

July 2013

Quillen Quick Notes

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ICD-10 is Just Around the Corner

ICD-10 IMPLEMENTATION
OCTOBER 1, 2014

The International Classification of Diseases (ICD) is the United Nations-sponsored World Health Organization’s standard diagnostic tool for epidemiology, health management, and clinical purposes. The **ICD** is revised periodically, and is currently in its tenth revision.

In this classification system, there is a separate listing and code for every clinical concept. This makes the system quite cumbersome for compiling health statistics.

Published in 1949, **ICD-6** was the first to be shaped to become suitable for morbidity reporting. **ICD-7** was introduced in 1955—a revision limited to essential changes of amendments of errors and inconsistencies. Beginning in 1968, **ICD-8** served as the basis for coding diagnostic data for both official morbidity and mortality statistics in the United States. And in 1975, **ICD-9** included technical innovations aimed at increasing its flexibility for use in a variety of situations.

The transition to **ICD-10** is occurring because **ICD-9** produces limited data about patients’ medical conditions and hospital

inpatient procedures. **ICD-9** is 30 years old, has outdated terms, and is inconsistent with current medical practices. Also, the structure of **ICD-9** limits the number of new codes that can be created, and many **ICD-9** categories are full.

ICD-10-CM will be used in all clinical settings. Diagnosis coding under **ICD-10-CM** uses upward to 7 digits instead of the 3 to 5 digits used with **ICD-9-CM**; however, the format of the code sets is similar.

Who Needs to Transition

ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by Health Insurance Portability Accountability Act (**HIPAA**), not just those who submit Medicare or Medicaid claims. The change to **ICD-10** does not affect CPT coding for outpatient procedures.

The new, more detailed codes of **ICD-10-CM** combined with computer science, will allow for better analysis of disease patterns and treatment outcomes that can advance medical care. These same details will streamline claims submissions, since these details will make the initial claim much easier for payers to understand.

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EHR Challenge

June Challenge Winner

Our June challenge was an office challenge to be awarded to the Quillen ETSU Clinic with the highest percentage of patient education documented.

Congratulations to both Quillen ETSU Pediatrics and Quillen Fertility & Women's Services. These offices tied for first place.

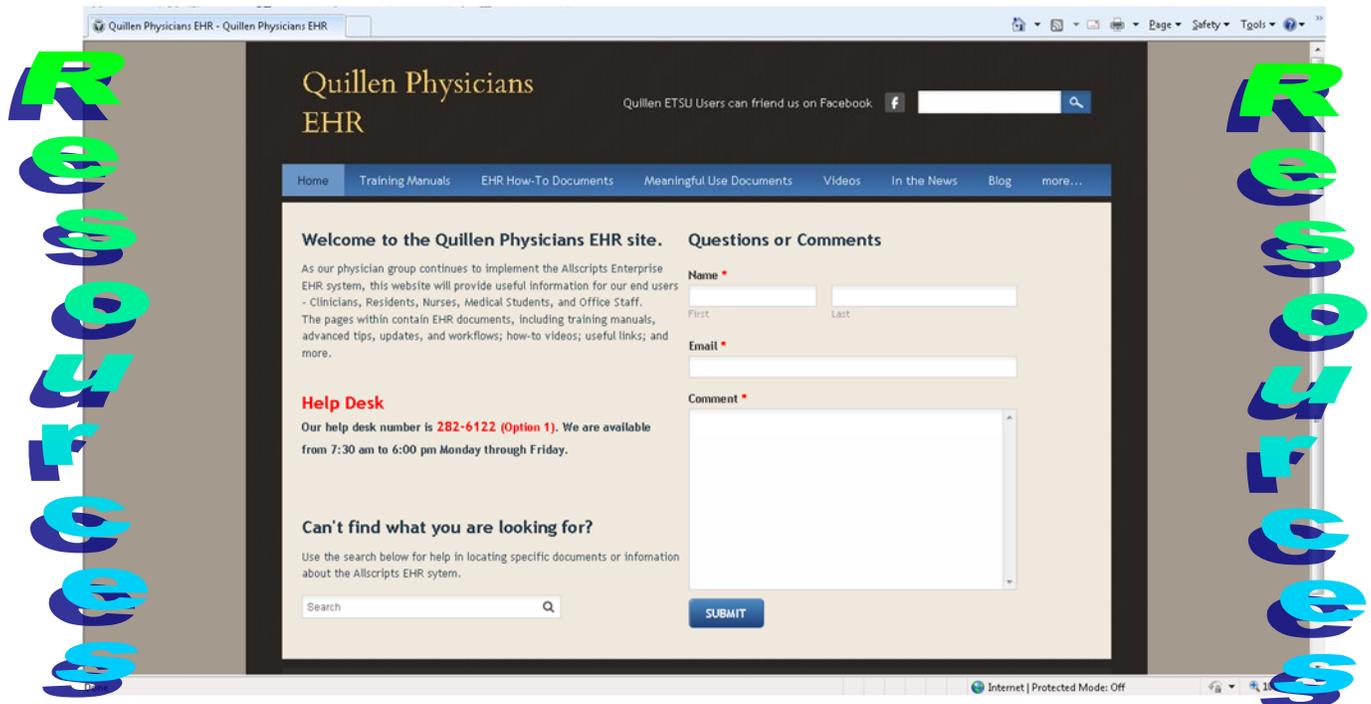
Lunch will be on us!

