled with the positioning of LVC as an elective procedure are primarily responsible for this decline, our research suggests there may have been other contributing factors.

This white paper reports findings from a comprehensive mystery shopping research study aimed at determining if the economic slump is solely responsible for the decline in LVC procedures by assessing the strategies employed by LVC clinics to manage their digital leads. This study found that many providers are not adhering to best practice guidelines for lead conversion, potentially missing opportunities to capture a significant number of prospective patients. These insights underscore the importance of refining lead conversion strategies to optimize patient acquisition in the LVC sector.

## Introduction

### Background

The healthcare sector faced unprecedented challenges during the peak of the COVID-19 pandemic. An estimated 28.4 million surgeries were postponed or canceled within a 12-week period owing to heightened strain on medical facilities and resources.<sup>2</sup> The ramifications of these delays extended over several years, with countless additional surgeries delayed as the pandemic persisted. While these postponements were necessary to prioritize the care of critically ill patients affected by the virus, they impacted the overall health and well-being of numerous patients and medical practitioners.<sup>3</sup>

After the pandemic, surgical procedures broadly experienced a revival, closely mirroring 2019 figures.<sup>4</sup> In the LVC sector, however, a discrepancy was observed. Following a robust 32.3% surge in LVC procedures in 2021, an unexpected downturn of 13.2% occurred in 2022 despite the overall upward trend post-pandemic. In 2023, the LVC sector experienced a reported 12.1% decline in volume as compared to 2022.<sup>1</sup> These fluctuations in LVC surgical volume, particularly compared to the broader surgical landscape, prompted Carl Zeiss Meditec USA, Inc. (ZEISS) to initiate a study to identify the potential source of these inconsistencies.

For practices to remain profitable, they must continuously cultivate a steady base of new and existing patients, and developing leads is critical to reach and engage potential new patients. Because only a fraction of prospective patients who contact a practice become active, an ongoing lead-generation plan is necessary to provide a steady influx of potential patients and a meaningful first step in patient relations. The results of this study offer guidance to ophthalmic practices that want to sustain or grow their businesses.

### Objective

This study was designed to assess the strategies employed by LVC clinics to manage digital leads generated from the clinic website, in particular the LVC web page, including the urgency of response times and the various contact methods employed. These factors were evaluated within the context of established best practices to maximize lead conversion and boost procedure volume and revenue.

## Methodology

### Approach

This study employed a mystery-shopper technique defined as a covert lead-generation activity in which a person presenting as an ideal LVC candidate contacted a clinic through its website without sharing prior knowledge of the activity or the study sponsor's identity with clinic personnel. The mystery shoppers proactively engaged with U.S.-based LVC clinics ranging in size, ownership type, and geography. They documented lead response times and the communication methods employed to determine if clinics were following best practices for lead generation as outlined by Oldroyd and Elkington in the *Harvard Business Review*.<sup>5</sup>

### Participants

The mystery shoppers contacted 101 U.S.-based LVC clinics with a broad range of ownership structures, including 59 single-surgeon, 21 multi-surgeon, 12 private equity, and nine institutional. Three attempts using different patient profiles were made to engage with each clinic. In addition, four corporate chains – LASIK Plus, LASIK MD, LVI, and TLC – were approached for comparative analysis.

### Time Frame

This study was conducted from May 2023 to September 2023. Engagements were initiated Monday through Thursday, avoiding Fridays and days preceding holidays to ensure responses were not affected by potential non-work days. Sensitivity to time zones helped avoid end-of-workday delays.

### Contact Strategy

- **Attempts:** Every clinic experienced three contact attempts.
- **Executors:** Four practice development managers and three refractive account managers employed by ZEISS executed all contact.

### Execution Steps

1. Shoppers navigated to the LVC page on the clinic website without prior inquiries to the clinic about the activity. The shoppers established contact through the most suitable method available on the site:
  - Self-evaluation test
  - "Contact Us" form or direct email
  - Appointment scheduling utility
2. When multiple contact methods were presented on a website, the easiest or most obvious method was selected by the mystery shopper.
3. Return communication, when feasible, was welcomed to evaluate clinic efficiency.

### Mystery Shopper Profile

Mystery shoppers used a standardized candidate profile to maintain consistency and simulate an optimal lead. This profile represented an ideal LVC patient, improving the likelihood that the clinic would actively pursue the lead. Profile attributes included:

- **Age:** 25 to 35 years
- **Previous surgeries:** none (eye surgery naïve)
- **Ocular health:** no known pathologies
- **Reading glasses:** no dependence
- If prompted, shoppers provided a prescription within the desirable range for an LVC procedure.

