II Jornada Técnica
sobre la

CIE 10

proceso
de implantación
en España

ICD-10-CM and PCS Implementation in the U.S.

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AHIMA-Approved ICD-10-CM/PCS Trainer

Objectives

- We'll cover…
  - The U.S. Classification Experience
  - Classifications in Use in the U.S.
  - "Changing shouldn't be this difficult…."
    - Challenges with implementation dates
    - What makes the change this difficult
    - Where do we stand as of May, 2014

Classifications

- International Classification of Diseases in use since 1900's

- Began modifying ICD for the U.S. with ICD-8

- Use ICD-10 International for mortality reporting since 1999

- ICD-10-CM (clinical modification for the U.S.) was tested and ready in the mid-2000s

Classifications

- ICD-9-CM procedure system used for hospital inpatients
    - Only 4 characters and no room for expansion
- "Current Procedural Terminology"
    - American Medical Association
    - Used for physician classification since 1983
    - Used for hospital outpatient classification since 2000

The Planned Classification Systems

ICD-10-CM
and
CPT/HCPCS

Inpatient:
ICD-10-CM
and
ICD-10-PCS

ICD-10-CM
and
CPT/HCPCS

ICD-10-CM
and
CPT/HCPCS

Outpatient:
ICD-10-CM
and
CPT/HCPCS

ICD-10-CM

Several Implementation Delays

- 2009 announcement of 2013

- Delayed in April 2013

- Delayed again in April 2014
  - Opponents saying:
    "Should we really prepare, they'll just delay again"
    "It will never come"

Even without the money issue…

- Three major players in the game
  - Coders
  - Health care providers
  - Software developers/vendors

Coders

- No standard qualifications for "Coder"
  - From Master's, Bachelor's and Associate degreed professionals with classification training
    - Hospital coders
  - "On-the-Job" trained individuals who have passed a certification examination due to experience
    - Physician practice and other health care settings
  - To untrained workers who select codes from lists
    - Almost any health care setting

Training

- No "one-size-fits-all" approach
- Using the approach of assessing level of knowledge and filling the gaps
- Few standardized tests
- Very time consuming
- May see threatening to those currently unprepared
- Work is ongoing to raise knowledge level of all

Training

- Books used for consistent training
- Many U.S. hospital coders use "encoder" software to select codes
  - Logic-based encoder asks the coder to pick from a selection list, assigns codes based on answers
  - Book-based encoder automates the pages of the book
- Difficult to make the adjustment to logic-based encoder for ICD-10-CM/PCS
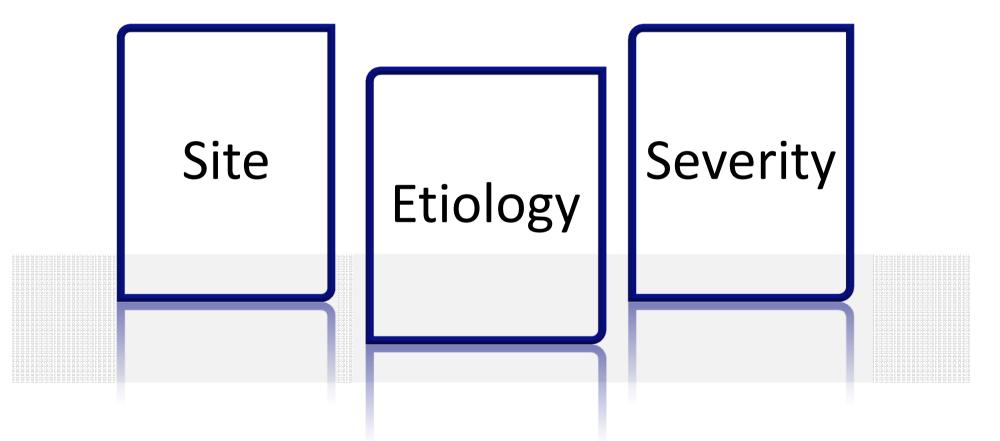
New Challenge for Coders

