Optivate

THE OPHTHALMOLOGY PRACTICE TECHNOLOGY GUIDE 2026

What's Next in Ophthalmology Technology. Clinical Innovation & AI, Previewed.

The definitive look at where AI and clinical innovation are taking ophthalmology practice technology — and what to expect from Optivate heading into 2027.

AAO 2026

Booth 3619 · Ernest N. Morial Convention Center, New Orleans, LA

Sat, Oct 10 – Mon, Oct 12, 2026 · Sat–Sun 9:00 AM–5:00 PM · Mon 9:00 AM–3:30 PM

Book your meeting slot now for show hours or a virtual time at a later date →

1	8	100%	0
SPECIALTY SERVED	INTEGRATED SOLUTIONS	OPHTHALMOLOGY DEV SPEND	COMPROMISES

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INTRODUCTION

The Innovation Ophthalmology Has Been Waiting For

Ophthalmology is entering its AI era. Diagnostic complexity — glaucoma, retina, cataract, cornea — hasn't gotten simpler, but the tools available to manage it are finally catching up. That shift is worth having top of mind heading into next month's American Academy of Ophthalmology (AAO) annual meeting, where AI and clinical innovation will be front and center on the exhibit floor. The question isn't whether AI belongs in ophthalmology's workflow. It's whether that AI understands ophthalmology at all, or whether it was trained on general medicine and pointed at eye care afterward.

> AMA 2024: 42.9% of physicians cite fewer EHR hassles as the single most important resource to maintain their workload. AI that reduces documentation burden isn't a convenience feature — it's a retention issue.

43.2%
Burnout symptoms (AMA 2024)

13 hrs/wk
Spent on documentation & indirect care

42.9%
Say fewer EHR hassles is their top retention need

SECTION 01 · MARKET LANDSCAPE

The State of AI in Ophthalmology, 2026

01

Regulatory Complexity Keeps Climbing

QPP updates raised MIPS thresholds to 70 pts in 2025, rising to 80 in 2026. Quality tracking has to live natively in the workflow, not bolt on after the fact.

02

AI Is No Longer Optional

AI tools for documentation and diagnostic support are entering ophthalmology broadly. The differentiator isn't whether a platform has AI — it's whether that AI was built with ophthalmic clinical context from the start.

03

Diagnostic Integration Remains Non-Negotiable

OCT, fundus, and visual field data still need to flow natively into the chart; AI layered on top of a disconnected imaging workflow inherits that friction instead of solving it.

04

Physician Burnout Remains Critical

13 hrs/week on documentation is a heavier tax on subspecialty charting than general encounters. This is the specific problem AI in ophthalmology is built to solve.

SECTION 02 · PLATFORM OVERVIEW

AI Documentation: Three Levels, One Workflow

Documentation support in Optivate comes in three levels, each building on the last: AI Dictation → AI Scribe Core → AI Scribe Pro. A practice can start wherever fits today and move up as they're ready — no switching systems, no retraining on a new tool.

LEVEL 1

AI Dictation

For physicians who want to stop typing.

- Dictate directly into any EMR field (CC/HPI, exam, A/P)
- Real-time text placed exactly where you're working
- No ambient recording — fully manual, field-by-field control

LEVEL 2

AI Scribe Core

For physicians who want the note written for them.

- Records the visit and generates a transcript
- Auto-drafts the note (CC/HPI, exam, A/P, orders, instructions)
- One-click review and apply into EMR fields
- Some manual cleanup still required — Core's note isn't diagnosis-linked

LEVEL 3 Now available

AI Scribe Pro

For practices that want it fully structured and codeable.

- Fully structured, diagnosis-linked note from the same recording
- Auto-coded (ICD-10) with complete A/P per diagnosis
- Prescriptions and orders generated directly from the spoken conversation
- Uses prior history for more accurate follow-ups
- One-click apply — chart-ready visit, no cleanup needed

Compare the Capabilities

CAPABILITY	DICTATION	CORE	PRO
Dictation into individual EMR fields	✓	✓	✓
Ambient visit recording + transcript	—	✓	✓
Note written from the conversation	—	✓	✓
A/P tied to a billable ICD-10 code	—	—	✓
Ready-to-send prescriptions from spoken meds	—	—	✓
One-click apply of the full structured note	—	—	✓

AI Documentation is now its own solution alongside the other seven — EHR, Practice Management, Revenue Cycle Management, Patient Engagement, Image Management, Optical Point of Sale, and the Ambulatory Surgery Center Module — all built on the same ophthalmology-only foundation.