Shoppers also furnished real phone numbers and email addresses to ensure genuine follow-up and accurate tracking.

### Assumptions

- **Response time:** Any non-personal reply received within 10 minutes (via email or text) was considered an auto-generated response. Both auto-responses and subsequent follow-up calls by the clinic were noted.
- **Lead conversion rate:** A 30% conversion rate was assumed for assessing the value of a digital lead. Various methods of contact were assumed to have differing conversion potentials.

## Limitations

- Military sites were excluded from the study.
- Sites were deemed non-functional and were abandoned when mystery shoppers encountered dysfunctional online forms or if a clinic or institution did not have an online system for digital lead intake.

## Post-contact Survey

At the conclusion of the study, a survey was dispatched to all participating LVC clinics to gather insights on their perceived lead engagement, responsiveness, and post-working hours lead management. Recipients included surgeons, administrative professionals, and marketing directors.

## Results – Mystery Shop Study

### Overview

This study yielded some notable findings:

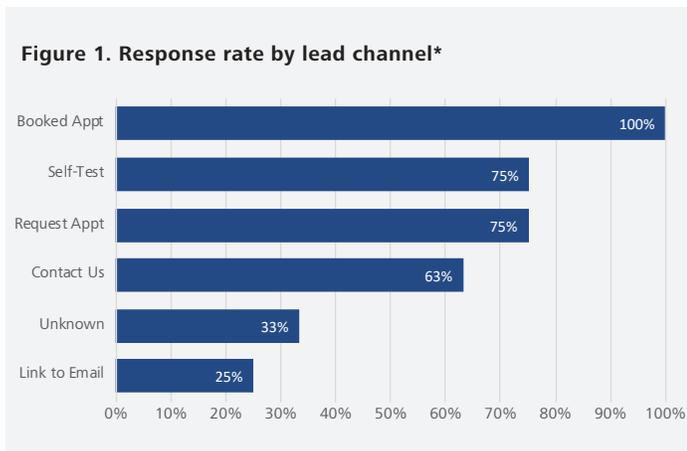
- **Lead generation:** Of the 315 attempts to contact practices, 18 were incomplete because of glitchy forms, broken links, or lack of a contact mechanism.
- **Response type:** 59% of all leads received a personalized response, distinct from an automated reply.
- **Response medium:** 40.1% of all lead responses were via phone.

These findings shed light on the predominant methods and the extent of personal engagement involved in responding to leads for LVC procedures.

### Response by Channel\*

- **Online appointment booking:** This online tool enables a prospective patient to make an appointment directly from the website. This channel achieved a 100% conversion rate; however, only 1.34% (4 of 297) of the leads generated were via online booking. The median time taken to respond to these leads was 2.03 hours. The "request appointment" utility enables patients to send their preferred appointment time so that the practice can respond with availability information.
- **"Contact Us" option:** This channel had a response rate of 63%, which is markedly below the average response rate. The "Contact Us" option provided an intermediate conversion rate.
- **Self-test form:** This channel, which had a reasonable response rate, is assumed to provide the lowest conversion rate, notably when sourced from a link on social media. Conversely, this channel had the best median response time in the study at less than an hour (0.82 hours).

Overall, none of the channels achieved a median response time less than 30 minutes, suggesting potential areas for improvement in response efficiency.



\*Excluding automated responses

**Table 1. Response rates and times by lead channel\***

Lead channel	Leads	Response rate (%)	Median response time (hours) <sup>†</sup>	Average response time (hours)
Self-Test	101	75%	0.82	18.50
Contact Us	95	63%	2.13	21.34
Request Appt	40	75%	0.96	8.89
Unknown	9	33%	0.53	6.52
Booked Appt	4	100%	2.03	41.52
Link to Email	4	25%	165.25	165.25
TOTAL	253	69%	1.48	18.98

\*Excluding automated responses

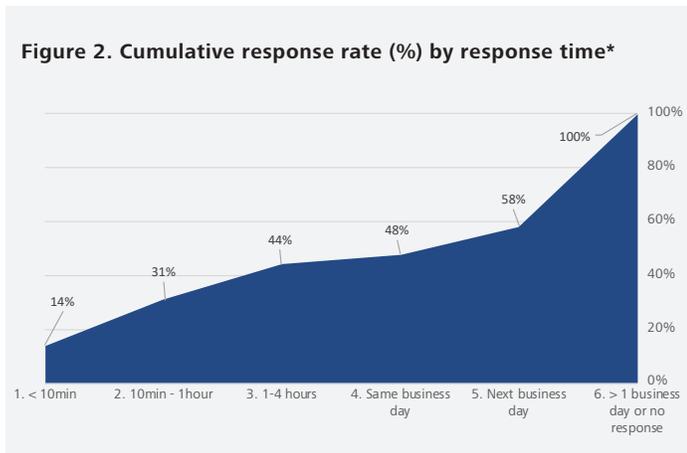
<sup>†</sup>Hours is synonymous with business hours

