

ICD 10: How Documentation Challenges Can Be Supported Through the Physician Advisor's Work

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Physician Advisor & UR Team
Boot Camp
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**Mount
Sinai**

Learning Objectives

1. Appreciate the potential for the Physician Advisor's role in preparing your organization's clinicians for ICD-10.
2. Apply a sound, chart-based review approach to physician education around ICD-10.
3. Understand the role of vendor-supported initiatives in the context of internal programs.

Critical Success Factors

- Physician Engagement
 - Strategic approach: planning, training, and monitoring
 - Avoid scare tactics
 - Find and highlight common interests
- Organizational Support
 - Part of enterprise-wide ICD-10 Steering Committee
 - Dedicated and realistic budget and resources
 - Physician leadership

Clinician Training Strategy

- Must tailor methods to clinicians – use power tactics to achieve goals
- Needs/awareness assessment
- Quarterly Town Halls
- Physician Leadership Team

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Welcome to ICD-10

We are diligently working towards a successful implementation when we, along with other institutions across the country, transition to ICD-10 on the government mandated date of October 1, 2014. Currently the United States uses the 9th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). We are the last developed country to transition to the 10th revision (ICD-10). The increased specificity in ICD-10 has the potential to provide better data for evaluating and improving the quality of patient care.

In order to prepare and make sure that our remediation efforts are successful, we will begin dual coding with ICD-9 and ICD-10 on April 1, 2014. This means that we need your help over the next 13 months as we prepare to migrate all areas of the Mount Sinai Medical Center to the new code set. This is an extraordinary undertaking and will take support from everyone to ensure that we are successful.

In 2012, we concluded our financial impact analysis and are now in the remediation phase of the project. As we continue to progress with the ICD-10 project, we are developing training plans that will address the education needs of everyone impacted by the change including physicians, nurses, coders, billers, and IT team members, and others. Similar to other corporate compliance training requirements, ICD-10 training will be mandatory for employees. There will be additional communication provided in various forums and we look forward to your support during this critical transition.

What is ICD-10?

ICD-10-CM is a medical diagnostic coding system implemented by the World Health Organization (WHO) in 1993 to replace ICD-9-CM, our current coding system that was designed thirty years ago. This methodology is used to code diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury and

ICD-10 Fun Facts

While it seems some ICD-10 codes are unlikely to ever be used (ICD-10 Code V91.07XA: Burns due to Water Skis on Fire, Initial Encounter) there is a need for a more detailed medical diagnostic coding system. Providers may never treat a patient who is burned while on water skis, but the new coding system will allow providers to code all ailments with more detail.

Needs & Readiness Assessment

Sent on Behalf of David L. Reich, MD , Carol Porter, DNP, RN, Jeffrey I. Farber, MD, MBA

TO: All Clinical Staff

FROM: David L. Reich, MD

Interim President and Chief Operating Officer, The Mount Sinai Hospital
Horace W. Goldsmith Professor and Chair of Anesthesiology

Carol Porter, DNP, RN

Chief Nursing Officer and Senior Vice President for Nursing
The Mount Sinai Medical Center

Jeffrey I. Farber, MD, MBA

Chief Medical Officer, Mount Sinai Care, LLC
Icahn School of Medicine at Mount Sinai

DATE: June 10, 2013

RE: ICD-10 Survey and Rollout

ICD-10 is an important initiative that affects every area of our institution. Below is a link to a survey that will help us coordinate the communication, education, and support activities required for a successful rollout.

This brief, confidential, survey takes less than 5 minutes to complete and will close on Friday, June 21. Please access the survey at the following link:

<http://www.surveymonkey.com/s/ICD10ClinicianSurvey>

Thank you for your support.

Quarterly Town Halls

Subject: ICD10 Quarterly Update 2013 Q1

When: Tuesday, March 12, 2013 1:00 PM-2:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: Hatch Auditorium

To everyone impacted by and interested in ICD-10...

What: Quarterly Stakeholder Update - Physician Panel Discussion

Who: Panelists - Dr. Bruce Darrow, Dr. Jeffrey Farber & Dr. David Reich

When: Tuesday, March 12th (1pm – 2pm)

Where: Hatch Auditorium

We are pleased to announce that our panelists will discuss the Impact of ICD10 from a Physician perspective and answer your questions about our plans and approach to ensure Mount Sinai's readiness for ICD10.

