

Are You a Mac or a PC?

Two ophthalmologists discuss their reasons for choosing operating-system platforms that work for their practices.

BY MALAIKA DAVID, ASSOCIATE EDITOR

The Mac (Apple Inc., Cupertino, CA) versus PC debate is one of the most popular in technology today. You have probably engaged in the dispute yourself, extolling the virtues of one or the other, and we have all seen the commercial wars between Apple and Microsoft Corporation (Redmond, WA). Apple's "Get a Mac" advertising campaign portrays the Mac as a progressive-thinking, Generation Xer compared with the PC, its behind-the-times, suit-and-tie wearing competitor, "a wizard with numbers" but not with "creating stuff." Microsoft's "I'm a PC" campaign aims to debunk Apple's stereotypes by featuring everyday people and celebrities as PC users. These perspectives may be helpful when considering a computer purchase for your home, but how do these platforms compare when they are being used to run an ophthalmic practice? Two ophthalmologists, Vincent Vann, MD, and Alan Faulkner, MD, share their reasons for choosing to run their practices with Macs and PCs, respectively.

THE DECISION

Hello, I'm a Mac

When Dr. Vann, a retina specialist, decided to open a private practice in Edinburg, Texas, 2 years ago, he wanted a state-of-the-art, modern, electronic office that was 100% Mac-based. A former computer programmer, Dr. Vann had used Macs in his home for many years. "I've always loved Macs and have found them to be trouble-free. I could not stand the headaches associated with maintaining PCs, for example, numerous threats from viruses and Trojan horses and the constant Microsoft updates," said Dr. Vann. "The high-maintenance of PCs is both frustrating and expensive, whereas maintaining Macs is simple and cheap."

And I'm a PC

Unlike Dr. Vann, Dr. Faulkner, a cataract and refractive surgeon in private practice in Honolulu, Hawaii, made the decision based on his choice of an electronic health record (EHR) and its operating system. "In 2003, when I was choosing an EHR system, Mac was such a low player for businesses, so I did not even look at a Mac-based system," he said. Dr. Faulkner took over the practice from his father in 2000 and transitioned to PCs from what he called an "antiquated" terminal

"I've always loved Macs and have found them to be trouble-free."

- Vincent Vann, MD

system. "It originally occupied what is now my laser room because it used a mainframe computer and then was later reduced to a PC emulation board," he added.

EHRs

MacPractice

Dr. Vann uses MacPractice 20/20 (MacPractice Inc., Lincoln, NE) in his office, a practice management, clinical, and EHR software dubbed by its maker as the "complete Mac solution" for eye doctors. The MacPractice "abilities" he uses the most are ePrescribe to create, send, and fill prescriptions electronically and Attachments to attach electronic files or scan a document into a patient's records. "It is a very powerful system," said Dr. Vann.

In an effort to migrate stepwise to a paperless practice, Dr. Vann has been using MacPractice's EHR software as a hybrid, where he scans paper into the system. He added that, although MacPractice is a relatively easy program, it is so comprehensive and in depth that it takes time to learn how to operate its many features, so he has been implementing it gradually. "I think that is what makes it a very powerful solution," he noted. "People can transition into using it at whatever pace is comfortable for them and their office staff. It is also highly customizable."

MaximEyes

Before deciding to use PCs in his practice, Dr. Faulkner selected MaximEyes (First Insight Corporation, Hillsboro, OR), an EHR practice and optical management system that is designed to work in a Windows and SQL Server (both Microsoft Corporation). The EHR was developed with guidance from and for practicing ophthalmologists.

"The software's organizational workflow is very much

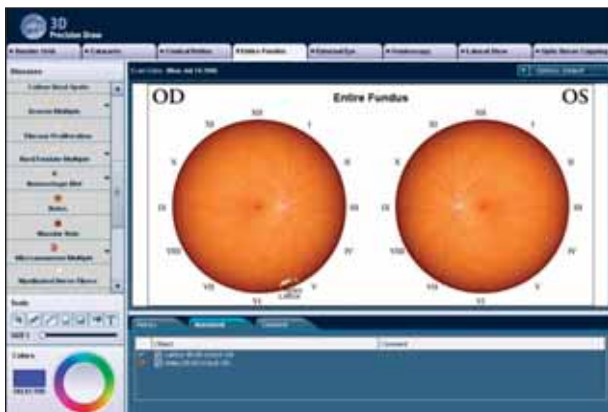


Figure 1. An illustration of the entire fundus is displayed on MaximEyes' three-dimensional drawing tool.

