Assessing the ICD Impact, Planning Organizational Change

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By Chris Dimick

All good plans begin with an assessment of the here-and-now. A first step for any organization mapping its transition to ICD-10-CM/PCS is an assessment of the upgrade's impact on current systems that use ICD codes. Understanding that impact is the start of all other planning, such as timeline and budget.

It is also the start of other benefits. Conducting an impact assessment enables an organization to evaluate its current operations and identify ways to improve them. Such planning is under way at Banner Health.

"The ICD-10 impact assessment has provided Banner Health with a new, more integrated perspective on our system-wide operations," Jaime James, MHA, RHIA, told attendees at AHIMA's 2011 ICD-10 Summit on April 12.

James, senior director of HIM services at Banner, and co-presenter Linda Martin, MA, PMP, Banner's IT project management senior consultant, described the ICD-10 implementation plan at one of the largest nonprofit healthcare companies in the US.

At their transition plan's foundation is a review of all systems that use ICD codes, as well as a collaboration of departments and disciplines across the organization.

Codes in Unexpected Places

Banner operates 23 acute care facilities as well as several laboratories, clinics, and even a health plan. Each of these facilities had to be considered in creating the ICD-10 implementation plan.

Banner began its implementation efforts in 2009 and has been following AHIMA's ICD-10 checklist. The impact assessment, occurring in phase 1 of the checklist, included a search for every system and department that uses ICD-9. The codes appeared in unexpected places.

"This was a surprise for everybody. As we got into this, we learned there are so many business areas that are impacted by ICD-10," Martin said. "This kept me up at night as we were uncovering more areas that were affected. It was just mind-boggling."

The long list of ICD stakeholders presented its own challenges. With five billing applications in the main hospitals and 14 applications in independent IT and other areas, coordination could be difficult when trying to transition the different areas, Martin said.

It also required some introductions. The discussions brought together "folks who weren't used to working with the group."

One tool essential to the assessment was a spreadsheet listing all applications, interfaces, and report extracts across 14 business units. That accounting allowed the Banner team to analyze workflow and pinpoint the places where ICD-9 was being used.

"It seemed like we were going down rabbit holes all the time trying to find areas that will be impacted," Martin said.

Standardization efforts had been under way at Banner since 1999, which gave the ICD-10 team a head start. In addition to identifying systems, the team identified all of the IT and vendor representatives for each of the affected areas and brought them into their ICD-10 plan.

The team reviewed 275 systems and searched 81 different applications and their corresponding vendors for any ICD-10 impact.

Risks, Opportunities, and Revision

Coordination has been difficult on such a far-reaching project.

"Everyone has so much on their plates. We have conflicting projects in house, so it is actually one of the biggest challenges, just scheduling meetings for everyone," Martin said. "They are all double-booked."

Vendor workload is a concern, too. One risk that Banner has identified is its dependency on so many vendors to become compliant in time.

"It makes us uncomfortable," Martin said, who has a calendar listing the date when each vendor says it will be ready for ICD-10. It is a list Martin and James closely monitor.

"We can't complete our impact assessment until we see what changes will come from vendors," Martin said. "This is beyond our control."

They are now in the initial implementation phase that will last until the end of 2011.

The implementation plan is the work of Banner's project management office, the HIM services department, and the IT department. However, the group has pulled in nearly every department to provide input on the transition. Other projects like ARRA changes and the meaningful use program have been linked to ICD-10 efforts in order to maximize efforts.

Despite its efforts, the assessment team can't plan everything at this point. One such item is whether EHR documentation templates may require major changes to accommodate ICD-10, something "we haven't quite been able to get a handle on yet," Martin said.

Banner pulls together the entire ICD planning team to review and rethink its strategy as necessary, just to ensure the enterprise is on the right path. This is an important step.

"You have to be comfortable with going back and revising your work," Martin said.

To date Banner's work has identified various opportunities to leverage ICD-10 implementation across operations, including:

- Decreasing diagnosis-related billing denials

- Improving registration processes and protocols in the revenue cycle

- Advancing use of computer-assisted coding tools

- Improving appropriateness of reimbursements due to higher specificity of coded data that allows payment for new procedures

- Increasing efficiencies by identifying processes that can be standardized across the entire enterprise

In the midst of the focus on systems and codes, James and Martin say the ICD-10 team has worked to keep people in mind, too. Maintaining staff morale is a consideration. Keep things positive, they said, and staff will respond to transition efforts.

"Breaking ICD-10 down and sharing the accomplishments has been helpful. We didn't want to wear people out with 'ICD! ICD! ICD!' and telling the scary stories," Martin said.

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