Finding the New Normal with ICD-10-CM/PCS

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Rochester Regional Health is an integrated health services organization serving the people of western New York and the Finger Lakes region. The system provides care from 150 locations, including five hospitals; more than 100 primary and specialty practices, rehabilitation centers, and ambulatory campuses; has senior services, facilities, and independent housing; a wide range of behavioral health services; and the ACM Medical Laboratory specializing in patient and clinical trials.

Like many healthcare organizations, Rochester Regional has been working to find the new normal of coding post-ICD-10 implementation. The following presents their experience to date with ICD-10 and its impact on productivity—a story similar to many other healthcare organizations.

Now that ICD-10-CM/PCS has been implemented for more than an entire fiscal quarter, Rochester Regional has been tracking its progress with ICD-10 and continues to balance coding efficiency with productivity. Having practiced dual coding and educated staff and physicians while engaged in testing for several months prior to go-live, the implementation of ICD-10-CM/PCS was almost a non-event on October 1, 2015 for Rochester Regional. The organization is starting to see the fruits of its labor in its coding accuracy scores, case mix index (CMI), and the low impact ICD-10 has had on coding productivity.

The organization planned for a productivity hit by securing contract coding professionals and offering incentives to its own staff. Shortly after go-live Rochester Regional staff realized they were performing much better than anticipated. Audit findings supported this coding confidence with minimal issues discovered. In fact the coding staff is the most productive they have been in months because they can now focus on one classification system.

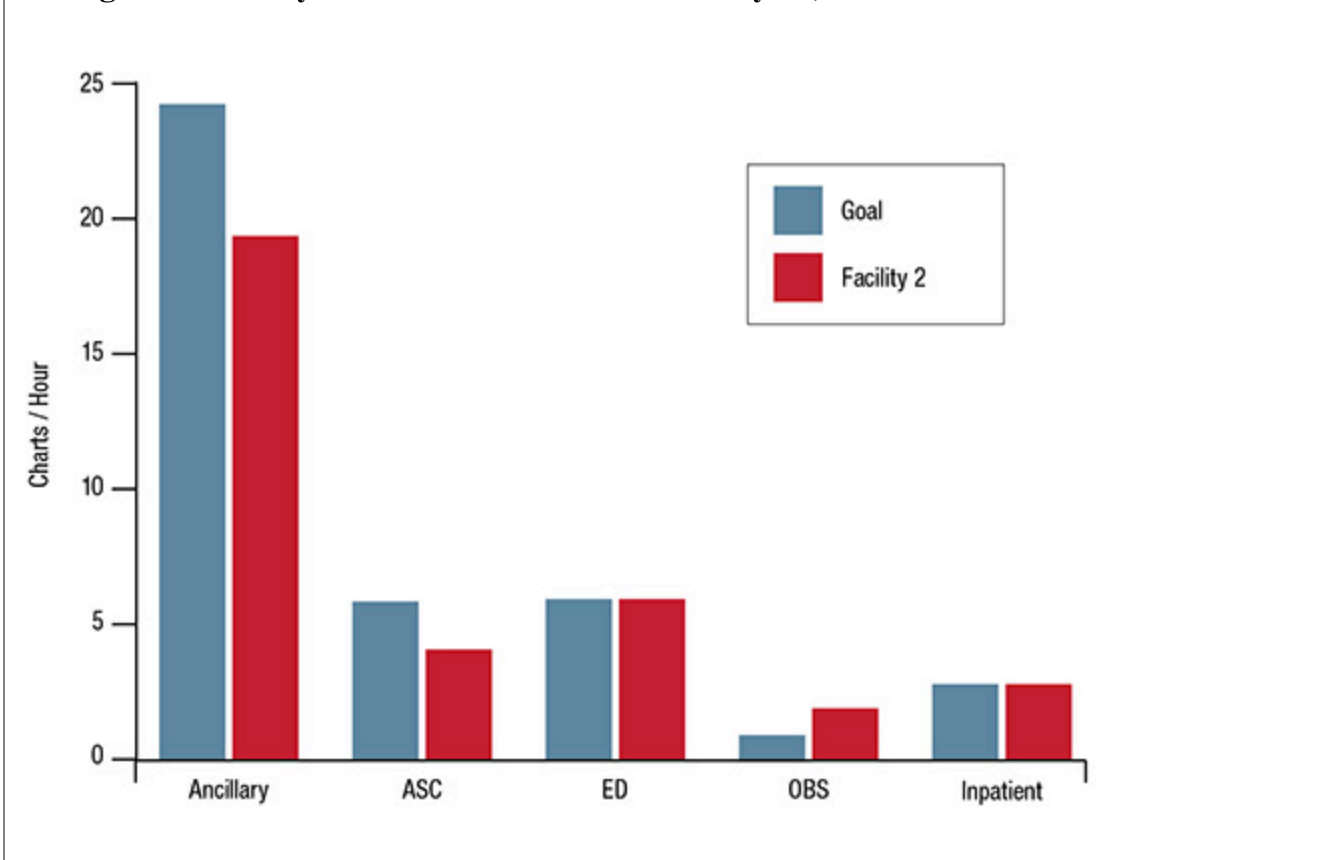## Snapshot of a Facility's Coding Productivity Post-ICD-10

