

First Lessons

Save to myBoK

By Chris Dimick

In April 2010 the Georgetown University Consulting Team conducted a series of interviews with six hospital networks that had gotten an early start on their ICD-10 transitions. Researchers asked the hospitals about their approaches, priorities, and early experiences. Organizations just getting started on their own transitions can use the findings to better prepare for the journey.

Survey project manager Veronica Jackson, MS, and Rose Dunphy, a certified lead auditor with Booz Allen Hamilton (which collaborated on the project with Georgetown) discussed the findings in Monday's presentation "Navigating Regulatory Change."

At the time of the survey, the ICD-10 implementation deadline had been finalized for 16 months and was three-and-a-half years away. The organizations participating in the survey were "just starting to get engaged and kick it into gear," Jackson and Dunphy related, though most had started their work in 2009.

The researchers selected large, integrated health systems and national industry leaders, which they expected would be tracking well with the October 2013 deadline. Of the six hospital networks participating, three include Tenet Healthcare Corporation, Geisinger Health System, and Kindred Healthcare.

Research questions included: do you have an ICD-10 champion, is there a budget established, how you are working with physician training, and what external system readiness is occurring with vendors?

To varying degrees, the organizations shared the following approaches, traits, challenges, and lessons.

Common Characteristics

- Highly informed of ICD-10 developments.
- More likely to have chosen a steering committee to head ICD-10 implementation rather than a project manager.
- Conducted gap analyses and stakeholder impact assessments to predict the level of disruption the transition would cause.
- Did not rank improvements in clinical quality as a high priority at the time of the survey. Getting people trained was the focal point.
- Did not expect significant expenses until 2012 (which by today's thinking may reflect an underestimation).

Common Challenges

- Difficulties rallying stakeholders behind the conversion in light of more immediate regulatory, financial, and IT concerns.
- Difficulties securing widespread physician buy in. "Though [the respondents] didn't recommend physicians change their clinical behavior, they did recognize that physicians will have to improve clinical documentation for ICD-10 use," Dunphy said.
- Challenges coordinating ICD-10 transition initiatives with payers.
- Concerns over productivity losses. With 60 to 80 hours of required coding training expected, Kindred Healthcare, for example, estimated a 25 percent drop in coder productivity due to training.

Key Lessons

- Establish a sufficient sense of urgency in the organization about the project

- Appoint an internal project manager or hire an outside project management team to oversee the implementation
- Prioritize the education of IT end-users
- Structure opportunities for payer-provider collaboration

Due to the limited sample size and potential for skewed results, the survey should be considered informational but not authoritative when it comes to implementation guidance.

“You can chat with a CEO, an IT director, and an HIM director and get vastly different opinions and answers to questions,” Dunphy said.

However, providers are encouraged to compare the preparation level of these systems to their own to help benchmark their organization’s progress. In addition, with early adopters a year or more into their efforts, case studies and implementation models have begun to appear, Dunphy said. There is much to be learned from what others are doing and how they are doing it. “Take these examples...back to your facility,” she recommended.

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