Krishna Eechampati, M.D., F.A.A.P., is lead physician for the Children’s Urgent Care Centers at Town Center and Hudson Bridge. He also serves on the Physician Practice Council, which is the primary physician leadership body for the Children’s Physician Group. In this Q&A, Dr. Eechampati explains how he and his team have implemented best practices around use of the Diagnosis Calculator in preparation for the Children’s early ICD-10 implementation this summer.

Describe how your practice has implemented Diagnosis Calculator best practices.

We have focused on ICD-10 education, starting regular presentations on the topic at our monthly practice meetings. We actually began our training in April 2014 before the deadline for ICD-10 guidelines was moved to Oct. 1 2015. Because the deadline changed, we re-started our training efforts in early 2015 to meet the new deadline.

We have had two primary goals in our training:
1. Understanding the specificity required by ICD-10 and how to reflect the specific diagnosis accurately; and
2. Identifying how ICD-10 is different from ICD-9, as far as documentation guidelines and coding specificity are concerned.

The calculator helps physicians to learn to type in the more specific diagnosis for the most common problems. Our physicians have become familiar with the Diagnosis Calculator after using it for a few months. Eventually, with consistent use, the calculator won’t be needed all the time.

How were you able to motivate your team to implement best practices?

The strongest motivation to do a better job is to be able to provide accurate documentation for the highest appropriate level of patient care. Whether my patient returns to his pediatrician or moves to the hospital for a higher level of care, improved documentation will help with the continuity of care that we provide. This would prevent duplication of services when the patient is followed at a subsequent visit to a primary care provider or the Emergency department. Additionally, documenting accurately and using correct ICD-10 codes can avoid a negative financial impact on our practice, by helping to prevent delayed or denied claims.

A great relief to my team was the knowledge that not all 65,000 codes are applicable to our specialty or to our daily routines. I educated our physicians about
the number of codes that were most likely to affect our patients and our group. While change can be difficult, they realized that ICD-10 may not be as challenging as previously thought.

What results have you seen thus far?

We are still in our initial stages, but I’ve heard no specific complaints about the calculator. At this point, our accuracy in meeting ICD-10 codes varies, depending on the scenario. Personally, I have started using more specific language to avoid the prompts. I will be eager to learn if other physicians have seen similar results as we begin to evaluate our results more formally later this summer.

In our next stage, after we have all completed training, I know we will be conducting chart audits at the direction of the ICD-10 leadership group. This will help us identify any particular areas where we need additional help.

How has ICD-10 implementation benefitted you or your practice?

My documentation has improved quite a bit, and I feel good about documenting correctly under ICD-10. Additionally, I am very pleased thus far with the progress our group is making toward the Oct. 1 deadline. I haven’t heard any pessimism about ICD-10 to date.

This is not just to benefit the insurance companies. When it comes to providing for our patients, today’s electronic world allows immediate transfer of data to the next provider for continuity and completion of care. We are all human, and our goal is to provide the highest level of care that we can. The Diagnosis Calculator helps us to meet the ICD-10 requirements and do the right thing for our patients.