

2007: A Space Odyssey

Two years ago, my partner and I moved our two-physician cornea/glaucoma practice to a larger office. Our previous location had 2,500 square feet. Our new office was twice that size. We assumed that we would never have to move again. Never say never!

Certainly, our 10 exam lanes are sufficient; reading the Snellen acuity chart doesn't require 20 feet. Our conversion to electronic medical records (and, if all promises are kept, a paperless office by year's end) via NextGen Healthcare Information Systems, Inc. (Horsham, PA), should reduce our need for charts and thus save space. The problem lies with our ever-increasing need for diagnostic testing equipment.

When I first started practicing in 1983, a glaucoma specialist required a gonio prism (kept in my shirt pocket as a badge of honor for my specialized interest) and a visual field machine (at the time a Goldmann but soon to be supplemented by a series of automated perimeters). As the decade progressed, I came to need stereo photography and ultrasound (A and B scans). The demand for technology picked up in the 1990s; we purchased an autorefractor, lensometer, autokeratometer, doubling frequency perimeter, pachymeter, and IOLMaster (Carl Zeiss Meditec, Inc., Dublin, CA). My partner, a corneal specialist, found he needed a topographer, the Pentacam Comprehensive Eye Scanner (Oculus, Inc., Lynnwood, WA), and a wave-



front analyzer. This list of machines does not include our evolving office computer systems and copiers. The temptation to acquire more and more technology never seems to dissipate; this issue of *Glaucoma*

Today includes articles on assessing the retinal nerve fiber layer with the Stratus OCT (Carl Zeiss Meditec, Inc.) and using the RetCam (Clarity Medical Systems, Inc., Pleasanton, CA) for gonioscopy.

For glaucoma specialists, true techies, our machines define who we are and what we do. Without question, the devices have vastly improved our diagnosis of early glaucoma and its progression, but how do we practice around all of these devices? In our office, my part-

ner and I gather instruments into a specific diagnostic testing area. Unfortunately, most of the systems do not share components; each has its own printer, disc drive, and table. Trying to incorporate all of these diagnostic devices into our plan for a paperless office remains a daunting, and probably impossible, task.

What can we do? In the short term, we can implore industry to work on systems that not only share hard drives and printers but also perform more than one task. More importantly, as the federal government pushes for a national standard for electronic medical records, it is essential that the manufacturers of all diagnostic equipment comply with a standardized paradigm for computer access.

The expensive world of real estate is all about location, location, location. For current glaucoma specialists, it is all about space, space, space. □

Richard A. Lewis, MD
Chief Medical Editor