## Response Times

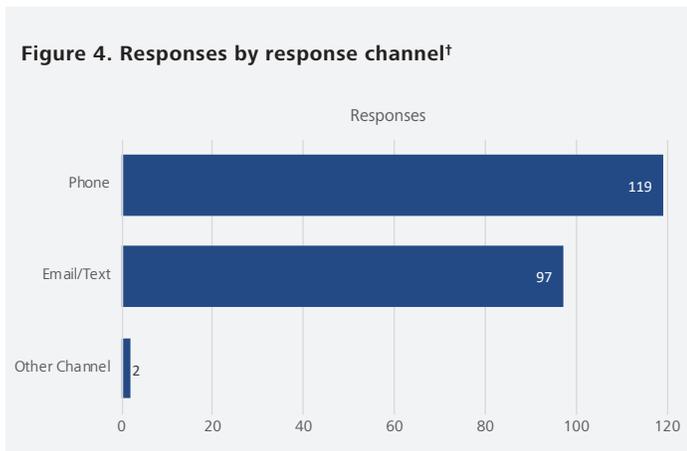
A scant 14% of leads received a response within the critical 10-minute window, considered the best-practice benchmark for optimal conversion. This result highlights a substantial gap in the timely engagement of leads.

## Methods of Response

- **Phone:** Despite being the highest-scoring response method, contact by phone accounted for approximately 40% of all leads. The data further indicate that response times via phone typically exceeded an hour, indicating potential delays in lead engagement.
- **Email or text:** Written response via email or text was the second most preferred method, accounting for approximately 33% of all leads.



\*Excluding automated responses



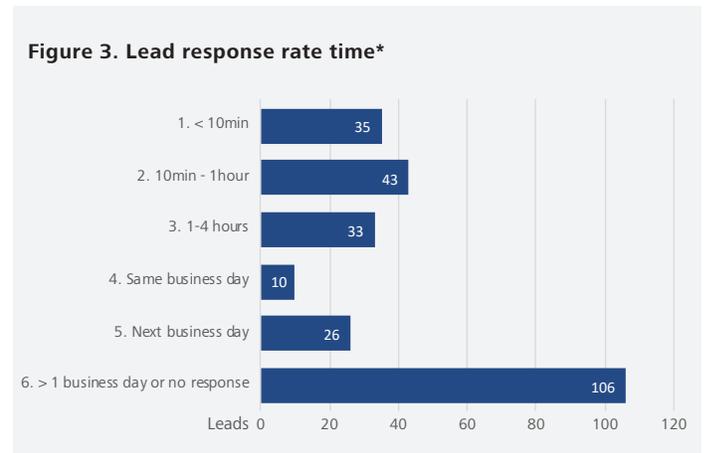
†Including automated responses

## Results by Practice Type

Analysis of the results by practice type revealed the following:

- **Single private and multi-partner practices** were most responsive to leads. Their proactive approach suggests a more hands-on or personalized method of patient engagement.
- **Institutional practices**, although typically not engaged in lead generation, achieved the shortest median time to respond, suggesting a systematic and streamlined approach to handling digital leads.

The diverse strategies and operational efficiencies among varying practice types suggest there is much to learn and potentially implement across the board to optimize lead engagement.



\*Excluding automated responses

**Table 2. Response rates and times by practice type<sup>§</sup>**

Practice type	Leads	Response rate (%)	Median response time (hours)	Average response time (hours)
Single Private	181	75%	1.64	15.98
Multi Partners	67	78%	1.14	11.30
PE	36	61%	1.87	47.90
Corporate <sup>†</sup>	20	70%	21.60	15.61
Institution	13	62%	0.22	25.88
TOTAL	317	73%	1.48	18.85

<sup>§</sup>Lead totals include automated responses excluded from response time metrics.

<sup>†</sup>Corporate practice types are excluded from other analyses but included here.

## Post-Study Lead Response Survey

### Survey Description

In the post-study survey, practices shared how their team responds to leads generated online, i.e., who owns responsibility for responding, how quickly they think they should respond to a lead, and how quickly they believe their practice responds to leads.<sup>6</sup> These survey results were then compared to the Mystery Shop study data.

