

Streamline your data workflow

Integrating equipment can improve your practice workflow, allowing you to see more patients while improving patient outcomes and satisfaction.

A specialist in optometric practice management with over 30 years experience, Mary Sue Hopper from Hopper Consulting, defines practice workflow as ‘a sequence of connected steps or tasks performed by various staff members in the practice as the patient moves from initial contact to completed visit.’

A fully integrated computer network linking equipment test results to a centralised practice management software (PMS) system can streamline practice processes, so you can provide patients with excellent and timely service at low cost to the practice.



John Perkins
Bluewave

Centralised data management

One example of an electronic practice workflow is being able to have test results that are captured in a dedicated testing room, available immediately to optometrists in their consulting rooms.

Optometrist Andrew Bowden has found this strategy effective in his Gold Coast practice. ‘Our computer network has been set up by Bluewave to allow staff members to complete a wide range of tests and save them to our central server before the patient enters the consulting room. These include Zeiss visual fields, retinal images and OCT scans,’ Bowden said. ‘I am able to bring up the test results via Optomate on my computer to review and discuss with the patient. Having this integration allows us to see more patients and provide an enhanced quality of care.’

An up to date and reliable computer network is essential for this rapid centralisation, capture, storage and review of patient data. Bluewave Eyecare Networks has specialised in the design and implementation of computer networks for the eye-care industry for more than six years and has worked closely with Monkey Software, Carl Zeiss and all instrument vendors to ensure their computer networks facilitate the centralised storage and review of patient test data.

‘The experience we have gained and our relationships with industry vendors mean we can work with clients to implement computer networking solutions that allow patient data to be captured and stored centrally from almost all ophthalmic equipment on the market. This means captured test results can be reviewed immediately by optometrists in their consulting rooms,’ said Bluewave technical services manager Stuart Gravenor.

Another way in which time can be saved and errors minimised is in the exporting of electronic script data from the PMS into online lens ordering software. This allows you to place orders via the internet or export claiming details to HICAPS terminals for easy health fund and Medicare claiming.

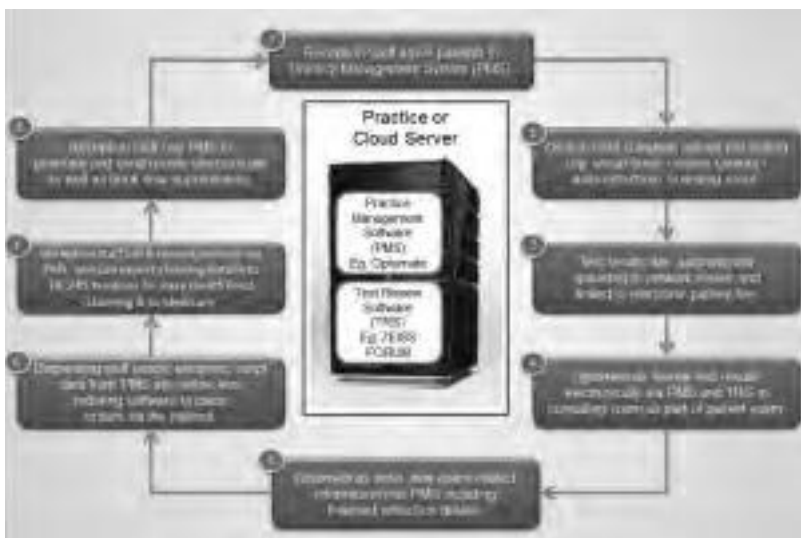
The benefits of having an efficient electronic workflow are not limited to large corporate multi-site practice groups. Small independent practices can also benefit through improvements to management of stock, patient test data and appointments.

Virtual server

One of the most cost-effective ways to centralise multiple practices is to use ‘cloud computing’ technology in the form of Bluewave’s Virtual Server or V-Server. This enables you to access the Optomate Comprehensive or Enterprise Editions on a fully maintained and managed server in a secure data centre from one or multiple practices, and pay a single monthly fee to access the server, the Optomate software licence and the ongoing software maintenance.

‘Accessing a virtual server rather than installing a physical server in your practice means you will receive long-term, consistent access to your patient data without having to maintain, upgrade or replace a physical server,’ said Bluewave director John Perkins. ‘This is particularly attractive to practice groups looking for a reliable centralised solution without the cost of implementing their own IT infrastructure.’