The creation of Rochester Regional's Access Coding Productivity Database has allowed management to tease out non-productive coding time with ease and categorize the coders' daily activities.
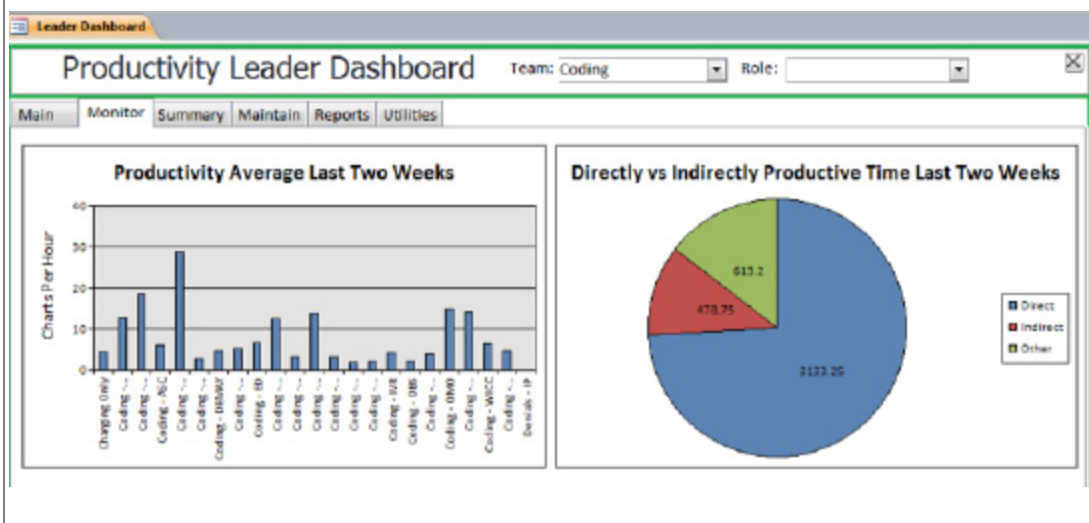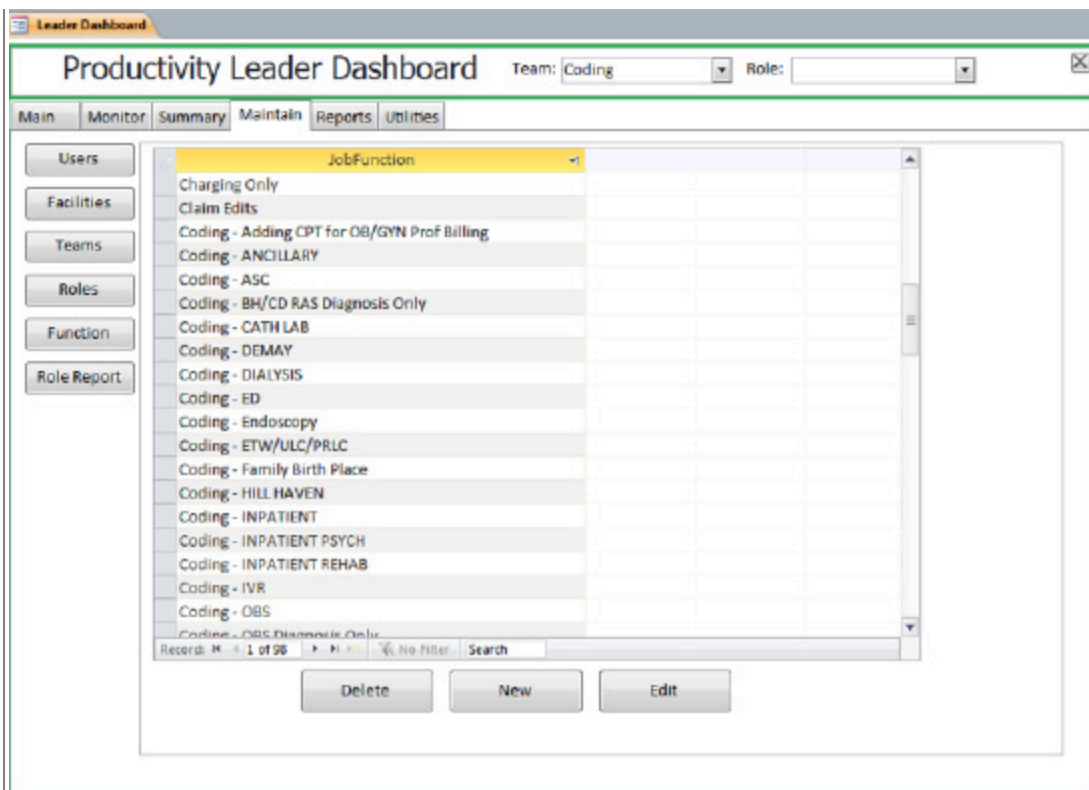
Rochester Regional coding professionals have matched—and in some cases beaten—the national coding standards published for ICD-9. Their inpatient coding professionals took the biggest hit in productivity with the added layer of ICD-10-PCS. Through its productivity Access database Rochester Regional has calculated about 0.5 to 1.0 chart per hour less productivity for inpatient coding since switching to ICD-10. Health information management (HIM) leadership is determined to become as efficient as possible with workflow, coding tools, and leveraging the clinical documentation improvement program to reduce the number of coding queries.

