

Working Together: HIM Collaborating with Physicians on ICD-10

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Tennessee HIM professionals have worked for years to build positive relationships with physicians. ICD-10 offers another chance for collaboration.

Healthcare is inherently a stressful, fast-paced, and diverse industry. Naturally there will be times where different healthcare professional factions can forget they all work on the same team with the same purpose—helping patients.

Healthcare issues can get divisive, and cause healthcare professionals to disagree on what is the best path forward for the industry. The move from ICD-9-CM to ICD-10-CM/PCS is one of those divisive issues that has, in some cases, pitted the opinions of physicians against those of HIM professionals. Many HIM professionals spoke out against a delay in the compliance deadline for ICD-10, while many physicians called for an extended delay or a complete abandonment of the new code set.

Hoping to bridge their disagreement, some HIM professionals have been reaching out to local physicians to hear their concerns on ICD-10 and discuss the various viewpoints firsthand.

The goal is to build a strong relationship with physicians, offer help, and in the process educate them on the benefits ICD-10 could bring to the healthcare industry.

In Tennessee, HIM professionals with the Tennessee Health Information Management Association (THIMA) have been working for years to build a strong relationship with the Tennessee Medical Association (TMA). The pending switch to ICD-10 provided THIMA another opportunity to build on that relationship and directly assist physicians with their coding conversion questions and concerns. The initiative has benefited each association equally, and AHIMA officials have suggested that other state HIM associations should take up similar initiatives to enhance HIM professionals' vital alliance with care providers in this whirlwind era of change.

Fostering the HIM–Physician Relationship

While only about 10 percent of THIMA members are employed in physician practices and ambulatory surgery centers, that number is growing, and the vast majority of HIM professionals interact with physicians on a regular basis. THIMA officials determined an alliance with the TMA, similar to the alliance they formed with the Tennessee Hospital Association years earlier, was something that could elevate HIM members' status and increase awareness of the HIM profession with physicians.

The Health Insurance Portability and Accountability Act (HIPAA) was seen by THIMA leaders as an opportunity to reach out to TMA and offer HIM expertise. THIMA leaders first reached out to TMA in the late 1990s and began a dialogue about the HIPAA privacy rule.

As a first gesture of help, THIMA in 2000 offered to assist TMA members in rewriting the Rules of the Board of Medical Examiners relative to medical records in order to bring physicians into compliance with the HIPAA privacy rule. The existing rules did not address the content, transfer, retention, or destruction of records, nor did they reference the Tennessee statutory privacy rules.

Fortunately, the newly employed legal counsel for TMA had previously worked with the Department of Health and Human Services and was aware of THIMA through prior initiatives. This prior knowledge helped break the ice and further fostered the relationship. Several of THIMA's best HIM professionals with expertise in HIPAA gathered to rewrite the rules, and the resulting document was accepted and approved by TMA with modest changes. The Rules of the Board of Medical Examiners were now HIPAA-compliant, and just as importantly they mirrored the existing statutes for maintaining, retaining, and releasing health information in hospitals. Finally in Tennessee, health information would be treated the same regardless of healthcare setting.

As time progressed, THIMA received the occasional opportunity to partner with TMA to support legislation or regulations that had an impact on HIM. Though partnerships were sporadic, THIMA made a concerted effort to stay in touch with TMA.

Statewide eHealth and health information exchange (HIE) initiatives provided THIMA with the next opportunity to interact with TMA. Leaders from both organizations served on the same workgroups and in the same meetings to discuss and develop policies for HIE between Tennessee healthcare providers.

As TMA had experienced a few years earlier with HIPAA, the two associations found common ground in the area of privacy as well as in the implementation and meaningful use of electronic health records (EHR). At every opportunity, THIMA shared AHIMA's resources, products, and professional guidance documents with TMA representatives.

As THIMA explored partnering with the Tennessee Hospital Association and other groups on educational events relative to the ARRA-HITECH Act and alternative payment methodologies, TMA was invited to participate. They often elected to do so, which resulted in the unusual but powerful collaboration between hospitals, doctors, HIM, health information technology, and finance professionals. Slowly, a collaborative relationship was formed between THIMA and TMA. Serendipitously for THIMA, a colleague of the association from the Tennessee Office of eHealth Initiatives soon became the TMA Director of eHealth Services. As the director developed EHR and eHealth resources for TMA members, THIMA was often included and invited to participate.

Tips for Working with Physicians on ICD-10

Alliances are built through relationships, and relationships are formed through trust, reliability, and finding areas of common interest. AHIMA component state associations (CSAs) that desire to build an alliance and collaborate with their state medical society, or any other group, should follow these steps:

1. Identify a leader and a small group of members who are leaders in their field, extremely professional, and interested in alliance building. If possible, secure a two- to three-year commitment from the group.
2. Based on the needs and desires of the CSA, determine which outside groups to target for a collaboration. This decision should be based on which alliances would result in enhancing and improving HIM practices and elevating the HIM profession.
3. Determine initiatives that would be of interest to the targeted group.
4. Do your homework; learn as much about the group as possible.
5. Approach the group with a plan in place that highlights the benefits to both parties.
6. Be willing to do the hard work, or most of the work, if necessary to ensure a successful initiative.
7. Follow up and stay in touch after the initial collaboration is finished. Maintain a professional alliance.
8. Be patient. Relationships take time, but they are worth it if they grow the HIM profession and help others achieve positive goals.