Bluefrog Optics uses the V-Server to link its Mildura and Broken Hill practices’ computers. ‘We wanted to manage the two practices with a single



Example of an electronic practice workflow

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Full refurbishment includes instruments

Faced with an increasing patient workload, 2010 was the year for fully refurbishing and re-equipping our two main consulting rooms. What can I use of our existing equipment? What needs to be pensioned off and updated? To what extent do I streamline the two consulting rooms to have identical equipment? Do I have diverse equipment between the two rooms? Can I have shared equipment in the ancillary testing room? For the answers to these questions I turned to Joe Way from Optical Manufacturers.

Chairs and stands

The Topcon IS 700 chair and stand is a neat unit with fully adjustable chair and table heights. It can be used on larger patients without needing to be clicked into 90 degrees and the chair depth can be adjusted backwards and forwards. I knew of this unit from a previous practice and have never found a more useful and comfortable chair and stand. There is even a classy tray in which patients can put their spectacles while having their eyes examined.

Retinal camera

Retinal photography is integral to practice so I decided to put a camera in each consulting room. The Topcon TRC NW8 retinal camera is fully integrated into Optomate, which helps when exporting high resolution images to attach with letters sent to GPs. This camera has autofocus and auto shoot features and automatic blink detection. The 'develop' and 'adjust' features in the Capture NX2 software are fantastic for nerve fibre layer analysis and for detecting microaneurysms that are hard to see even with the 90 D or direct ophthalmoscope. You can customise your own image analysis tools so at the click of a button you can use the sharpen, high contrast, red-free and other functions to assist in diagnosis and communication.

Slitlamp camera

The Topcon DC 3 camera and slitlamp have been a great asset for record keeping and communication in the contact lens and therapeutic areas. When you show a contact lens wearer their corneal ulcer

in high definition it is like a lightning bolt. When the antibiotics have worked you have a reformed patient who will hopefully remain compliant. Even explaining the difference between a pterygium, a pingueculum and a cataract to a patient for the one thousandth time takes on a whole new dimension when you show them a photograph.

Topcon 4-in-1 TRK 1P

This is a clever piece of engineering that I use diagnostically in a range of ways. I have found the non-contact tonometer to correlate very well to my applanation tonometry findings. The pachymetry findings become particularly useful in target pressure management of glaucoma rather than as a modifier in ocular hypertension screening.

The keratometry findings are done simultaneously with an autorefraction. The autorefractor often gives valuable refractive information post cataract surgery and for many presbyopes with clear media.

Here are two examples of how the autorefractor has improved my prescribing.

'Autorefraction is unreliable in children even under cycloplegia', someone once said. I am no slouch at retinoscopy on children but we saw a 14-year-old boy who had had more than 10 examinations since early childhood performed by a paediatric ophthalmologist or me. He had high corneal astigmatism and presumed refractive amblyopia with best corrected acuities of 6/15. The autorefractor gave a cylinder axis very different from those of numerous repeated cycloplegic retinoscopies, keratometry and more recent subjectives. When I plonked this in front of him he saw 6/6 in both eyes.

We saw a 94-year-old man with dementia. He could still read and verbalise the letters on the chart but not answer any other questions. He had cataracts and his vision was only 6/24. He could not do a subjective refraction and I could see nothing with my retinoscope. With the help of family members we got his wheelchair into place and put him on the 4-in-1. With the results the machine printed out, he read 6/6 in both eyes: I trust that these spectacles made a difference to his quality of life. ■

Rod Baker
Sunbury VIC

Product
Topcon instruments

Supplier
Optical Manufacturers

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Optomate database but did not want to have to worry about maintaining our own hardware in a regional area,' said the owner of Bluefrog Optical, optometrist Lharn Howard.

'The V-Server allows us to capture and centrally store our patient test results and then review them from any computer across the two practices. By using a virtual server, we don't ever have to upgrade a

local server. The back-ups are done for us and if we ever wanted to open a new practice, we could just link in the new practice and away we go.'

Creating an electronic workflow using a combination of modern ophthalmic testing equipment, practice management software and an up to date computer network will save you time and improve patient satisfaction. ■