Rochester Regional management has created coding dashboards that are now shared with staff each week. The coding dashboard was created to help track and trend progress after the implementation of ICD-10 with a weekly view of current accounts receivable, outstanding claim edits, and coding productivity. The display of coding productivity and establishment of goals has painted a clear picture of HIM leadership's expectations to staff. The creation of new goals by each work-type gives Rochester Regional's coding professionals a target to strive for, which will in turn help to establish the organization's "new normal" with this new code set. The sidebar below shows a coding productivity graph focused on one facility by work-type as of January 21, 2016.

Coding Productivity Charts Per Hour as of January 21, 2016

In order for coding professionals to reach Rochester Regional coding productivity targets, the organization has been looking at its current coding processes and workflow. This includes, but is not limited to, challenges coding professionals face in the electronic health record (EHR), any non-productive coding activities, incomplete notes, charging, queries, and reconciliation between the facility and professional coding. The creation of its Access Coding Productivity Database has allowed management to tease out non-productive coding time with ease and categorize the coding professionals' daily activities.

Management held town hall style meetings with Rochester Regional staff by work type to gather pain points in the current coding process. It was through these meetings that management learned they could make some immediate fixes to address several broken processes. For example, it was discovered through this process that not all information the coding professionals needed to do their job was populating correctly in the EHR's documentation review tab, where coding professionals get all the information necessary to complete the chart. Rochester Regional staff also combined multiple work queues into one and increased notifications that could be system-generated, which removed some manual processes. These quick fixes had a huge impact on coding productivity, standardization, and morale. Staff also had great ideas of their own to help plan the battle, instead of battling the plan. Staff is constantly encouraged to think outside the box to effect change and gain efficiency, and is encouraged to try and work smarter, not harder.

Rochester Regional also has coding integrity coordinators/educators on staff who help audit and educate internal HIM department staff. This added layer allows for continued research and education for coding professionals on new procedures, new coding concepts, and coding consistency among the team. The common themes found through auditing are shared with coding professionals as broader educational efforts. This is done through team huddles, updates to policies and procedures, and e-mail blasts sent to the largely remote staff. With more than 70 coding professionals needing to receive any communication, education and communication is no small task. It is the coding integrity coordinators/educators that help maintain the organization's coding accuracy scores and efficiency in code application. The coding professionals appreciate the feedback and the knowledge gained through this process.

Other great resources that have helped Rochester Regional reach its goals are the tools available in the organization's coding software. The creation of coding packages and building of prompts in the system are tools coding professionals need to explore and take advantage of more.

The establishment of these prompts is expected to be an efficient way to make coding professionals aware of changes and/or additional coding requirements. Rochester Regional staff expects these tools will help pave the way to coding competence and increased productivity if done well.

These processes and the engagement of the coding staff made Rochester Regional's transition to ICD-10 very successful. Some of the coding professionals held a moment of silence for ICD-9, but then welcomed the official start of ICD-10. Now staff needs to define what life will be like after ICD-10 and continue to establish the new normal for the coding department. Every day continues to be a journey, but Rochester Regional staff feel it has been fun and educational for everyone along the way.

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