

## ICD-10 Implementation Team – Training Work Group Minutes

October 31, 2011  
12:30pm – 1:30pm

Conference number: **1-888-363-4734**; Access Code: **2142113#**  
<https://dhhs.ncgovconnect.com/histraining/>

**Attendees** (☑ = present; ■ = absent)

<input checked="" type="checkbox"/> Sarah Brooks (Facilitator) - DPH	<input checked="" type="checkbox"/> Frances Taylor – DPH
<input checked="" type="checkbox"/> Dorothy McNeil – Cumberland Co LHD	<input checked="" type="checkbox"/> Gay Welsh – DPH
<input checked="" type="checkbox"/> Leatrice Hamilton – Mecklenburg Co LHD	

Item	Agenda Items	Presenter	Decisions / Action Items	Questions / Comments
1	Purpose of Training Work Group	Sarah Brooks	<p>To serve as a resource to the ICD-10 Implementation Project Manager to aid in the development and review of ICD-10 training deliverables and associated tools to include but not limited to:</p> <ul style="list-style-type: none"> <li>• Training Plan</li> <li>• Education Matrix</li> <li>• Identify Training needs</li> <li>• Define content for training</li> </ul> <p>All training deliverables will be reviewed by the Training Work Group prior to submission to the DPH ICD-10 Implementation Team.</p>	
2	Is there a need for training on local agency Implementation activities?	Sarah Brooks	<p>1. Implementation training is needed for local agencies but should not be offered until the Implementation Plan is approved.</p> <ol style="list-style-type: none"> <li>a. Training needs to be between mid-January to early February in order to provide agencies time to prepare their budget needs related to ICD-10.</li> <li>b. In both the Implementation Plan and during the training, it needs to be very clear as to what the State will provide and what local agencies are responsible for.</li> <li>c. The Training Work Group will draft outline of content, determine number</li> </ol>	<p>Sarah questioned team members about the implementation activities they are currently doing.</p> <ul style="list-style-type: none"> <li>• Dot McNeil stated several from her agency went to AHIMA provider training. They have held internal meetings to address the implementation schedule- where they are, where they want to go, etc. They are also working with their vendor, Netsmart. However, when DPH came on board to assist with the ICD-10 implementation, Cumberland discontinued their internal work.</li> <li>• Leatrice stated her agency is focused on EHR implementation at the present time so they do not want to add anything else on their providers. They plan to train providers and nurses next year. She stated she provides a sheet of the most</li> </ul>

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			<p>of training offerings and most appropriate method(s) for this type of training (e.g., Webinar, Videoconferencing, regional meetings) at their November meeting.</p> <ol style="list-style-type: none"> <li>2. Sarah Brooks will work with HIS staff to determine if there is an existing report that can provide the diagnostic information needed. If not, Sarah will present draft report requirements to the Work Group at their November meeting before it goes to the Implementation Team. More than likely, the report will be developed through CSDW.</li> <li>3. Sarah Brooks will refer to Joy Reed the issue of responsibility overlap.</li> <li>4. Include in Best Practices document recommendations on how to handle the coding of diagnoses when a diagnosis is not on a list of common diagnoses. For example, is the best practice for clinicians to learn how to code or train a few staff in the agency to code the outlier diagnoses?</li> </ol>	<p>common diagnoses for clinical staff to use and then they will need to go the code book for diagnoses not listed. In order to help prepare the list, she stated a report of diagnoses from 2011 needs to be available for each agency.</p> <ul style="list-style-type: none"> <li>• Frances expressed concern about the smaller LHDs noting that the larger agencies will start the implementation process earlier. She noted many of the smaller LHDs may need hands on help but it is unclear who should provide this type of assistance - the Nurse Consultants? Admin Consultants? Frances as the HIPAA Liaison? Frances noted their responsibilities are segmented and oftentimes overlap.</li> </ul>
3	<p>Education Matrix</p>  <p>Education Matrix v2.xls</p>	Sarah Brooks	<ol style="list-style-type: none"> <li>1. Attached is an updated Education Matrix with the LHD roles identified by the Work Group for LHDs filled in. PLEASE NOTE: Sarah has modified the Education Matrix following use of the tool.</li> <li>2. <b>The Training Work Group is requested to review the Education Matrix (attached) and provide any suggestions for change by Nov. 15<sup>th</sup> so this can be discussed at the Nov. 21 Implementation Team meeting.</b></li> </ol>	<p>The Education Matrix draft was reviewed by Work Group members and staff that needs to be included in training for LHDs were identified and added to the matrix. The Implementation Team will need to provide assistance for completing the matrix for DPH, CDSAs, DIRM and Others. Following the meeting, Sarah tried to complete the matrix for 2 of the LHD roles and further modifications to the template were made. It was noted that planning for the actual ICD-10 training will not occur until next year. For now, the Implementation Training for LHDs needs to be the primary focus. However, the Education Matrix is needed to ensure that all roles that need training have been identified since this will be needed for planning purposes.</p>
<p><b>Next Meeting Date: Tuesday, November 29, 2011 12:30pm-1:30pm</b></p>				