July Challenge



Who has the most EHR spirit in your office? For this month's challenge, send us a picture of yourself proving how much you like using the EHR. We'll post all pictures submitted by July 21st on our Facebook wall and let everyone vote. The picture with the most votes will win a prize. Send your best EHR picture to ehrmail@qetsu.org Only pictures submitted to this email address will qualify.

Smile and say cheese!



The Quillen Physicians EHR website is a tremendous resource at your fingertips. You can easily access our Training Modules, How-To Documents, Manuals, Videos, and more.



<http://quillenphysiciansehr.weebly.com/>

ICD-10 Is Just Around the Corner *(continued from Page 1)*

In many ways, **ICD-10-CM** is quite similar to **ICD-9-CM**. The guidelines, conventions, and rules are very similar. The organization of the codes is very similar. Anyone who is qualified to code **ICD-9-CM** should be able to make the transition to coding **ICD-10-CM**.

Many improvements have been made to coding in **ICD-10-CM**. For example, a single code can report a disease and its current manifestation. A condition such as asthma is defined as mild, moderate, or persistent and how well it is controlled. Likewise, a trimester is designated in obstetrical codes.

While much has been said about the huge increase in the number of codes under **ICD-10-CM**, some of this growth is due to laterality. While an **ICD-9-CM** code may identify a condition of, for example, the ovary, the parallel **ICD-10-CM** code identifies four codes: unspecified ovary, right ovary, left ovary, or bilateral condition of the ovaries.

The big differences between the two systems are differences that will affect information technology and software.

Our **Allscripts Electronic Health Record** will be able to meet the requirements of **ICD-10-CM**. Efforts have been under way for months now, as we prepare for an upgrade to the EHR system for both **ICD-10** and **Meaningful Use** compliance. At this point, we are waiting on completion of hardware installation and testing by the group who host our EHR servers.

Once the upgrade is completed, we will perform extensive testing to assure everything is working correctly. Users will then receive training before the upgrade is rolled-out to everyone.

As was mentioned in an earlier **Quillen Quick Notes** article, the upgrade to Allscripts Enterprise 11.4.1 has three major areas of change.

▷ Orders Adoption

▷ Meaningful Use Stage 2 Certified Solution, and

▷ Allscripts Patient Portal Adoption.

We will continue to keep everyone updated as we move forward. And as always, we want this transition to be as smooth as possible. Should you have questions, please contact Dr. Tom Jernigan or Monaco Briggs.

Visit www.cms.gov/ICD10 for ICD-10 and Version 5010 resources from CMS.

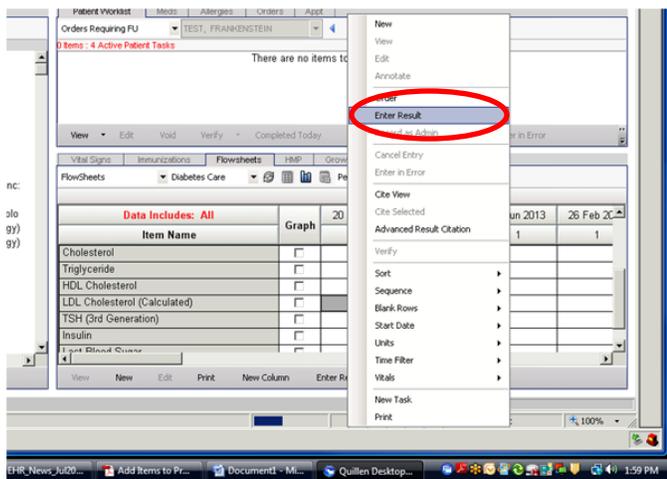
Issue	ICD-9-CM	ICD-10-CM
Volume of codes	Approximately 13,600	Approximately 69,000
Composition of codes	Mostly numeric, with E and V codes alphanumeric. Valid codes of three, four, or five digits.	All codes are alphanumeric, beginning with a letter and with a mix of numbers and letters thereafter. Valid codes may have three, four, five, six or seven digits.
Duplication of code sets	Currently, only ICD-9-CM codes are required. No mapping is necessary.	For a period of two years or more, systems will need to access both ICD-9-CM codes and ICD-10-CM codes as the country transitions from ICD-9-CM to ICD-10-CM. Mapping will be necessary so that equivalent codes can be found for issues of disease tracking, medical necessity edits, and outcomes studies.

