ICD-10 Malaise: A Symptom of US Healthcare's Ills

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Approximately 100 countries use some form of ICD-10 for clinical morbidity coding. That's correct: 100 countries, and the US is not among them.

The World Health Organization released ICD-10 in 1990, and countries began implementing it in 1994. Most had fully implemented it by 2000. I wrote my first editorial urging adoption in 1996. Twelve years later, I must admit that the road map for adoption is still not clear.

In "Population Health Looks Forward to the Change" Marjorie Greenberg discusses the problems posed by the US's inability to compare the health status of its citizens to the rest of the world. In "Why ICD-10 Is Worth the Trouble," Sue Bowman notes that ICD-9 no longer accurately describes the diagnoses and inpatient procedures for care delivered today. She describes the benefits of transitioning to ICD-10 and cites research showing that the benefits outweigh the costs.

Why Is the US Out of Step?

Why does the US remain out of step with this global standard? The reasons parallel the factors that confound other aspects of health system reform in the US: a lack of funding for system-wide improvements, which results in "unfunded mandates," conflicting stakeholder interests, and siloed views of the impact.

For the US, ICD-10 has been a particularly contentious issue precisely because coded data are so pervasive. We led the world in using available coded data for healthcare reimbursement. Today, ICD codes permeate all aspects of our health information systems. Thus, the changeover in the US is expected to be more complex than in any other country. But the passage of time does not make this any easier.

In "US Organizations Look Ahead" we read advice to prepare early, even in the absence of a final regulation. In "ICD-10 Postcards" we hear from international colleagues on the implementation experiences in Canada and Australia.

Getting Our Houses in Order

Despite their importance, coding productivity and accuracy have not been standardized, and now is exactly the time to improve workflow. In "A New Focus on Process and Measure" we learn of models for the coding workflow process and tools and best practices for measurement of code assignment reliability and productivity.

In "The Omaha System," Jennifer Garvin, Karen Martin, Debee Stassen, and Kathryn Bowles explain a vocabulary designed to enhance practice, documentation, and information management across settings. We also learn of the system's construct and how it is being used to improve documentation and support research.

Despite the admitted challenges of implementing ICD-10 in the US, coming into compliance with this standard requires national planning for a successful transition. It should be done in a way that prepares the US for future revisions beyond ICD-10. Adopting new versions is a competency that must be developed if we are to succeed as an interconnected healthcare system.

Implementing ICD-10 in the US requires regulatory action by the Department of Health and Human Services. If a final regulation were issued today, the effective date for implementation would be two years off. If we have a final rule by September 30, 2008, we could see implementation in October 2010. If we miss that date, we lose another year.

We call on HHS Secretary Michael O. Leavitt, in the final year of his very successful tenure, to issue the notice of proposed rule making for adoption of ICD-10. We must come into alignment with the rest of the world.

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