

# Peer-to-Peer ICD-10 Training

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by Mary Butler

*In this web series, HIM professionals working in emerging roles give advice on tackling difficult HIM problems.*

## The HIM Problem

Engaging the practicing physicians in the ICD-10-CM/PCS transition.

Getting physicians on-board with ICD-10-CM/PCS requires persistence, patience, determination and an uncanny ability to “speak their language.” Savvy health information management (HIM) departments and consulting services are doing just that with peer-to-peer ICD-10 training. For these folks, peer to peer doesn’t just mean pairing one physician with another physician. Rather, these programs offer specialty-specific services—cardiovascular surgeons training other cardiovascular surgeons, for example. Forward-thinking hospitals have launched peer-to-peer programs of their own, while others looked to companies like Huff DRG Review Services, based in Memphis, Tennessee with specialty physicians trained in ICD-10.

## The Problem Solver

Dr. Garry Huff, MD, CCS, CCDS, AHIMA Approved ICD-10-CM/PCS Trainer

## Getting the Physician’s Ear

Dr. Garry Huff, MD, CCS, CCDS, AHIMA approved ICD-10 Trainer, an internal medicine specialist with 25 years of private practice experience, is the president and CEO of Huff DRG Review Services, which boasts a multi-specialty staff of physicians, ranging from neurosurgery to endocrinology.

Huff estimates that up to one-quarter of physicians don’t even know what ICD-10 is, or how it will impact their day to day lives. He says that too often, the approach to physician education has been led by vendors who lack an in-depth understanding of how to approach education with physicians.

“The approach has been to give physicians a knowledge of ICD-10 through tapes, and canned lectures by individuals without the appropriate clinical knowledge base with relation to the audience they are presenting to. Physicians are far more responsive to information provided by physicians who have practiced in the same field as they have. In order to get the physicians ear you need to convey the relevance of the topic to their practice.”

Huff says physicians should walk away from their training understanding not just how ICD-10 affects the hospital, but how it directly affects *them*.

“So you’ve got to make this clinically relevant to their practice,” Huff says. “That’s a very important thing and there’s a lot of ways now that inpatient documentation and coding will have a greater effect on the physician practicing under fee for service, so you have to make sure they’re aware of that.”

## Keep Training Short and Sweet

When it comes to talking physicians, trainers need to be mindful—above all else—of brevity.

Physicians' attention span regarding coding and documentation issues is short. A succinct delivery of information is much appreciated by physicians who are juggling many demands on their time.

It's common for physicians to say, "Don't tell me what I need to document but give me a list of the things I'm not documenting," Huff says.

This is where pairing a specialist with someone in the same specialty is so important.

"I tell everybody, if you give me a surgeon, and give me his data, I can go through and tell him what he needs to document in 15 minutes. I don't need hours of education with a doctor. Once a doctor, talking to another doctor, reviews his documentation and determines what his data issues are, I can relate this to him in 15 minutes," Huff says.

When Huff and his staff consult with a neurosurgery practice, for example, they will look at all the lines of service that practice works with, analyze billing records and frequently performed procedures, and review documentation records.

Huff says the key is to focus on the documentation piece, not coding, when training doctors.

"I don't even mention codes. I'm not interested in them knowing coding, I'm interested in what they need to document. It's important for *me* to know how their documentation affects their codes, but the last thing I want to do is give them a bunch of codes."

Huff says when his review of a physician's records is finished, they're given a documentation tip card with their list of four or five issues. Additionally, a mobile app is available which will soon include the ability to provide a list of their issues, updated on a daily basis.

## After Implementation; Role of HIM

Physician education for ICD-10 should be ongoing, says Huff, so clinical documentation support (CDS) efforts and auditing shouldn't stop once the ICD-10 compliance date arrives in October 2014.

"Doctors still won't be documenting sepsis. We'll see doctors still improperly documenting respiratory failure... You still want your physician education to be a continuous process," Huff says. Additionally, the level of specificity required in ICD-10, over ICD-9, is going to require stronger relationships between HIM departments and physicians and even surgeons.

"But I will tell you, under ICD-10, there's a real need for these to coders to have doctors who do these operations to be at their elbow," Huff says.

He adds that the HIM department must be the champions of the documentation process.

"And that's why we've always encouraged that any CDS program report up through medical records. Having said that, I'm sure there's exceptions to that," Huff says. "And the way we work, we've found that the unity of the program and the sustainability occurs when everyone's reporting up to the same chain of command."

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