

ICD-10 IS NOW. CHANGE WITH CONFIDENCE.

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Make sure your ICD-10 physician training meets the mark.

by Deena Kerr, MBA, Director, ICD-10 Education

The ICD-10 compliance date is squarely within the sights of the health care industry. With less than four months to go until we cross the transition threshold, consider what you've done — and what you can still do — to help your doctors succeed as they move from ICD-9 to ICD-10.

Help physicians document for ICD-10 as soon as possible.

Perhaps last-minute training is how you've prepared doctors in the past, such as when you installed an EMR or implemented a new process. You may feel like you're saving them time by waiting until the end, and that because the training will happen close to the transition, you're helping doctors remember what they've been taught.

But doctors aren't likely to document one way on September 30 and switch to documenting another way on October 1. If physicians are trained in ICD-10 documentation, they ought to be documenting for ICD-10 now.

Physicians trained in better documentation specificity have an opportunity to become familiar with the new practices, work to make those practices habits, and receive feedback from those within the organization that support ICD-10. So by the time October 1 rolls around, documenting for ICD-10 is a breeze.

Better physician documentation means better dual coding.

Most coders have already been trained in and are focusing on dual coding. If physicians are conditioned to offer more specific documentation, that practice of dual coding will be more meaningful. Coders will begin seeing advanced documentation in the charts today, and when they practice coding in ICD-10, they will have all the documentation they need.

On the other hand, if the physicians aren't trained until just before the ICD-10 transition, coders won't have the opportunity to see how physicians will go about documenting for ICD-10. If doctors start documenting differently on October 1, coders will not only need to change the way they're coding, they'll also be reading new documentation. Even if the coders have been dual coding, new documentation practices could cause a production slump.

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Physicians need more than just training.

This new ICD-10 code set is too broad for the physicians to go to an hour-long training and learn everything they need to know. The transition must be supported by other infrastructure within the organization. Such infrastructure can come in a variety of ways. It could be something as simple as a tip sheet that physicians can refer to while going through their documentation process. Or it could be in the form of software that helps physicians look up what documentation is needed for a particular diagnosis. It could also be upgrading EMR templates so that physicians have a technology prompt that will support them to document with appropriate specificity.

Education is more than just e-learning or instructor-led courses — it is all those things you do to support your learners as they work to change their understanding and behavior. Simple education will not suffice for a change of this magnitude, so ask yourself: What can we do to effect a more holistic change for providers? What can we do to make this mandate more beneficial for the entire organization?



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