<table>
<thead>
<tr>
<th>Category</th>
<th>Responses</th>
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<tbody>
<tr>
<td>Training performed/preparation for ICD-10-CM/PCS</td>
<td>Most do not know of any training yet but assume it will occur as the transition to ICD-10-CM/PCS approaches. A few have had limited training.</td>
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| Summary of physicians’ needs       | 1. “Need a crosswalk of how OB codes convert to ICD-10 with a simple chart or table.”  
2. “How are we training people to document in the record to be able to code correctly. Need to know what changes in documentation we will need that will affect what we are going to put in the record.”  
3. “Think about approach—don’t be fear based but positive—HIM can help by developing crosswalks about the 10 most common diagnoses; what they mapped to in ICD-10 for every specialty, something like that will be helpful for docs, i.e., approach for dummies.”  
4. “ICD-10 for dummies dumbed down by specialty. Conversion approach for ICD-10; by specialty instead of overwhelming us by all details, like the top-10 list.”  
5. “Summarize the top 10 reasons claims are being rejected. You are not making 20 mistakes but one mistake 20 times so fixing that one mistake cleans it up pretty well.”  
6. “Hiring a HIM [professional] full-time to help with the coding systems, educate billers and coders on how to maximize reimbursement.”  
7. “Provide information and knowledge which is power, and ‘they could help us implement the right processes. ‘Anything that allows generating the work that supports our practice and someone can feed me information, make it more efficient, to comply and to maximize reimbursement for the work that we do.”  
8. Training—“half day to help us make the conversion.” “That should be their role. They could be involved in developing training materials that are palatable for physicians, who typically don’t want to spend very much time on training for things like this. It’s hard to engage physicians so finding a set of materials that they will respond positively to would be valuable.”  
9. “More information on the new codes and how that it is going to affect my patients’ insurance; DSM has many modifiers already so if there was a consistency across or a cheat-sheet on how to translate the two different codes (crosswalk). Navigate between ICD-10 and DSM and new codes; for patients to get their reimbursement efficiently by the insurance company without going back and forth for the right code. Real need for the HIM professional here.”  
10. “Love to have a patient registry based on diagnosis; then be able to use
the EMR to stratify diagnoses and show how many patients are within each one; if have standardized diagnostic criteria see how people are getting treatment in a similar fashion or having follow up.”

11. “Where HIM can help you is to get that *structured documentation to make it simple and easy, help you and your team understand where people fit in that diagnostic criteria, and then help you to monitor and give reports on your data so that you will be able to look at the quality of care and outcomes* and have some confidence that the diagnosis codes that you are stratifying with are accurate and being used appropriately.”