We look forward to seeing you there and having an interactive discussion!

Thank you,

Implementing the Education Strategy

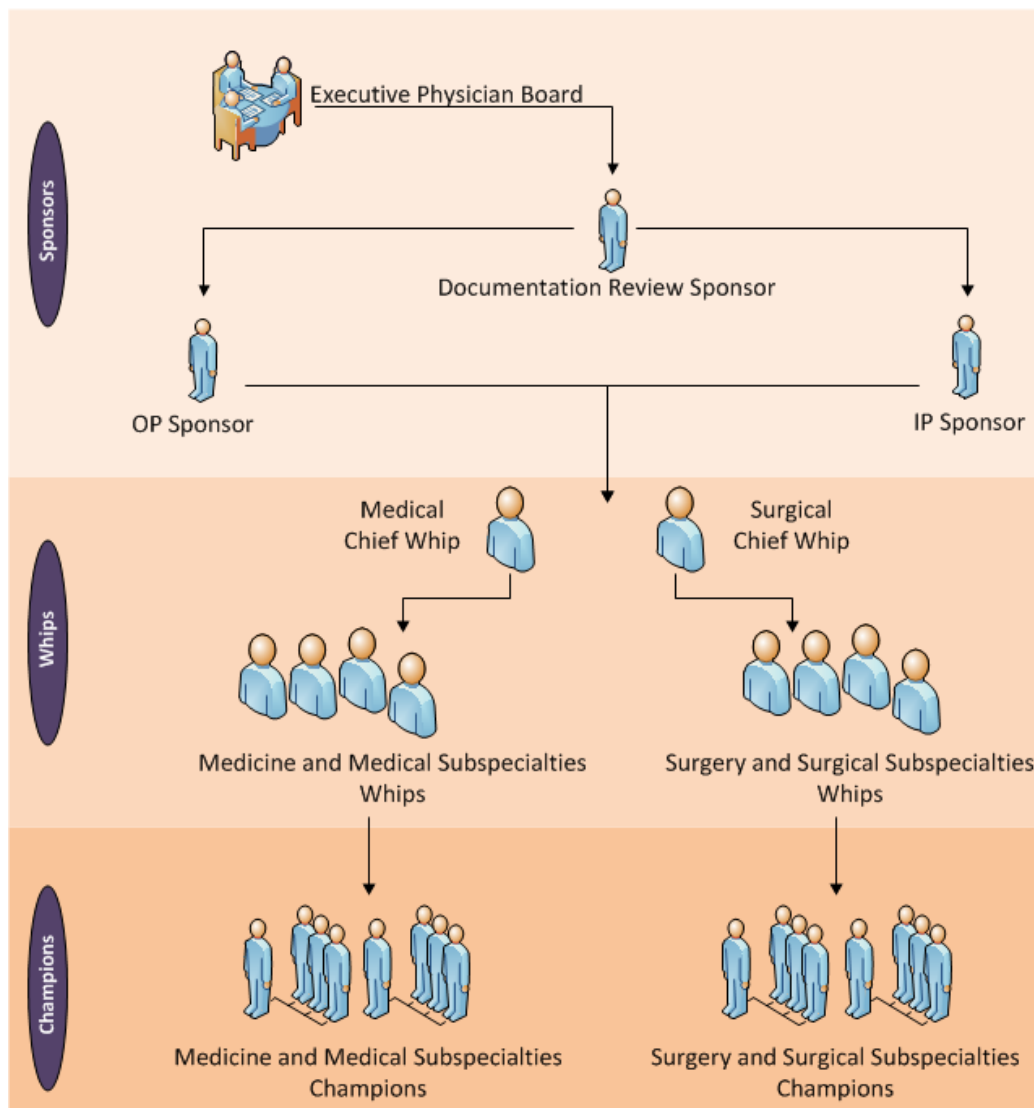
Approach

- Combination of Inpatient, Outpatient and Ambulatory Surgery documentation review
- Chart reviews will be coordinated as much as possible
- Education will be delivered to physicians by champions
- Initial Education – review findings and how this impacts the physician and quality ratings and reimbursement
- Second Education – reinforce findings and education and provide education around template changes (paper and/or electronic)