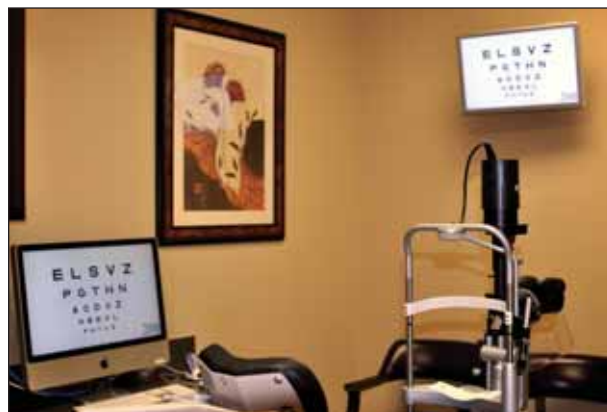


Figure 2. In his examination room, Dr. Vann controls a wall-mounted, Apple LED Cinema Display at his desk with an iMac.



Figure 3. Dr. Faulkner accesses MaximEyes from his desktop computer.



Figure 4. MacPractice is accessed on the iPad.

what we are used to as ophthalmologists. The layout includes ophthalmic-specific screen summaries and templates that are highly customizable," said Dr. Faulkner. He added that MaximEyes also has a three-dimensional drawing tool, with which he can illustrate health conditions on gonioscopy and anterior and posterior segment examinations using three-dimensional templates and disease state stamp images. Measurements from the finished drawing are translated into written findings and stored (Figure 1).

"Another reason I went with MaximEyes is because it is a very customizable system," he said. He added that he finds MaximEyes to be flexible and reasonably priced with excellent technical support.

IMAGING ABILITY

Dr. Vann noted that, although he only uses Mac computers in his office, his diagnostic equipment is PC-based. However, he is able to export digital images from any diagnostic imaging device on his network and import them directly into MacPractice's imaging ability. "Integration of digital imaging is critical in any oph-

thalmic practice because we perform so many specialized tests, and MacPractice's imaging ability is set up to import digital images from any system, including fundus photography, angiograms, visual field testing, ultrasounds, and more," he said.

Instead of using a chart projector in the back of his examination room to project an eye chart, Dr. Vann uses a wall-mounted, 23-inch, high-contrast Apple LED Cinema Display, which he can control simultaneously using a 24-inch iMac from his desk. With specialized software, he can display and control an eye chart, the results of an imaging test, or even a video for a patient to view (Figure 2).

"Mac computers and monitors display crisp, high-resolution images at very high contrast and with excellent color rendition," Dr. Vann said. "This makes them ideally suited for visual acuity testing and displaying digital images or videos for patients."

Dr. Faulkner is currently in the process of linking MaximEyes to the Forum (Carl Zeiss Meditec, Inc., Dublin, CA), an image management system that integrates with MaximEyes to export images from diagnostic equipment, including visual field machines and topography. He added that MaximEyes works with a touch screen, which he can use to enter data and maneuver images (Figure 3).

In his examination room, Dr. Faulkner plans to incorporate a large 24-inch touch-screen display. "Not only will I be able to enter my data and update all of my records, but I can show patients the results of their scans, so it makes patient education and counseling very visual," added Dr. Faulkner.

PORTABLE DEVICES

Remotely, Dr. Vann can access his office's network using the MacPractice iPhone interface, which also works with Apple's iPod Touch and any Web browser where he can connect online (Figure 4). Dr. Faulkner has an iPhone, and although he is capable of accessing his office's MaximEyes software through an iPhone interface, he prefers to log into the network from his home PC.

Drs. Vann and Faulkner do not have iPads (Apple Inc.) now, but they both plan to purchase one soon. MacPractice is planning to release an iPad interface this month and additional iPad applications later this year. MaximEyes can be used on the iPad or Mac computer using applications to simulate or interact with a Windows environment.

CONCLUSION

Beyond the advertising campaigns and the hoopla surrounding the Mac versus PC debate, both operating-system platforms have their pros and cons. Your final decision should be determined by which platform is going to work for you based on the specific needs of your practice. One thing is for sure—deciding whether to run your practice with Macs or PCs is largely a matter of style and preference. ■

Alan R. Faulkner, MD, is in private practice at Aloha Laser Vision, LLC, in Honolulu, Hawaii. He acknowledged no financial interest in the products or companies mentioned herein. Dr. Faulkner may be reached at (808) 792-3937; dralan@alohalaser.com.



Vincent Vann, MD, is in private practice at RGV Retina Specialists, P.A., in Edinburg, Texas. He acknowledged no financial interest in the products or companies mentioned herein. Dr. Vann may be reached at (956) 630-2424; vrvann@gmail.com.