Focus on...

Adding Items to a Flowsheet

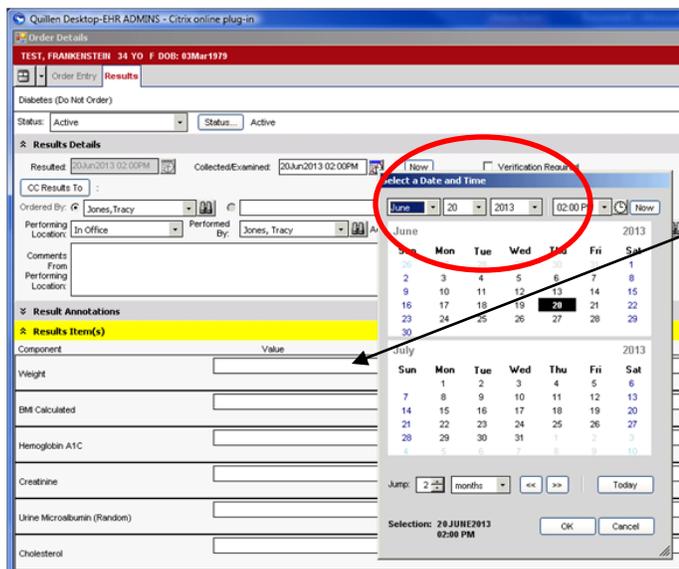
Locate the flowsheet item that you want to update.

Right-click in the field you need to change, and select **Enter Result**.



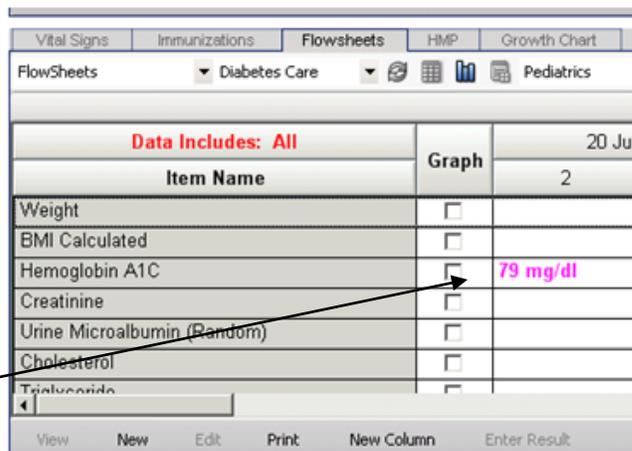
In the **Date/Time** field, enter the correct information.

To fill in the time, click on the **Clock** icon next to the **Time** field, and enter the exact time.



Click **OK** to close the **Date/Time** window.

Next, enter the **value** in the appropriate field.



Click **OK** to close the **Order Details** window.

The values will display on the flowsheet in **Pink** until you click **Commit**.

SUPPORT



HELP DESK

The Help Desk is available Monday through Friday, 7:30 am until 6:00 pm.

When contacting the Help Desk, consider the nature of support needed. For urgent needs (such as inability to log in or perform your job duties), **Call 282-6122 (option 1)**.

For non-urgent requests, select from the following:

- Task the Allscripts Help Team
- E-mail: EHRhelp@qetsu.org
- Open a Help Desk Ticket by clicking on the QITS Help Desk icon on your desktop.



After-hours support is very limited. If you should have an urgent need, send an e-mail with a return phone number to EHRhelp@qetsu.org. Should a member of the EHR Support Team be available, someone will get back in touch with you as soon as possible. Please note that messages left on voicemail after hours will not reach us until the next work day.

EHR ROCKZ

July 2013



Let's give it up for our version of Katy Perry's *Fireworks*! And a one, and a two, and a ...! Do you ever feel — like a paperweight / Sitting on the desk, wanting to do something else?



"Do you ever feel — like you need a cup / One cup of coffee never really seems to be enough? / Do you ever feel—already buried deep / You've done the modules, but remember not a single thing?"



"Do you know that there's — still a chance for you / There is some hope for you? / You've just got to give up the fight, and make the call. / It is our delight, to come help you all!"



"Cause baby we're the EHR — helping everyone both near and far. / We're gonna leave you going 'Wow! Oh, snap!' as we shadow you right back on track! / Yeah, baby, we're the EHR— yeah, everyone knows who we are... Even brighter than the boom, boom, boom!"