Post Education Audit Team

- Audits will be done on regular intervals following the completion of both Physician Education sessions
- This will be an iterative process

Physician Leaders



Roles and Responsibilities

Executive Physician Board

- Ensure success of the initiative, provide strategic direction and provide support to the Documentation Review Sponsor

Documentation Review Sponsor

- Leverage Executive Physician Board as needed
- Provide strategic direction
- Provide direction and leadership to IP and OP Sponsors
- Provide direction and leadership to Whips and Champions
- Ensure success of Documentation Review Initiative, Physician Education and Template Remediation (electronic and paper)
- Ensure quality of chart reviews, education and post education audits

IP and OP Sponsors

- Take direction from the Documentation Review Sponsor
- Provide direction and leadership to Whips
- Ensure success of all IP and OP education efforts
- Ensure physicians attend required education (as needed)
- Ensure timelines are adhered to and met

Chief Whips

- Take direction from the sponsors

Whips

- Take direction from the Chief Whips

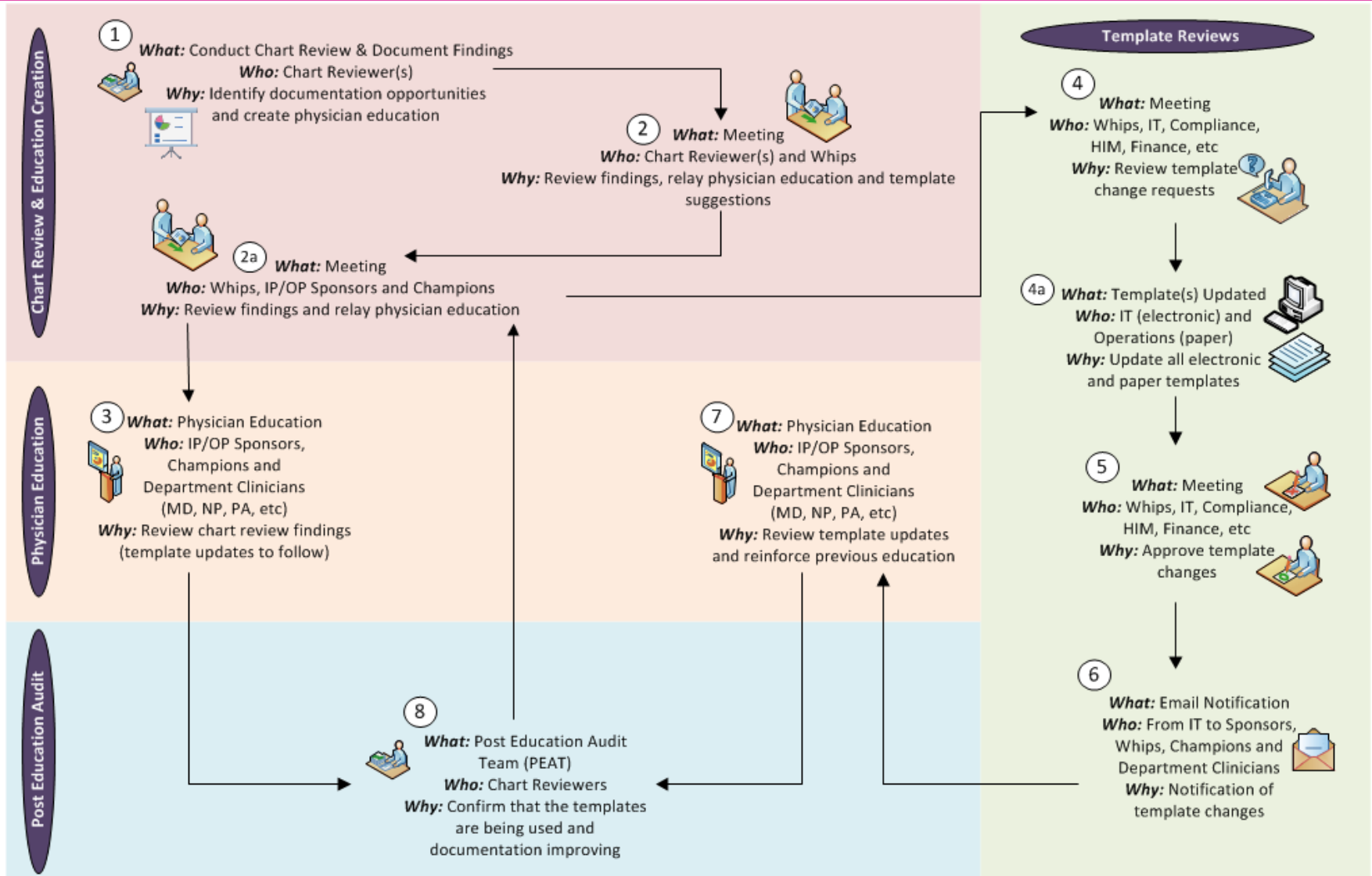
All Whips

- Attend meeting with Chart Reviewers
- Understand documentation opportunities for their specialty
- Relay education to Champions in their specialty
- Ensure that Champions are delivering all required education
- Participate in Template Review process (attend all required meetings, provide input to IT for revisions, etc.)

All Champions

- Take direction from Whips
- Understand documentation opportunities for their specialty
- Understand education that needs to be relayed to clinicians in their specialty
- Schedule and deliver **initial education** to all relevant clinicians within their specialty
- Schedule and deliver **second education** around template updates to all clinicians within their specialty
- Schedule and deliver **any additional education** required by the Post Education Audit Team (PEAT)

Work Flow



Power Tactics

- ▶ **Power**: One's capacity to influence another's behavior to be in accordance with one's wishes. The ability to mobilize resource(s) to achieve some end.
- ▶ **Formal**: based on one's position in the organization
 - Coercive and Reward
 - Legitimate: from position within hierarchy
- ▶ **Informal** (personal) power encompasses both:
 - Expert (physician advisor knowledge base)
 - Referent power: if I like, respect, and admire you, you can exercise power over me because I want to please you.