### How Practices Respond to Leads

Most survey respondents indicated that their practice initially responds to leads via phone call versus email or text message.<sup>6</sup>

### Responsibility to Respond

More than 48% of survey respondents indicated that a refractive counselor is or should be responsible for responding to leads. Only 7.7% reported their marketing team was responsible for responding to leads.<sup>6</sup>

### Timeliness of Response to a Lead

When asked how quickly their practice responds to leads, most survey respondents (38.5%) selected between 10 minutes and one hour, while 11.5% believe their practice responds within 10 minutes, and 1.9% felt that no response was required.<sup>6</sup>

A most telling finding from this survey is the perception among healthcare professionals regarding how quickly they should respond to leads. Approximately 33% believe a response in less than 10 minutes is appropriate, whereas most others believe a response time of 10 to 60 minutes is acceptable.<sup>6</sup>

## Discussion

### Best Practices

A 2011 study by James Oldroyd, Ph.D., and David Elkington, CEO of InsideSales.com, as detailed in the *Harvard Business Review*, distilled best practices for lead response management from an analysis of three years of data from companies that respond to web-generated leads, encompassing more than 15,000 leads and 100,000 call attempts.<sup>5</sup> Adhering to these guidelines has shown potential not only to improve conversion rates but also to increase surgeries and bolster profitability for establishments such as medical clinics.

The guidelines include the following three best practices:

- **Response time:** The adage “Time is of the essence” holds true for lead management. Addressing a lead within five minutes of the initial contact is optimal. Wait just 10 minutes and the likelihood of qualifying the lead plummets by 400%.<sup>5</sup>
- **Prime hours:** Timing during the day is also important. Engaging with leads between 4:00 p.m. and 5:00 p.m. is most fruitful, with a 164% higher qualification rate than the 1:00 p.m. to 2:00 p.m. window.<sup>5</sup>
- **Persistence pays:** Consistent follow-up, e.g., a minimum of six approaches per lead, can transform lead engagement and increase contact by as much as 70%.<sup>5</sup>

As digital platforms become increasingly integral to medical clinics, particularly in specialized fields such as LVC, the website serves as a first impression and a critical touchpoint for potential patients.

### Adherence to Timeliness Best Practices

According to response time research by Lead Connect, 78% of consumers ready to purchase will buy from the first business to respond to their inquiry.<sup>7</sup> When applying this behavioral data to potential refractive surgery patients, the timeliness of converting leads generated by LVC clinic websites becomes even more critical.

Do the clinics evaluated in the Mystery Shop activity align with the best practices for timely response outlined in the *Harvard Business Review*? The majority do not. The crucial findings by Oldroyd and Elkington underscore the significance of immediacy in lead conversion. Specifically, a window of 10 minutes post-lead generation emerges as the most strategic time frame to qualify and eventually convert a lead into a tangible business outcome such as surgery.

Our analysis found that only 14% of leads received a response within this optimal window, excluding automated replies, while another 31% occurred within the next best window (10 minutes to one hour). If the probability of lead qualification drops by 400% when responses occur outside the 10-minute window, then 86% of the leads in the Mystery Shop study likely became cold because of delayed engagement.

Most concerning is the largest group of respondents – those who took more than one business day to reply or did not respond. With 106 leads (36%) in this bracket, the probability of unrealized revenue is high. At an estimated cost of \$4,400 for a bilateral LVC procedure, more than \$466,000 in potential procedure revenue could be at risk.<sup>8</sup>

### Survey of Response Times

When reviewing responses to the post-activity survey, one result stands out: the healthcare providers' perceptions of how quickly they should respond to leads. While best practices suggest that responding to a lead within 10 minutes or less is optimal, only 33% of survey respondents believe 10 minutes or less is appropriate. Nearly all respondents believe a same-day response is sufficient. This is in contrast to the findings of the Mystery Shop study, which showed that most responses came after one business day or not at all.

### Missed Opportunities

In a similar study of more than 50 ophthalmology practices throughout the United States, OptiCall reported that 71% of leads became missed opportunities because of slow response time, no call, no email, no consistency, and just one contact.<sup>9</sup> The study also found that 21% of all leads studied had no response by any method, and approximately 76% of incoming call leads were considered lost. The study further reported that answered calls were either too frequently insufficient, did not engage the lead, did not include an offer to schedule an appointment, were not followed up, or did not correctly capture the lead. Importantly, 14% of lead calls went directly to voicemail versus a live person.

### Notable Observations

The Mystery Shop study uncovered several concerning patterns, including:

- **Inaccessibility:** 18 or 17.8% of the 101 clinics approached offered no discernible means of communication through their website.
- **Lack of urgency:** With an overall lead response rate of 73%, allowing up to three days to respond per inquiry, for the remaining 27% of instances, or 79 out of 297 leads, no engagement occurred within the three-day window.
- **Underutilization:** Despite having a response rate of 100%, online appointment bookings account for only 1.34%, or four of the 297 leads generated during the Mystery Shop study. Furthermore, less than half (~46%) of clinics offer this functionality. Why is it not more widely used? Is the appointment tool conspicuous? Is it user-friendly?

