Optivate

OPHTHALMOLOGY PRACTICE PERFORMANCE

The Cost of Fragmentation

Why Ophthalmology Practices Are Consolidating to a Single Integrated Platform

Every system in your practice may work on its own. The cost shows up in the gaps between them.

KEY TAKEAWAYS

01 Fragmentation is when scheduling, documentation, imaging, billing, and collections run on separate systems that don't share one patient record, so staff re-enter, export, or reconcile data.

02 The cost sits in the handoffs between systems, not in any single system.

03 Payer and administrative work is growing, and tracing a denial or an authorization is harder when documentation, authorization, charges, and claims live in different systems.

04 A one-hour audit of five recent patients shows what your own handoffs cost.

What is fragmentation in an ophthalmology practice?

Fragmentation is when the systems a practice uses to schedule, document, image, bill, and collect do not share one patient record. Data has to be re-entered, exported, or reconciled by staff. Most practices didn't choose this setup. They accumulated it, one reasonable purchase at a time.

Why does the cost of a handoff keep growing?

Payer and reporting demands are rising, and every one of them runs through a handoff.

90%

90% of practices surveyed say prior authorization requirements increased in the past year.

Every authorization is a handoff between the schedule, the chart, and the payer.

44%

44% of practice leaders say authorization turnaround got slower this year. Only 7% say it got faster.

Slower approvals mean more status checks, and more time spent finding the right information.

40%

40% of practices surveyed have hired multiple full-time administrative staff per physician to manage payer rules, audits, appeals, and reporting.

Appeals and audits depend on finding the original documentation fast.

86%

86% of practice leaders surveyed say quality reporting has increased their administrative burden.

Quality data that lives apart from the chart is one more thing to reconcile.

These figures reflect medical practices across all specialties.

Where do disconnected systems cost an ophthalmology practice the most?

Consider a hypothetical cataract patient, followed from first call to final payment. Every handoff is a place where data can be retyped, re-sent, or lost.

Stage	What has to carry forward	Where a stitched-together stack can break down
1. Scheduling and eligibility	Demographics, coverage, appointment type	Coverage confirmed at booking but not rechecked before surgery
2. Intake and imaging	History, consents, OCT and biometry data	Images and forms stored apart from the chart that needs them
3. Exam and documentation	Findings, diagnosis, plan	Notes finished after hours, then translated into codes by someone else
4. Orders and authorization	Procedure, diagnosis, clinical support	Authorization tracked outside the schedule and the chart
5. Charge and claim	Charges, modifiers, documentation	Charges rebuilt from the note instead of flowing from it
6. Payment and follow-up	Remittances, denials, patient balance	Denials worked in a system that can’t see the original documentation

A gap at stage 1 can surface as a denial at stage 6, and the person working that denial is often looking at a different system from the one where the gap began.

How does AI change the cost of fragmentation?

81% 81% of physicians now use AI in their work, and 28% use it to document billing codes, charts, or visit notes.

Documentation AI promises a record that writes itself. Whether that reaches revenue depends on where its output lands. A diagnosis-linked note inside an integrated platform can feed charge capture, claims, and quality reporting without being retyped. The same note in a stack of separate systems is better data that someone still has to carry across a handoff.

AI inherits the seams of the environment it runs in.

Optivate's AI Documentation Suite starts where a practice is. Dictation is included with every subscription. AI Scribe Core drafts the note from the visit for provider review. AI Scribe Pro adds structured, diagnosis-linked output with suggested ICD-10 codes and ready-to-send prescriptions from spoken medications. Nothing reaches the record until the provider clicks Apply to Visit.

How can a practice measure its own fragmentation?

1. Pull five recent surgical patients.
2. Trace each from scheduling to final payment. Note every system touched and every point where data was retyped or exported.
3. Time how long it takes to trace one denied claim back to its original documentation.
4. Count the vendors you would call if a claim broke, and who owns a failure that sits between two of them.
5. Pull your denials for the last 90 days, group them by reason, and note the stage where each gap began.

What does Optivate do differently?

Built for Ophthalmology, not adapted to it

Optivate is built on the premise that these handoffs should not exist: one connected platform, built only for ophthalmology, where data entered once is available across clinical, operational, and financial workflows. Ophthalmology isn't our main focus, it's our only focus. Bring your five-patient audit to a conversation with an Optivate specialist.

CHEAT SHEET Get the answers to your questions by downloading our handoff cheat sheet

BLOG Cloud vs. On-Premise EHR for Ophthalmology: How to Decide What Fits Your Practice