 - Charismatic power: due to one's attractive visions (based on personality and interpersonal style)

The Greatest Challenge For The Physician Advisor is Physician Engagement

POWER TACTICS

Behaviors one utilizes to influence:

- ▶ Legitimacy
- ▶ Rational persuasion
- ▶ Coalitions
- ▶ Inspirational appeals
- ▶ Consultation
- ▶ Exchange
- ▶ Personal appeals
- ▶ Ingratiation
- ▶ Pressure

Matching Power Tactics To The Audience

- ▶ Upward influence: rational persuasion
- ▶ Downward influence: everything except personal appeals and coalitions
- ▶ Lateral influence: everything except inspirational appeals and pressure

Examples of Power Tactics

- ▶ Rational persuasion: improved documentation defends you from medical liability allegations and enhances your reputation through accurate comparative analytics and public reporting of severity-adjusted quality data.
- ▶ Consultation: Dr. Best prefers we contact him in this manner. What works best for you?
- ▶ Coalitions: Dr. Smith in cardiology thinks it's a great idea
- ▶ Ingratiation: That was a great talk you gave at grand rounds.

Examples of Power Tactics (cont.)

- ▶ Legitimacy: Messaging directly from CEO and CFO as an organizational priority, including metrics on service line dashboards.
- ▶ Consultation and Ingratiation: Thank you for encouraging your faculty to work with us preparing for ICD-10. Partnering with us will ensure revenue integrity when the hospital and physician billing are aligned.
- ▶ Exchange: Partnering with us on improved front-end documentation will allow us to improve your service line's case mix index through improved documentation and electronic medical record templating.

Clinical Service Line Specific Physician Education

DRG 237-238 (Major Cardiovascular Procedures)

- 1) Intra-Aortic Balloon Pump (IABP) – unable to submit claim.

Cath Report notes:

PROCEDURE : 1. Left Heart Cath
3. Coronary Intervention
5. Left Ventriculography
7. Vascular Closure Device (None)

2. Right Heart Cath
4. Coronary Angiography
6. IABP

IABP : Successful insertion of IABP for hemodynamic support, IABP Insertion Timing: prior to procedure

ICD-10 Documentation Clarification: Duration of IABP is needed to code.

Choose one: 11

Intra aortic balloon pump Assistance, Cardiac 5 A 0 2 ? 1 0

Select duration

1. Continuous

2. Intermittent

Summary Points

1. Preparing clinicians for ICD-10 is a big undertaking.
2. A Physician Advisor can be the right leader for this role.
3. Start now – it's not too late.
4. Focus must be on physician engagement.

Thank you!

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