Data Management a Hot Topic at ICD-10 Summit: Top Ten Lists, Documentation Teams, and Code Freeze Info Among Highlights

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The conversion to ICD-10 impacts all segments of healthcare, including data management processes.

The 2012 ICD-10 Summit provided attendees and presenters alike the opportunity to learn from the experiences of their peers and hear first-hand accounts of ICD-10 implementation successes-as well as opportunities for improvement.

While much of the discussion during April's summit was focused on the proposed implementation delay, a variety of healthcare professionals also shared detailed accounts of what they're doing to continue the transition in their organizations and ensure that data management remains a top priority.

ICD-10 Implementation Top Ten List

On April 17, 2012, the Department of Health and Human Services published a proposed rule calling for a one-year delay of the ICD-10-CM/PCS implementation until October 1, 2014.

Despite the proposed delay, several healthcare professionals, including representatives from Vanderbilt University Medical Center, called on their peers at the summit to remain focused and not fall behind on ICD-10 implementation.

Based in Nashville, TN, Vanderbilt University Medical Center has developed a "Top 10 List" of ICD-10 initiatives to help guide their transition efforts and stay on track. Presented at the ICD-10 Summit, several of these top 10 list items focus on preserving data standards and continuing data management.

Presenters Theresa Zuckowsky, CBCP, MMHC, and Jennifer Causey, MSHA, MBA, RHIA, members of Vanderbilt's ICD-10 transition project management office, shared their ICD-10 "to do" list, and laid out the challenges associated with managing such a complex initiative in a large healthcare organization.

With a possible delay looming, many organizations find themselves struggling to maintain momentum for continuing their transition efforts. The project management team at Vanderbilt is using a number of their top 10 initiatives to show the value of early adoption.

Vanderbilt ICD-10 Top 10 Initiatives

The ICD-10 transition project management office at Vanderbilt University Medical Center shared their ICD-10 "to do" list at the 2012 ICD-10 Summit. The team is using a number of their top 10 initiatives to show the value of early adoption.

The top 10 list includes:

1. Application Readiness
2. Coder Recruitment and Retention
3. Early Adoption
4. Clinical Terminology Service
5. Paper Documents

6. Enterprise Data Warehouse
7. Payer Readiness
8. Query Optimization
9. Research Databases
10. Charge Capture

Application Readiness

Though an initial application assessment conducted at Vanderbilt by a consulting firm in early 2011 identified approximately 61 applications using ICD-9 codes, further analysis identified approximately 113 applications needing remediation.

To address this, Vanderbilt worked into their transition plan the development of an application readiness matrix and created a master ICD-10 compliance and integrated testing timeline to plot out the transition of each of the 113 applications.

Coder Recruitment and Retention

While the current coder market is competitive, this will only increase as the industry nears ICD-10. Vanderbilt estimated it takes an average of six months to recruit a qualified coder and then six additional months to learn Vanderbilt systems, the presenters said.

To get ahead of this learning curve, Vanderbilt's project management office worked with its human resources department to develop a retention plan for existing coders, and began coder recruitment in early 2012.

Early Adoption

Industry estimates state that there will be a 50 percent decrease in coder productivity during the first months of using ICD-10. Coders need to be prepared for the significant impact to their workflow, and begin training now to ensure they are up to speed before the ICD-10 compliance deadline. Vanderbilt plans to adopt ICD-10 early by beginning dual coding for inpatient claims in January 2013 or January 2014 (depending on the delay) and will soon implement software for dual coding. Coders have also started learning ICD-10 early, with training ongoing since early 2011, the presenters said.

Clinical Terminology Service

Since some Vanderbilt systems have independent databases for ICD-9 codes requiring manual updates, the presenters said there needs to be a "single source of truth" for cross mapping. To aid the ICD-10 transition, a Common Terminology Service (CTS) has been developed for applications to interface with ICD codes and annual updates. CTS will also act as Vanderbilt's cross mapping service.

Paper Documents

There are predefined ICD-9 codes in both paper and electronic forms and documents throughout Vanderbilt. Vanderbilt is currently inventorying all systems with documents and forms and creating a master list to begin remediation in January 2014.