See what's new across the platform this year: What's New in Optivate: The Features Ophthalmology Practices Have Been Asking For →

SECTION 03 · COMPETITIVE ANALYSIS

Specialty-Only AI vs. Multi-Specialty AI

CATEGORY	OPTIVATE (SPECIALTY-ONLY)	MODMED	NEXTECH	NEXTGEN
Specialty Focus	Ophthalmology only. 100% of product decisions.	1 of 11 priorities	1 of 5. Shared roadmap.	1 of 26+. Generic ambulatory.
AI Development Priority	Ophthalmology-driven from the ground up	Divided across 11 specialties	Divided across 5 specialties	Ophthalmology a small fraction
Subspecialty Charting	Native. All subspecialties built in without configuration.	Varies by module	Config required	Extensive customization needed
Diagnostic Devices	Native DICOM, ophthalmic-tested and supported.	Coverage varies	Device-dependent	Middleware often required
MIPS Compliance	Ophthalmic measures in workflow with real-time alerts.	Config-dependent	Extra setup needed	Separate tools needed
Support Expertise	Team trained exclusively in ophthalmology.	11 specialties; escalation needed	5 specialties	General support; multiple escalations
Product Roadmap	100% ophthalmology-driven. Every feature for eye care.	Divided across 11	Divided across 5	Ophthalmology is a small fraction

SECTION 04 · SELF-ASSESSMENT

Is Your Practice Ready for What's Next?

Clinical Documentation

- [ ] Are you still typing full notes manually, or has your team started dictating or using AI-assisted documentation?
- [ ] Would a diagnosis-linked, auto-coded note change how your providers close out a visit?

Diagnostic Integration

- [ ] Does your EHR receive OCT, fundus, and visual field data automatically, or does someone upload it manually?
- [ ] Can you compare imaging across visits without leaving the chart?

Billing and Compliance

- [ ] Are MIPS measures tracked automatically within the clinical workflow?
- [ ] Is your team confident your coding keeps pace with AI-assisted documentation?

Practice Operations

- [ ] Is patient data entered once and accessible across EHR, PM, and billing?
- [ ] Would automating routine documentation change staffing or scheduling decisions?

SECTION 05 · AI EVOLUTION

What's Changing and What Isn't

WHAT'S CHANGING	WHAT ISN'T CHANGING
Documentation moving from fully manual to a choice of Dictation, Core, or Pro	Ophthalmology-only focus — no other specialty, no dilution
Notes moving from free text to structured, diagnosis-linked, auto-coded output	The clinical foundation providers already chart on
Quality reporting moving from after-the-fact to real-time, in-workflow alerts	Physician control — every AI-generated note is reviewed and applied by the provider, not auto-submitted

> The path forward continues in the same direction: deeper ophthalmic context, more of the visit handled automatically, and the provider always in control of what gets applied to the chart.

Read the full story: AI in Ophthalmology Is Evolving Fast — Here Is Where Optivate Is Taking It Next →

SECTION 06 · CORE ARGUMENT

Why AI Needs Ophthalmic Context

01 The Complexity Argument

A general ophthalmologist may see a post-op cataract patient, a diabetic retinopathy patient, and an acute glaucoma presentation in the same afternoon. AI trained on general medical documentation doesn't carry that context — AI built for ophthalmology does.

02 The Volume Argument

High-volume practices see 40–80 patients/provider/day. Even small per-encounter documentation savings compound fast at that volume.

03 The Financial Argument

AI Scribe Pro's diagnosis-linked, auto-coded notes connect documentation directly to clean claims — closing a gap that generic AI scribes, coded for no specialty in particular, can't close.

04 The Strategic Argument

Technology decisions last 5–10 years. A three-tier AI path that grows with the practice — rather than a single bolted-on feature — is built for that timeline, not just this year's demo.

SECTION 07

The Optivate Platform at a Glance

1	8	100%	0
Specialty served — ophthalmology only	Fully integrated solutions	Of dev spend directed at ophthalmology	Other specialties competing

Choosing the Platform Your Practice Was Built For.

AI in ophthalmology is only as good as the specialty context behind it. Optivate's AI path — Dictation, Core, and Pro — was built the same way every other solution on this platform was: for ophthalmology, and ophthalmology alone.

Schedule a Demo

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