Two Years on EHR — Kingsport Internal Medicine

July 6, 2011 may seem like an uneventful day from the past to many of us, but probably not for the Kingsport Internal Medicine (KIM) physicians and staff.

KIM was our fourth site to implement the EHR, and the first Internal Medicine specialty site.



The KIM Green Team having a quick huddle during go-live week.

We Love Change — Change is Good

The KIM staff wrote the following song and sang it during Go Live week to the tune of Sheryl Crow's "A Change Will Do You Good"

**Five days sitting at the same old desk,
Tapping on the keyboard with the schedule a mess.**

**EHR will change things, so we can see
What Allscripts has in mind for you and me.
Charts piled in the floor instead of on the shelf.
Whoever scans the files will be overwhelmed!
We won't have any charts around here;
Instead, there are computers everywhere!**

GUYS: A little change would do you good

GIRLS: We love change, change is good.

GUYS: A little change would do you good

GIRLS: We love change, change is good.

Do You Remember Spring & Summer 2012 — What was happening?

Happy One Year Anniversary to All of These Sites. You've Come a Long Way!



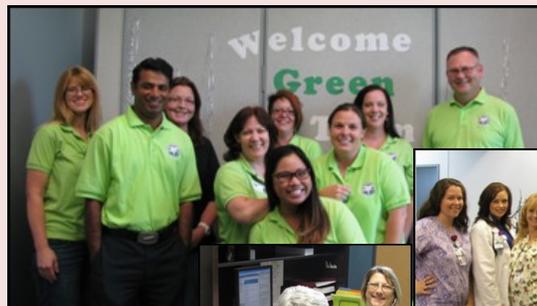
Surgery implemented in April



Johnson City Internal Medicine implemented in May



Pediatrics implemented in June



**CEB-II implemented in August
(Cardiology, Gastroenterology, and Endocrinology)**

Are You a Meaningful User?

I have written about workflow, proper documentation, and clinical quality measures over and over, but my perspective has always been a little one-sided until recently. Always writing from the clinical staffs' viewpoint, I never really considered how the patient might perceive the implementation of our EHR and all of the workflow changes that have come about as a result of our EHR incentives programs, like Meaningful Use or PQRS. However, with the recent illness of my middle daughter, I've gained a lot of valuable patient insight (albeit not from the best of circumstances), and I'm very appreciative of the learning opportunity.

So exactly what have I learned?

1. **Computers can be glitchy, but they provide a lot of valuable information.** While at the hospital and at follow-up appointments with Anna, there were a few times that the computers froze or caused a problem, but, honestly, not that often. And given the alternative —of not having Anna's information readily available and having to wait on records to be faxed—I'll take the occasional glitch. Anna has seen multiple providers during the past few months, and with all them having access to her electronic chart, it put my mind at ease.
2. **Computers do get in between the provider and patient, but it isn't all that bad.** I have heard several clinicians say that they feel like the computer gets in between them and the patient. And I have also heard patients say the same thing. But from what I observed during Anna's experience, it's not really that intrusive. Sure, you have to spend some time entering information, but once the information was entered, all of her providers spent time examining her and talking to her directly. It definitely wasn't any different than writing down the information on paper. I discovered that most everyone who saw her has developed a balance in using the computer and seeing the patient.
3. **An EHR saves the patient money.** As mentioned

A Patient's Perspective and Gratitude

in #1 above, when providers share the same record, it's time gained, but it's also money saved. All of Anna's orders (labs, imaging, etc.) were shared by all of her providers, and no duplicate tests were unnecessarily ordered, saving me money.

4. **The Clinical Summary is nice.** First of all, let me say that Crystal, one of the check-in staff at Pediatrics, does an awesome job. She never forgot to ask us if we wanted a clinical summary of our visit. Although I didn't need her to print it for all of Anna's visits, the document has come in handy at other times. With so many medications and orders and diagnoses, it's difficult to keep track of all that information, especially during a stressful acute illness. Thank you, Crystal, for always asking, because there are times when this mom forgets things.
5. **Quillen ETSU Physicians are wonderful physicians.** Although I've taken advantage of Anna's illness for inspiration to write, I hope everyone will indulge me. The most valuable perspective I gained during this experience is how wonderful our physicians and staff are. Anna has received the best of care, and I can't say enough how appreciative I am for everyone who has helped her. To everyone at ETSU Family Medicine in Johnson City, ETSU Pediatrics, and ETSU Surgery, thank you so much for providing the best of care. You rock (the EHR, too)!



Welcome , New Residents and Fellows!

For the past month, the Downtown Center has been filled up with new residents and fellows, eager to get started documenting in the EHR (or, for the not so computer savvy, maybe not!) Training consisted of both online modules and live class training.

We look forward to working with all of them over the next few years.

