

Dr. Audley Mackel Discovers a Powerful, Easy-to-Use Tool in EMA Orthopedics™



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Audley Mackel, MD

Key Benefits of EMA Orthopedics™:

- Orthopedic-specific EMR system
- Ease of use and note creation saves time
- Coding accuracy increases reimbursements
- Cloud-based iPads improve patient care

Background

Dr. Audley Mackel, a Cleveland, Ohio-based orthopedic surgeon at Associates in Orthopaedics, Inc., knew exactly what he wanted out of an electronic medical record (EMR) system. Dr. Mackel has been practicing for over 25 years and has experienced numerous EMR systems that lacked the functionality and medical knowledge he required to improve his clinical operations. He began researching multiple vendors and found that most were cumbersome, required a combination of typing and template creation and were not designed specifically for an orthopedic practice.

Dr. Mackel discovered Modernizing Medicine’s Electronic Medical Assistant® (EMA) in 2013. “I first identified EMA Orthopedics at the American Academy of Orthopedic Surgeons Annual Meeting. I spent countless hours walking around the exhibit hall and spoke with almost every EMR vendor to learn as many details as possible,” Dr. Mackel explained. “I asked them to show me how

their systems worked for orthopedic surgeons, reviewing all relevant features including how to input, collect and extract patient data. Of all the EMR systems I saw, EMA had what I needed. I like how EMA is intuitive because it’s developed by orthopedic surgeons for orthopedic surgeons. The knowledge is already included without setting up macros or templates.”

“The next steps were to get myself and my staff trained which was done through a series of webinars and working directly with the trainers at Modernizing Medicine,” said Dr. Mackel. “I also found it very valuable to have the chance to work with Dr. Michael Sherling, co-founder and Chief Medical Officer at Modernizing Medicine.”

Ease of Switching

Dr. Mackel quickly found that EMA made switching from his previous EMR system easy and his staff would soon agree. “One of my favorite things about EMA is that it can be learned effortlessly. Many of us aren’t very computer savvy, but my office staff has found the system quite easy to use and understand,” he said.

Integrating EMA into Dr. Mackel’s office workflow was seamless and it adapted to his practice like a well-trained

staff member. “All of the historical information is entered before the exam. I’m able to write prescriptions in the exam room, verify all the patient information, e-prescribe prior to the patient leaving the office, finalize my notes and push the data back to my practice management system, all in less time than my previous EMR systems,” he said.

“When I first implemented EMA, I reduced the number of patients I saw,” Dr. Mackel explained. “Now I see 40-50 patients per day. The option to fax necessary documentation to a referring physician and insurance companies has improved efficiencies and productivity in the office.”

Coding Accuracy

Handwriting billing codes can result in error, but EMA automatically generates accurate billing codes and ensures that documentation justifies the claims. “With EMA, there is less back and forth with billing attempting to get supporting documentation,” Dr. Mackel said. “None of my MRIs have been denied because all the information that’s required for approval is there. I have enough structured data to justify using that billing code from the patient history to the exam notes and the medical complexity information,” he explained.

“I can bill the evaluation and management (E/M) documentation version of my notes and truly justify why I’m coding at a particular level,” he said. “EMA gives me the confidence that the billing levels are correct and I’m coding appropriately, which results in higher reimbursements.”

Improving Patient Care

Dr. Mackel saw the iPad as an ideal way to input patient data. “Its easy ‘point and click/tap’ user interface also creates clean and organized notes which eliminates any note writing. I also really appreciate the portability and convenience of the iPad – it has become an integral day-to-day management tool, much like my cell phone. It’s a relief to know that I can use my iPad to safely and securely chart notes and stay informed of my patient’s

information in real time from almost anywhere,” he said.

Dr. Mackel explains, “While in the exam room, I don’t have to turn my back to the patient or look around a desktop while I’m inputting notes into the computer. I can actually look directly at the patient with the iPad on a desk or on my lap. I don’t see it as an obstruction from seeing the patient eye-to-eye.”

With the medical knowledge built in, EMA is designed to think like an orthopedic surgeon. “My exams are now much more thorough,” Dr. Mackel said. “For a knee exam, I’m including all the nuances of the exam that we may not document. My shoulder exams now have 4-5 shoulder exam studies. EMA allows you to cover all the things we do as surgeons but is intuitive and makes sense.”

The Future With EMA

The government may have delayed ICD-10 implementation but physicians still need to be prepared for the increase from 14,000 codes with ICD-9 to over 140,000 codes with ICD-10.

“EMA is on top of ICD-10. The coding is well-built into the system and I feel very comfortable moving towards 2015 knowing I will be covered by EMA Orthopedics,” Dr. Mackel said. “I remember starting an orthopedic practice 25 years ago and going through an ICD-8 book to list out all the codes for the procedure. EMA allows the coding information to be derived from the structured data that I input into the system,” he said. “I look forward to ICD-10 being very easy and not having to look at a book to figure out what code I need to use.”

“My experience with EMA has been excellent and I look forward to many more years with it,” he said. “I’m extremely happy with the product and it continues to be a pleasure using EMA. I look forward to all of the changes and additions that I see Modernizing Medicine doing to make EMA the preeminent EMR system for orthopedic surgeons.”



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