Enterprise Data Warehouse

Reports generated by Vanderbilt's Enterprise Data Warehouse using ICD-9 codes must be redesigned for ICD-10. Surveys are being conducted to identify usage of both ad hoc and canned reports with ICD-9 codes, the presenters said. Usage will be analyzed and reports redesigned and tested with ICD-10. Also, end user training will be conducted for new reports.

Payer Readiness

The presenters conceded the possibility that some Vanderbilt payers will not be ICD-10 compliant by the final compliance date. To stay up-to-date on vendor readiness, Vanderbilt had surveys conducted with all their payers in spring 2011 to learn about remediation efforts. These surveys will be conducted again closer to the compliance deadline. Vanderbilt aims to be 100 percent ICD-10 compliant by the CMS compliance date, and plans to back map to ICD-9 for those payers who are not compliant.

Query Optimization

Physician inquiries will most likely increase due to the specificity of ICD-10 codes, requiring more documentation. Vanderbilt has begun an initiative to standardize templates utilized by physicians to better collect information on the front end. The hope is that this will reduce communication between coders and physicians through queries on the back end, the presenters said. The project management office will implement software that ensures use of compliant query verbiage and allows for query tracking to reduce duplicates.

Research Databases

Many Vanderbilt investigators have independent databases containing ICD-9 codes, which could cause issues if these databases are not all converted to ICD-10. To overcome this transition hurdle, Vanderbilt is currently developing use cases for CTS and their research databases. They are also developing a communication plan for an inventory of all investigations with ICD-9 code databases. Investigators will have the ability to map their databases forward to ICD-10.

Charge Capture

Vanderbilt clinics use encounter forms with E&M codes, CPT codes and ICD-9 codes, and has several clinics where the ICD-10 codes will not fit on the encounter forms.

To solve this problem the organization plans to pilot electronic professional charge capture with their outpatient order management system, the presenters said.

Other Summit Highlights

Documentation Teams Recommended

ICD-10 can easily be mistaken for a future initiative, but what and how healthcare professionals document now can have an impact on ICD-10. Bernice von Saleski, RHIA, MAS, director of coding at Boston-based Partners HealthCare, made this point during her summit presentation. Von Saleski focused on documentation as it relates to ICD-10, and how documentation now can be used in the transition to ICD-10.

The first portion of the presentation discussed Partners' documentation team and the need for healthcare professionals to expand the scope of documentation improvement efforts to include the specificity needed in ICD-10. Also, von Saleski suggested that now may be the time to organize a documentation team if a facility doesn't already have one. Documentation teams provide an opportunity to assess the coding query process and determine what changes should be made related to documentation needs for ICD-10.

Code Freeze Will Remain

The partial code freeze currently in place for ICD-9 will remain throughout any ICD-10 implementation delay, said two government official presenters at the ICD-10 Summit.

Pat Brooks, RHIA, senior technical advisor for CMS, and Donna Pickett, MPH, RHIA, medical systems administrator at the Centers for Disease Control and Prevention/National Center for Health Statistics, presented information related to the ICD-10 code sets and discussed details related to the proposed delay.

Brooks clarified that if the ICD-10 transition delay is approved, the partial ICD-9-CM code freeze will continue and codes will only be added for new diseases and new technology. CMS' ICD-9-CM Coordination and Maintenance Committee, the group responsible for approving coding changes, will continue to meet throughout a delay and discuss new code requests.

ICD-10 Benefits Abound

A final summit takeaway came from Nelly Leon-Chisen, RHIA, director of coding and classification for the American Hospital Association. Leon-Chisen discussed the many benefits associated with the transition to ICD-10-CM/PCS during her summit presentation.

Benefits include:

- Improved clinical practice through a better understanding of disease and the resources used for treatment of a patient's disease or illness
- Enabling the creation of IT systems that can reduce medical errors and duplication of work; IT coupled with the adoption of ICD-10 can be a powerful tool to improve the quality, effectiveness, and delivery of healthcare services
- Ability to more easily develop EHR components that can interconnect meaningful information with clinicians and other healthcare professionals

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Article citation:
DeVault, Kathryn. "Data Management a Hot Topic at ICD-10 Summit: Top Ten Lists, Documentation Teams, and Code Freeze Info Among Highlights" *Journal of AHIMA* 83, no.7 (July 2012): 54-56.

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