- New U.S. procedure system requires far more knowledge
  - Weakest area for many hospital inpatient coders
  - They are traditionally seen as the most knowledgeable part of workforce
  - Surprised to see how detailed the new system is and how much more knowledge is needed
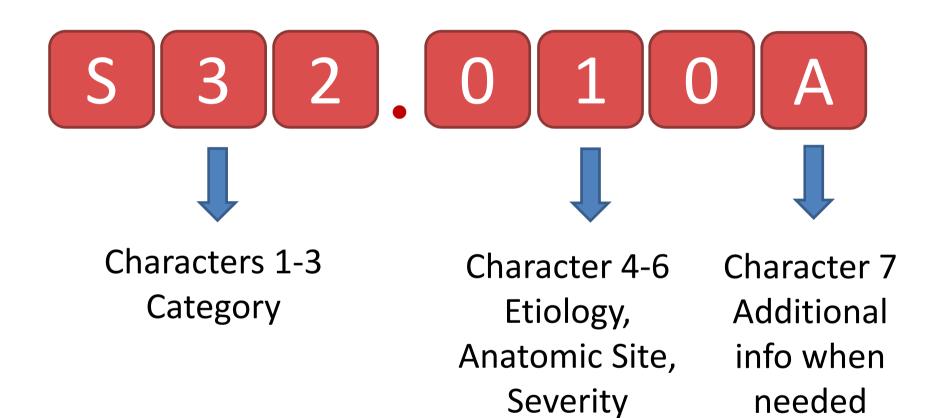 - Considerable number still unaware of new difficulties ahead

Health Care Providers

- The diagnosis classification THRIVES on complete documentation
  - Diagnosis classification can classify anything but data is no richer without detail
  - Only those who can legally assign a diagnosis can create documentation for coding
  - U.S. coders not allowed to interpret documentation or make any assumptions

How Data is Organized

Site

Etiology

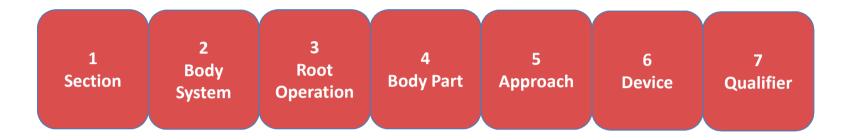Severity

ICD-10-CM Structure

Additional Information Needed

- Injury details
  - Type of fracture
  - Exact location on the bone
- Episode of care
  - Initial, subsequent or sequela
- External Cause of Injury codes
  - Misunderstanding of use

Surgery Detail

- The procedure classification DEMANDS complete documentation
  - 7 characters must be included in each code
  - Each character classifies a different concept with all needed to completely describe the case
  - One default procedure type
  - No defaults on body parts or devices
- Surgeons rarely, if ever, questioned on their work

ICD-10-PCS Code Structure

1 Section	2 Body System	3 Root Operation	4 Body Part	5 Approach	6 Device	7 Qualifier

- Codes comprised of seven components, called characters
- Individual units for each character have a letter or number assigned as a "value"
- Based on the 3rd character of root operation – intent of procedure
- Describes the body part, the approach, any device that remains in place after procedure and "extra" information if necessary

Software Developers and Vendors

- No standardized tools or formal requirements
- Automation tools built on databases
  - Expanded characters
  - Alphanumeric
  - Intense links to financial systems and billing
- Conflicting priorities for developers
  - Other health care data changes
  - Large push to implement electronic health records everywhere across the U.S.
  - Resources are stretched very thin

Productivity

- Health care leaders, health care providers and coders ALL worried about productivity

- Changes in how we do our work

- Software developers worried that they won't be building the tools in the right way for the future

Can't Ignore Reimbursement Issues

- Payers add another major player to the game
  - Intense fear that some forgotten detail will stop money from being paid
  - Real consideration for business failure
    - Success seems out of the control of leadership

Plan, Plan, Plan

- Implementation checklists developed early
- Many misunderstand the time and energy needed to be successful
- Basic project management skills work best
- Project plans revised many times due to delays

Implementation Steps

1. Build a team

2. Make a plan

3. Conduct gap analysis

Implementation Steps

4. Assess documentation

5. Update technology

6. Secure resources:

   – Develop cash reserves

   – Get line of credit

   – Human resources retention plans

Implementation Steps

7. Generate internal support

8. Provide targeted education and dual code

Implementation Steps

9. Test, test, test

10. Monitor and respond to test results and after implementation

The Role of Dual Coding

- Its not double coding
- Coding targeted records in both ICD-9-CM and ICD-10-CM before implementation
  - Can determine documentation issues
  - Generates testing database
  - Good learning method
  - Builds accuracy and speed in safe environment

Where Are We?

