Optometrist 1:

2 full patients an hour re eye visit contact lens check brief 2 will be full exams and one will be more brief

During full exam: pretesting: screeners, oct, lot of gadgets, meditech, autoflorecence of thing in eye risk for diabetes, autorefractor, optos, blood pressure

Take them in: muscle test, eye teeming, visual fields, visual acuity, refraction, health of eye: slit lamp, eye pressure, dilation every few years

Assistant deals with all the separate windows for the HER system. Doctor not very computer savy. Optos has its own software to view photos. Ifinity own note taking software.

Dilation recommended every few years.

Pretesting takes roughly 10 minutes. Post testing takes roughly 20. Meanwhile other following patient still pretesting.

Dr. Anderson buys the devices out of pocket. Retail set by 90% of retail. Lensotica sets up space. They own pretty much the employers, technically cant own them, but set the hours for the lenscrafters to operate. Anything in retail, retail chain furnishes.

Private practice, everything bought privately. Leased privately.

Doctor doesn’t necessarily request anything because there is a surplus.

Lot of “mild” pathology. Quite a few that do have something. Might not be super urget or detrimental. Sometimes see someone too late, bias question tbh.

Doctor on paper.

Complaints with compliance, overwearing lenses, don’t come in for annual visits.

Doctor calls them directly if needs to speak about private matters. Otherwisr demand fors texts for appointment reminders and what not.

Call and remind a lot.

Lenscrafters horrible because felt like not real exam. “I WANTED TO COME TO A REAL DOCTOR”. 4 patients an hour there how are you gonna have a real exam. Retail, Walmart, Costco, etc.

Kaiser inclusive all slammed. Optometrists are glasses and quick. Thrown in

Do you get patients reffered to you: usually self-reffered

Usually see where you want them to go and write primary doctor a

If patient has hmo, has to refer through primary care doctor. Get authorization from primary care doctor for reference. Cant just go to respiratory specialist directly. PPO you can self-refer.

What did you not like about retail: Lack of patient care. Speed diminished patient care, cant give them the attention they need.

How do they optimize time. Have a lot of pretesters

Forms during pretest. Health history relatively important. Retinal detachment is huge if they say that on the form you want to know.

Kaiser preforms telemedicine maybe.

Really need to examine eye behind microscope.

Device that takes photo and analyzes it. Already has that. “Youre looking for your own judgement”

Not really helpful for reffering patients either. The optometrists know how to detect things themselves.

Patients probably wouldn’t track it themselves, compliance issues, false sense of security.

So much variance on who should be treated. So complex that don’t see it as a one test.

Visual field tests and oct report abnormal against database and what not. All equipment that is all new technology. Glaucoma devices all new.

CIRRUS HD-OCT

USE windows 10. About 3 applications. Run all the pretesting the assistants. 3 Main ones might take 10-15 minutes. REMOTE DESKTOP. VANTAGE PRO REVIEW. OFFICE MATE

Thumb Through: options on software: view today’s patients. Tomorrow doctor might see 15, if really busy day 28 patients. Alphabetized.

May have multiple scans about patient, very selective in what they pull up.

See insurances, appointment history, if worn contacts with us, paid for copay

Cant tell if HMO or PPO. Vision insurance separate from medical. Make copy of medical cards.

Really repetitive for pretesting. Same screens, same scans, same verbiage. This one takes picture of retina, this one general picture of eye.

Selling of glasses different. Specialized. Insurance plans pretty much similar. People can come in with random thing.

Being shorthanded is tough. More staff is easier.

Not even having less machines, I can have more machines.

One machine that does all pretest. Would help.

Same time in verbiage. Do I have a little print out sheet let them read it?

If don’t find something don’t bill the major medical?? That’s confusing you have to explain.

See patients from 4-100 years old. Lot of patients usually 7. Anyone in high school and middle school during summer. Depends on the days. Saturday gets a lot of not-school/ not-working patients. See a lot of Spanish speakers and Persians.

Use a BUNCH of physical charts. Have el

Associate charts everything by hand. Transcriber inputs everything into the system.

Use eyefinity to input doctors information. Everythjing inputted online. Person goes into room and

Scribe goes into room and scribes everything while doctor is saying stuff. DR Anderson is faster with a scribe because she doesn’t have to handwrite everything. Make job easier because doent have to be in room, just lead patient to room and drop them off to patient. Have to hunt down chart

See a ton of glaucoma potential people. Optos is one of the more important devices. If theres a finding on the optos photo then bill to major medical.

Typically yes. Theres some machines that insurance wont pay for. Optos is a device that almost every practitioner should have. VSP is a vision plan. Without plan about $39. With plan as little as $5 and wont even have to bill major medical.

The equipment is one time purchase. Some things are subscription based. Its monthly or yearly, not number of test based. Subscription is must better. Do a ton of tests.

Lab manager bills insurance. Manager sits here and manages financial responsibilities.