



Bridging the Gap

...Remake Reduction

Remake Reduction

- Get an idea of how you compare to other practices.
- How remakes are affecting the rest of your practice.
- What remakes indicate about your practice.
- How your sales method affects your remakes.
- Common remake reasons and types.
- Focused areas of training in order to reduce future remakes.

📄 Remakes - Expectations and Impact

■ Directly hits your profit. Every % in remake is a potential % of profit through added cost of remakes, higher refunds, lowered future sales from dissatisfaction, impact on reputation, impact on morale.

■ Higher remake % usually indicative of other issues in practice: a need for retrain, a need for procedure, a lack of tracking. Good offices rarely have bad remake %, bad offices rarely have good remake %.

■ Will never eliminate completely without compromising patient care. If you're at 0, you're not paying attention.

☐ Remakes - How Do I Compare?

- Impossible to evaluate without tracking. Track both individually and in total.
- Two Basic Types: Account Remakes and Lab Remakes
- Lab remakes – caused by the lab/production. Low single digit percentage.
- Account Remakes – caused by your practice or patient: Rx Change, Entry Error, Nonadapt, Edger Error. Group trends roughly 8%.

▣ Remake- How Do I Compare, ctd

- Three basic tiers of accounts. % for combined lab and Account remake.
- Single Digit: Hovers at 5%, all under 10%. Slightly > 50% of practices. Doing most things right the closer you get to 5%.
- Double Digit: 10-15%. Roughly 30% of practices. Needs work, typically 1-2 problem areas.
- High Double Digit: Exceeding 15% - This is the bottom performing 15-20% of practices. Usually two or more glaring issues, usually seeing an impact elsewhere in the business, affects profit very noticeably.

▣ Remake Reduction – Tracking

- Track overall, and by individual (including ODs if >1)
- Track in house and/or utilize tools from vendors.
- The more specific the better: progressive vs. single vision, etc.
- Weekly numbers are often highly variable, month to month numbers are better but can still wiggle. Volume must be considered per lab source, may need longer data to conclude. $N=100 > N=5$

🏠 Remakes - Standards and Incentives

- Hold to a minimum standard personally and as a practice.
- Constantly move that minimum standard once achieved consistently.
- Contests and incentives can work – hitting or exceeding standard, % increases vs. past performance.
- Any commissions should be affected by remakes, particularly returns and cancels and any case where the remake affects profit considerably.
- Best determined with monthly or semi-monthly numbers

📐 Remake – Inspection, Brief Overview

- You MUST inspect ALL WORK upon arrival BEFORE contacting patients.
- Never trust yourself, never trust the lab.
- Be sure you know progressive drops and PRPs, esp. lifestyle lenses.
- Check for accurate markings. Never trust auto lensometer to know
- Have your ANSI summary handy
- Checklist: obvious scratches or defects/surface check, features and material check, decentration check for PD/seg/Prism, RX check, frame adjustment check.

📄 Remakes – Ordering/Entry Error

- Double check work before submission. Read it backwards and forwards again, read your original invoice again.
- Make sure features are not being missed during sale
- Understand differences in coatings and lenses before ordering
- Establish a cutoff time for ordering or submission to prevent last minute rush remakes
- Chain of custody errors can happen here

▣ Remake Reduction – Edger Error

- Make sure you are using accurate boxing data. Never trust the manufacturer stamp, ever. PD stick or trace every time.
- Triple check bevel type when ordering: thickness is an issue.
- Mental checklist: lens type, material type, bevel type, AR type.
- Make sure to use the right pads. Common error of basic hydro pads on ultra hydro/oleo lenses. Common to see one pad work on one machine and not another.

☐ Remakes - RX Change/Nonadapt

- RX Change – Track by staff and OD
- Material nonadapts exceedingly rare, few a year most places.
- Progressive nondapts most frequently caused by measurement, expectation, habitual pair comparison.
- Solving true source of the issue = happier & higher retention. Might have same problem elsewhere anyway.
- A large % of not caused by rx or nonadapt. High % here may indicate needed retrain on fitting and/or sales

🏠 Remake Reduction – Sales Method


- Prescriptive Vs Consultative
- Go over policies re arrival time, returns etc. to prevent false complaints and over critical eyes at dispense.
- Be honest about capability. Disappoint at sale, not at dispense.
 - ▷ Effect: Buyer's Remorse creating false reports of visual/quality problems
 - ▷ Effect: Entry error remakes due to options or features left out
 - ▷ Effect: Habitual pair incompatibility – ordered wrong lens

Remake Reduction - Fit

Common issues:

- ▷ Fitting Height/PD
- ▷ Pre-adjustment of frames
- ▷ Lack of expectations set

 Get everyone up to snuff technically re physical adjustment and fit, retrain where there is drift

 Script out or internalize common nonadapt reasons, particularly with progressives, coach patients before closing sale on adaptation times, limitations on peripheral reading etc.

📄 Remake Reduction – Chain of Custody

- Having salesperson do the ordering is best. Offices where someone is dedicated to ordering routinely have higher remake % because they are not “close to the order.”
- Goes for edging as well if you do so. Training staff to edge own sales can result in more realistic promise times and more accurate ordering of uncuts
- Easier to track remake submission errors to specific staff who may need focus/retraining.

▣ Remake Reduction – Scratch & Mechanical

- Scratches: Biggest problem at dispense
- Look lenses over upon arrival, before edging or inspection for obvious issues: make sure you know who to blame.
- What are you cleaning with? Don't clean dry, check lens stops.
- Keep a note of and possibly track by vendor/AR type.
- Calibrate your machine on a schedule. Sight in manual before inspection.

🏠 Remake Reduction – Dispensing

- Hardest to solve, requires most knowledge. Most think this is where remakes happen, but usually caused earlier. Refer back to sales and fit.
- Progressive troubleshooting – most common issue. Corridor length & fitting height - most common reason. Habitual pairs & patient expectations are huge.
- Be comfortable being wrong/stay humble. Rare for actual bad rx/material/progressive. Usually human: Fit issues, honest mistakes, patient realities.
- Be realistic with self and patient re buyer's remorse. Directly address: avoid delaying/extending the upset & possible further damage to profit or relationship.

☐ Remakes – Troubleshooting Note

■ Check similarities: make everything identical between old and new as much as possible. Note where differences remain. Specifics:

- ▷ Tilt, wrap/faceform, vertex check.
- ▷ Corridor Comparisons & Design Differences
- ▷ Material Comparisons
- ▷ Inspection failures and ordering failures: check PD/Seg/Prism/Decentration

■ Ask same thing several ways, get as specific a description as possible.

■ Consider scheduling a troubleshooting followup. Consult with lab or other professionals if you are not speaking from a position of strength. It's not always about knowing the answer, but finding it.

🏠 Remake Reduction – Generally

- Consistency: In sales process, in inspection, in tracking, in ordering.
- Tracking is vital. Could be one staff member who needs a refocus or retrain, might be an office reset re expectations, self included.
- Most issues can be fixed BEFORE dispense.

Bridging the Gap, Further Questions

■ Questions? support@trypivotal.com