These patterns suggest potentially straightforward corrective measures that clinics could adopt to enhance their lead conversion, which might vary depending on the required investment.

## Recommendations for Practice Enhancement

- **Leverage updated office tools:** Modern technology, such as lead-response software can be a game-changer, seamlessly and instantaneously connecting your team with a prospect within minutes.
- **Consider outsourcing strategically:** As suggested by Martha Craumer in the *Harvard Business Review*, judicious outsourcing can empower businesses to prioritize core operations.<sup>10</sup> The key is to partner with a provider adept at swift and effective lead management.
- **Adopt a structured response mechanism:** A straightforward in-house strategy might suffice. Designating regular intervals for a staff member to check and engage with leads could be effective, depending on the volume.
- **Enhance the website interface:** Integrating an online appointment tool can prove invaluable. Given that only 46% of the Mystery Shop study sites offer this feature, there is vast untapped potential.
- **Consider deploying a robust customer relationship management email program,** then track and follow up on the leads.
- **Consider the timeliness of your responses to leads:** Which is better, responding quickly or at the right time of day? While both appear effective, research has shown that practices generate >50% of their leads after hours.<sup>11</sup> Consider implementing a process that allows for some after-hours lead outreach.
- **Other suggestions:**
  - Educate yourself and your staff about the importance of responding to and engaging with leads for your practice.
  - Review your strategic plan to ensure you are targeting the correct prospective patients. Tailor your lead generation to your specific needs and the buying stage of the prospective patient.
  - Do periodic checks of your lead generation options to confirm all are in working order.
  - Replace lower-performing lead generation tactics.
  - Freshen your website at regular intervals.

## Concluding Insights

The Mystery Shop study's principal revelation is clear: by not harnessing the potential of timely lead engagement, LVC clinics may be losing significant revenue opportunities. Consider this: if a single LVC procedure garners \$4,400 and five leads per day for 247 working days (261 working days minus 14 holidays) are not converted, the potential revenue loss could be staggering. If we assume each lead could have resulted in a surgical procedure, a clinic may have forfeited an estimated \$5.4 million annually, and this figure represents a fraction of the leads not optimally pursued.

In addition, this study adds to the mounting evidence supporting the need for an effective lead generation strategy that continually feeds your patient pipeline with cold prospects (those not yet ready to schedule a procedure but who will warm up over time) and with patients actively pursuing surgical intervention. This ongoing pipeline helps sustain growth and insulate practices against temporary fluctuations owing to economic and seasonal influences.

## Future Directions

The fundamental lesson is the profound revenue repercussions of neglecting timely lead engagement. Enhancing response timeliness can not only bolster revenue but also ensure patients receive optimal care.

## Conclusion

The rapidly evolving healthcare landscape, paired with the consistent growth of digital platforms, has made patient engagement via online channels an indispensable aspect of modern medical practices. Findings from the Mystery Shop study, which examined how LVC clinics address digital leads, paint a concerning picture. The evidence suggests that while many clinics have embraced the digital paradigm, there remains a significant gap between generating leads and effective conversion.

The critical 10-minute window is a testament to the urgency of immediate response. Yet, 86% of clinics are not capitalizing on this window, resulting in lost opportunities. Beyond timeliness, issues such as non-functional communication tools on clinic websites and a concerning rate of untouched leads emphasize the gravity of the situation.

This analysis is not just a reflection of the challenges; it also shines a light on the myriad of opportunities awaiting clinics. Through the integration of cutting-edge technology, enhanced training, strategic outsourcing, and optimized website utilities, LVC clinics have the tools to redefine their online engagement strategies. An online appointment tool, for instance, emerges as a promising avenue, given its tangible benefits and current underutilization.

Moreover, the potential revenue loss calculated from this study should serve as a wake-up call for the medical community. Beyond the financial implications, however, is a deeper, more patient-centric narrative. Every missed lead represents a potential patient seeking quality care, and promptly addressing their needs is both a professional responsibility and a trust-building measure.

In conclusion, as we navigate farther into the digital age, LVC clinics and, indeed, the broader medical community must reflect, adapt, and optimize their online engagement strategies. Not only will this secure their financial futures, but it will also reaffirm their commitment to providing the highest standard of patient care in a world where timely communication is paramount.

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## Acknowledgments

### Contributors

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