HIM and Physician Collaboration on ICD-10

The promised implementation and requirement of ICD-10-CM/PCS provided the next natural step in the TMA and THIMA collaborative relationship. In 2008, THIMA formed the ICD-10 Training Team, consisting of coding experts in Tennessee. A concerted effort was made to include experts from physician practice settings and from hospitals, payers, and coding consultant groups. A key individual who serves on this group is a physician who is also a certified coding specialist who works

with a consulting firm. The group relied on his expertise, as well as on the coding professionals in physician practice settings, to guide THIMA and TMA's planning and discussions about ICD-10.

A training plan was developed that included:

- An overview of ICD-10 details
- Implementation and management strategies for ICD-10
- Clinical documentation improvement strategies for accurate ICD-10 coding assignment
- Anatomy and physiology, and medical terminology
- Short-term and long-term financial impact of implementation and utilization of ICD-10
- The various uses of ICD-10 data and its impact on physician profiles

The ICD-10 Training Team divided itself into subgroups. One began working on a series of presentations about root operations, the other subgroup tackled the development of specialty-specific webinar-based training modules designed for the physician practice community. Meanwhile, THIMA's executive director began talking with colleagues at TMA about ICD-10 and various ways THIMA could assist physicians with ICD-10 training.

The members of TMA had access to basic ICD-10 overview information provided by the primary professional liability carrier for Tennessee physicians. But physicians were ready to take their education to the next step, and TMA requested a more in-depth look at the classification system and the necessary changes in clinical documentation necessary to adequately utilize the ICD-10 coding system.

THIMA and TMA considered a three-pronged approach to education:

1. Hold a CME-approved session during the 2012 TMA Annual Meeting that would be offered twice during the event
2. Post an archived webinar featuring a similar ICD-10 presentation on the TMA website
3. Offer a follow-up ICD-10 "road show" designed for physicians and physician office personnel that would explore necessary documentation practice changes, preparation for implementation, evaluation of training needs, etc.

THIMA offered to provide top quality educational events for TMA at a reasonable cost, and was awarded the contract to provide these services. Physician ICD-10 team members provided sessions during the TMA Annual Meeting, and members of the THIMA ICD-10 Training Team-consisting of expert, AHIMA-trained ICD-10 trainers based around the state-were tapped to provide the road show sessions. Evaluation forms from the TMA Annual Meeting proved the popularity of the subject, with the ICD-10 session scoring the highest marks of any CME-approved session. The other two aspects of the training scheme, the ICD-10 road show and the archived webinar, are now being planned since the final implementation date for ICD-10, October 1, 2014, has been announced.

TMA Promotes ICD-10 Physician Preparedness

TMA has taken the approach to be proactive with education and resources to help each physician and physician office staff member to be prepared and well able to make the transition to ICD-10. For physicians, ICD-10 is less of a transition in coding and more of a transition in expectations for documentation. The information needed for the more descriptive ICD-10 code is typically already known by the physician at the time of the exam and treatment. What changes with ICD-10 is that the physician has to be more specific in what they document to reflect the level of detail. Physicians must document how they make their medical care decisions.

There are many administrative functions that physician practices must also transition. Someone in a practice has to take the lead, and proactively make calls to IT software vendors and payer clearinghouses to understand their timeline for ICD-10 updates and testing to accommodate the new code set. Someone also has to set up staff, physician, and other clinical support staff training on how to map their most commonly used codes to new code choices, as well as budget to fund these upgrades and training activities. Sometimes that someone is an already overworked physician or office manager.

Along with the impact from suspected reimbursement delays during the ICD-10 transition, physicians also need to understand how the new codes will impact their rating with payer organizations. If ICD-10 is not used appropriately and codes are not as detailed as possible, a physician's rating could be negatively impacted which will affect their ability to negotiate fee schedules and pay-for-quality payment reform pricing.

Many Physicians Welcome Collaboration

From the start, officials at the TMA saw the benefit of collaborating with HIM professionals and the THIMA. In particular, the TMA welcomed the opportunity to partner with THIMA for content development for ICD-10 education offerings. The physician association's officials feel the THIMA has a reputation for being a leader in the field of coding and documentation, and wants to provide the most comprehensive education to its membership.

TMA has now offered the first of its educational offerings produced in collaboration with THIMA at the MedTenn 2012 annual association meeting in April. THIMA received very high ratings from physician members on evaluation surveys that rated session quality and physician interest in the ICD-10 content.

Both associations' officials feel the collaboration is beneficial, and look forward to offering future ICD-10 education programming as well as collaborating on future healthcare topics.

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Article citation:

McKnight, Wanda G; Madden, Angie. "Working Together: HIM Collaborating with Physicians on ICD-10" *Journal of AHIMA* 83, no.11 (November 2012): 40-42.

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