The Ophthalmology AI Readiness Checklist

14 Things to Look for Before You Adopt AI in Your Practice

Clinical Intelligence

- [ ] Built specifically for ophthalmic exam structure and terminology, not general medical documentation
- [ ] Understands subspecialty charting (glaucoma, retina, cataract, cornea) without manual customization
- [ ] Populates exam findings directly into the correct chart fields instead of a generic free-text note

Documentation Automation

- [ ] Offers more than one level of AI support, from simple dictation to a fully automated note, so you're not locked into an all-or-nothing tool
- [ ] Can generate a complete note (CC/HPI, exam, A/P, orders, instructions) directly from the patient conversation
- [ ] Produces a fully structured, diagnosis-linked note rather than a raw transcript you still have to write from
- [ ] Uses the patient's prior visit history to inform more accurate follow-up notes

Coding & Billing Accuracy

- [ ] Ties the assessment and plan to a specific, billable ICD-10 code for each diagnosis
- [ ] Generates ready-to-send prescriptions and orders directly from the spoken visit, with no re-entry required

Workflow & Integration

- [ ] Works natively inside the EMR you already use, with no switching platforms or copying information between systems
- [ ] Applies to the chart with one click once reviewed, with no separate cleanup step required
- [ ] Connects to your diagnostic imaging (OCT, fundus, visual field) so results are available in the chart alongside the visit note, without manual import

Physician Control

- [ ] Every AI-generated note is reviewed by the provider before it is applied, so nothing is auto-submitted
- [ ] Gives you field-by-field control if you want it, rather than a black-box output

Room to Grow

- [ ] Offers a clear path to add more automation later, without switching vendors or retraining your team from scratch

Scoring guidance

Most tools on the market today cover a handful of these. A platform built specifically for ophthalmology should check all 14, because AI in this specialty only works when it's built around how ophthalmologists actually chart, not adapted from general medicine afterward.

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