



EXECUTIVE INSIGHTS

Bringing US Optometry Into Focus

Introduction

The U.S. optometry market is entering a phase of **structural growth**, with **value-driven expansion** becoming increasingly important alongside continued volume growth. While underlying demand for vision correction remains resilient, the sources of growth are shifting toward **premiumization, digital enablement, medicalization and workflow efficiency**. At the same time, fragmentation at the practice level is colliding with rising operational complexity, creating strong demand for scaled, trusted partners across supply, fulfillment, reimbursement and care delivery workflows.

Key trends

U.S. vision-care demand remains resilient, with growth increasingly driven by mix shift alongside volume

Underlying demand for vision care in the U.S. remains strong, supported by durable demographic and lifestyle trends. Rising myopia prevalence, increasing screen exposure and a growing population over age 45 continue to drive steady utilization of eye exams and corrective products. However, market growth is no longer driven primarily by rising exam volumes alone. Volume growth remains supported by demographic and behavioral tailwinds, but an increasing share of growth is coming from **shifts in modality and pricing mix**, as patients migrate toward higher-value products such as daily disposable contact lenses and premium ophthalmic lenses with specialty coatings and materials. As a result, the U.S. market for refractive eye care and optical products is expected to continue expanding in value terms over the coming years, broadly in line with recent historical performance, with unit growth continuing at a consistent pace.

The focus of growth is shifting from exam volume to the delivery of more sophisticated and clinically tailored solutions. Practices that can incorporate evolving products and care pathways into routine care are better positioned to participate in this shift. One example is the growing attention to **myopia management**, especially among pediatric and adolescent patients. Rather than simply correcting vision, some practices are beginning to offer structured myopia management programs designed to slow progression over time through specialized lenses, pharmaceuticals and ongoing monitoring. Adoption remains early stage across much of the U.S., especially relative to certain international markets. Because these programs are intended to moderate progression rather than eliminate the need for correction altogether, their impact is more likely to reshape the timing and intensity of care rather than to materially reduce long-term demand.

The U.S. optometry ecosystem remains fragmented at the point of care but more consolidated upstream

There is ongoing expansion by private equity-backed groups and national retail optical chains, both of which are expected to continue playing a durable role in access and scale. But, optometry in the U.S. remains fundamentally fragmented at the point of care. **More than 70% of U.S. optometrists practice in independent or small-group settings**, retaining significant autonomy over clinical and operational decisions.

This fragmentation contrasts sharply with increasing scale upstream across contact lens distribution, ophthalmic lab services and digital enablement platforms. Independent practices face accelerating operational complexity, including managing multiple manufacturers and labs, navigating managed vision care reimbursement and coping with persistent staffing shortages — all while meeting patient expectations for faster turnaround and home delivery. In response, eye-care providers (ECPs) are relying more on partners that can centralize and simplify these functions without constraining clinical choice or clinical autonomy.

Market behavior reflects this reliance. Relationships between U.S. ECPs and their primary distributors or lab partners are typically long-term, with **most ECPs reporting relationships lasting four years or more**. Switching remains relatively rare and is usually triggered by breakdowns in reliability, availability or economics rather than incremental price differences. Hence, influence in the ecosystem is accruing to platforms that are embedded in daily workflows and operational decision-making rather than those competing on transactional terms.

Direct-to-patient fulfillment is growing but reinforcing, not replacing, U.S. optometrists

Patient expectations in the U.S. have shifted decisively toward convenience. Home delivery, online reordering and automated reminders are becoming table stakes across contact lenses and, increasingly, prescription eyewear. **Direct-to-patient fulfillment now accounts for approximately 50% of U.S. contact lens sales**, with continued share gains expected over time.

Importantly, this shift has not resulted in widespread disintermediation of optometrists. U.S. patients place significantly greater trust in their eye-care provider than they do in manufacturers or online retailers when selecting contact lens brands. Pure-play online retailers, although meaningful, have seen their market share largely stabilize since the pandemic rather than continuing to expand aggressively.

Instead, momentum is becoming more concentrated in **provider-enabled omnichannel models**, where digital platforms manage ordering and fulfillment while the provider remains the clinical and relational anchor. On the contact lens side, the ECP-enabled direct-to-patient channel is larger than pure online retail and continues to outpace it in growth. A similar dynamic is emerging in eyewear: Patients value the ability to combine in-office fitting and clinical guidance with digital reordering and fulfillment. These models allow practices to retain patient relationships and still meet rising expectations for convenience, reinforcing the optometrist's central role in the U.S. vision-care system.

The shift toward provider-enabled omnichannel models is also supported by incremental advances in digital tools that reduce friction in product selection and replenishment, including improved virtual try-on capabilities and streamlined prescription workflows. At the same time, ongoing innovation in lens materials and wearable technologies continues to support premiumization while keeping the optometrist central to product recommendation and care decisions.

U.S. optometry is becoming more medical and more operationally complex

In the U.S., optometry continues to expand beyond routine vision correction into higher-acuity, reimbursement-driven care. Many practices are now managing chronic eye conditions, providing medical treatments and participating more actively in post-operative and specialty care pathways. This expansion reflects both evolving clinical capability and **capacity constraints on the ophthalmology side**, where limited specialist availability and growing demand for higher-acuity care are pushing more routine medical eye care into optometric settings. As a result, the historical boundary between product-driven vision correction and medical eye care is

blurring, with retail-focused platforms introducing medical services to enhance patient lifetime value and visit frequency, while medical-first groups integrate optical capabilities to capture downstream spend and improve continuity of care.

This expansion is being supported by continued advances in in-office diagnostic imaging and clinical technologies, which enhance detection, monitoring and longitudinal management within the optometrist's scope. Highest-acuity interventions remain within ophthalmology, but improved diagnostics and workflow tools are enabling optometrists to manage a broader range of conditions with greater confidence and consistency.

This vertically integrated evolution supports higher revenue per patient and more diversified reimbursement. It also changes the operating model required to deliver care effectively. Managing a broader mix of retail and medical visits increases demands around documentation, billing accuracy, scheduling and care coordination, and it raises expectations for clinical quality and turnaround times. Success in these integrated models is thus becoming more dependent on disciplined operating models and supporting infrastructure that can handle greater complexity without disrupting the patient experience.

Business solutions are becoming core infrastructure for U.S. practices

Digital business solutions — spanning benefits verification, patient communication and practice analytics — are playing a larger role in how U.S. optometry practices manage administrative complexity and patient engagement. Adoption is being driven by rising participation in managed vision care, including the expansion of large plans such as VSP, as well as staffing constraints that make automation more valuable. In particular, **shortages among technicians and administrative staff** are accelerating interest in tools that reduce manual effort per patient and enable greater delegation across workflows.

Adoption and spend vary meaningfully by practice size and sophistication. Larger and more complex practices tend to invest more heavily; smaller practices adopt more selectively based on perceived return on effort. Interest in these tools is strongest where workflow pain points are most acute, with growing preference for **integrated platforms that reduce system fragmentation** and simplify staff training, rather than stand-alone point solutions.

Conclusion

The U.S. optometry market is not being disrupted so much as it is being structurally rewired. Growth is accruing to models that reduce complexity for a fragmented provider base, preserve optometrist trust while enabling digital convenience, and embed deeply into daily clinical and operational workflows. In this market — where trust, reliability and continuity of care remain paramount — platforms that simplify the process rather than bypass the clinician are best positioned to capture long-term value.

For more information, please [contact us](#).

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