- Workgroup for Electronic Data Interchange (WEDI) has surveyed readiness since 2009
- WEDI is a public-private coalition representing all areas of health care that serves as an advisory body to the U.S. Department of Health and Human Services

Where Are We?

- In 2013 WEDI and the Health Information Management Systems Society studied coding accuracy

- Results released Spring 2014

  - Used all AHIMA-approved trainers to develop over 200 pre-coded test cases

  - Test facility coders previously trained in ICD-10-CM/PCS achieved only **63%** accuracy

Where Are We?

- WEDI asked a set of similar questions to the health care industry every six months since 2012

- Published comparable results in March 2013 and October 2013

- Slow, but significant progress continues

Provider Results October 2013

- Gap analysis:
  - 50% complete
- Business changes complete:
  - 10% complete
- Estimated date of external testing:
  - 1st half of 2014: 50%
  - 2nd half of 2014: 15%
- Top obstacles to progress: Staffing, competing priorities and vendor readiness

Provider Results

Question	March 2013		October 2013	
How complete is your gap analysis or assessment?	Complete In progress Unknown	15% 45% 40%	Complete In progress Doing in 2014 Unknown	50% 10% 25% 15%
Business changes complete?	2014 2013 Unknown	30% 30% 40%	Complete 1st half of 2014 2nd half of 2014 Unknown	10% 50% 15% 15%
Estimated Date for External Testing	2014 2013 Unknown	30% 20% 50%	2013 1st half of 2014 2nd half of 2014 Unknown	10% 50% 15% 25%

Provider Results, continued

Question	March 2013		October 2013	
Primary strategy for producing ICD-10 codes?	Direct (Native ICD-10) Combination Crosswalks (GEMs)	25% 50% 25%	Direct (Native ICD-10) Combination Crosswalks (GEMs)	60% 30% 10%
Top obstacles to progress	Staffing Budget Competing priorities Vendor readiness IT impacts		Staffing Competing priorities Vendor readiness IT impact Budget	

Vendor Results, October 2013

- Software ready now or in 2014: 75%
- Top obstacles to progress: Competing priorities and customer readiness

Vendor Results

Question	March 2013		October 2013	
When will ICD-10 services or software be ready?	On-time Early 2014 Unknown	35% 20% 35% 10%	Now 2014 Various	35% 40% 25%
How complete is your solution development for ICD-10?	Complete 25% to 99% Not started or less than 25% complete	20% 40% 40%	Complete 25% to 99% Less than 25% Not started	25% 50% 25% 0%
Top Obstacles to progress	Customer readiness Competing priorities Other regulatory mandates		Competing priorities Customer readiness Other regulatory mandates	

Health Plan (Payer) Results, October 2013

- Gap analysis:
  - 60% complete
- Estimated date for internal testing complete:
  - 30% in 2014
- Estimated date for external testing complete:
  - 60% in 2014

Health Plan (Payer) Results

Question	March 2013		October 2013	
How complete is your gap analysis or assessment?	Complete 75% complete Less than 75% or not started	50% 25% 25%	Complete 75% complete Up to 50% complete Not started	60% 20% 20% 0%
Estimated Date for Internal Testing	Started End of 2013 Unknown	10% 75% 15%	Started End of 2013 2014	50% 20% 30%
Estimated Date for External Testing	Started End of 2013 2014	10% 50% 40%	Started End of 2013 2014	20% 20% 60%
Primary strategy for processing claims	Direct (Native ICD-10) Combination Crosswalks (GEMs)	60% 25% 15%	Direct (Native ICD-10) Combination Crosswalks (GEMs)	70% 25% 5%

Newest Provider Results
March 2014

- 78% have started training on ICD-10-CM

- 64% have started training on ICD-10-PCS

- 68% have started training on documentation improvement

- 76% plan to dual code prior to implementation

"What if we don't change at all ... and something magical just happens?"

Can you translate the caption into a text box?

Thank you!