

# Despite Industry Skepticism, Delay Offers Opportunity to Streamline Preparations

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*By Mary Butler*

Wednesday's ICD-10-CM/PCS and Computer-Assisted Coding Summit keynote speaker, Rose Dunn, MBA, RHIA, CPA, FACHE, took a series of audience polls at the beginning of her presentation. When she asked how many audience members thought the new ICD-10-CM/PCS implementation date would be after the expected October 2015 date, a majority of the audience raised their hands.

Next, Dunn asked how many people wanted to sue the federal government, a question which drew several raised hands but more laughter. One audience member shouted, "By voice vote!" The comment was [in reference](#) to the way the US House of Representatives passed the legislation that delayed ICD-10 implementation until at least October 1, 2015.

Dunn's questions demonstrated the skepticism that health information management (HIM) professionals and other healthcare stakeholders face in getting their healthcare partners to stay on track with plans to transition from ICD-9 to ICD-10. Her presentation, "ICD-10 Readiness: What Should Be on Your Agenda for the Next 6 18 Months," was more upbeat, outlining strategies for making the most of the delay and uncertainty.

## Providers Need to Use Their Time Wisely

Making the most out of the ICD-10 delay, primarily for providers, means taking four key actions, according to Dunn:

- Completing ICD-10 system upgrades
- Focusing on ailments or pre-identified weaknesses
- Addressing physician documentation deficits
- Automating processes whenever possible

Many vendors coupled ICD-10 and "meaningful use" EHR Incentive Program updates, Dunn said. As such, providers should continue testing their health IT systems to make sure they're still functional and compatible.

Additionally, providers need to follow up with payers because "payers want ICD-10," Dunn emphasized. "They may not be able to continue testing," she said. "A number of payers wish to do testing with their providers, quite a few want to see continued testing."

## Continue 'Growing Coders,' Documentation Efforts

Even with the delay, coders with knowledge in both code sets will continue to be in demand, and there are many places to find them, Dunn said. Now is the time to consider starting apprenticeship programs for younger coders, but don't overlook other medical professionals as well.

"We have an excess of physical therapists and nurses. Graduates [in these areas] who cannot find a job. There's a pool of labor with basic bioscience education," Dunn said. "Folks coming back from the military, don't want to forget them. Transcriptionists tired of typing and dealing with voice recognition."

Likewise, clinical documentation improvement (CDI) programs can be continued or ramped up over the next several months. Dunn says the industry now has 18 months to get rid of the steep learning curve that coding managers anticipated with the new code set. Physician education efforts should continue as planned, and physicians should keep practicing coding cases.

“Should they practice as many cases? No, but have them continue to practice,” Dunn said.

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