Planning Organizational Transition to ICD-10-CM/PCS

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Among the unprecedented changes brought to healthcare in the beginning of 2009 was the final rule requiring the implementation of ICD-10-CM and ICD-10-PCS. Almost a year has passed since the rule's publication, making the compliance date of October 1, 2013, that much closer.

The upgrade to ICD-10-CM/PCS provides an exceptional opportunity to revolutionize the way health data are used, and if organizations have not begun their planning efforts they should consider initiating them immediately.

Before efforts can truly focus on the implementation of ICD-10-CM/PCS, organizations must first upgrade to the Accredited Standards Committee X12 standard, Version 5010. The new transaction standard is necessary to support future ICD-10-CM/PCS codes.

The Version 5010 standard must be in place, tested, and in use by January 1, 2012. It is critical that it become part of an organization's overall planning efforts; organizations should not rely on vendors and other third parties to address the change for them.

Strategic planning for a successful transition requires organizations develop an internal communications strategy, measures of success, and training and awareness programs. This is true for organizations of any size and focus, from a small physician's office to a large tertiary care center. Applying the concepts reviewed in this practice brief and in the companion practice brief "Transitioning ICD-10-CM/PCS Data Management Processes" will assist in mapping any organization's successful journey to ICD-10-CM/PCS.

Strategic Planning and Management

An optimal strategic planning and management approach is one of synchronization and symmetry that folds easily into the overall organizational culture to meet compliance objectives and realize opportunities. However, the transition cannot be interpreted as a simple project affecting limited departments; it must be underscored to the overall organization the depth and breadth to which this program will have an impact.

For this reason, the executive team must establish ICD-10-CM/PCS implementation as a priority and provide strategic leadership and support while working in tandem with the project team. All need to agree on the charted course.

The key focus of strategy will be communication and support. The key elements of management will focus heavily on project planning. Each key development phase requires definition for both the project team (management) and the executive team (strategy).

The figure "Project Management Phases," [below], illustrates the traditional project management concepts and steps to guide an organization through any project. As demonstrated, the planning and design, execution, and monitoring and controlling phases are ones that focus on continuous improvement and adjustment. All projects require the ability to assess development and adjust accordingly in order to meet their defined goals and objectives.

Transition and Leadership Team

Building the transition and leadership team sets the foundation from which a successful conversion will occur. Gaining buy-in from both key stakeholders and the overall organization will depend upon the support and leadership this team will bring.

Membership should be interdisciplinary and include, among others, executive leadership, IT, clinical, HIM, compliance, and financial representation. A sample roster with related roles is outlined in "Leadership and Transition Team" [below].

Taking a proactive approach to project planning allows the opportunity for key stakeholders to become engaged and part of the strategic planning and management. The transition to ICD-10-CM/PCS should not be viewed as just another standard health IT implementation, as it affects the entire organization on various levels. Understanding how it differs from other health IT implementations is an important element in the planning process.

Communication to the organization is especially important. It should be clear and concise in both formal and informal methods of delivery. It should be complete and open. The organization can use memos, e-mail, newsletters, Web sites, and social media so staff members can track the progress of the implementation and share their thoughts and insights.

The executive team's presence during the initial sessions will support the transition and leadership team, and that in itself will communicate the initiative's importance. Executive leadership should visibly support the management team and provide a unified message to the organization on every level. When problems or roadblocks occur, the executive management team should be represented at each meeting in order to actively be seen and heard as a supporting mechanism.

Coding Resources

The transition and post-implementation period will likely require parallel coding support. Assessing coder workload and preparing for the compliance date will assist in reducing the variability and backlog as the transition occurs. To begin planning, management can assess the potential impacts and areas of weakness by determining:

- What to communicate to the medical staff about documentation
- What companies can be subcontracted for coding and when this process should begin
- What phasing out of just-in-time ICD-9-CM coding will mean to the organization
- The best coders to assist in phasing out cases up to September 30, 2013
- Any temporary changes to time-off policies and their implications leading up to the compliance date
- If one set of coders will conduct the phase out or if each coder participates once October 1, 2013, arrives

Every organization will experience challenges in converting to ICD-10-CM/PCS while supporting ICD-9-CM for an indeterminate amount of time. Understanding the needs of the organization and anticipating when its needs for ICD-9-CM will phase out allows opportunities to reduce costs.

Organizations can assess how their different data are used, and as appropriate, plan how certain data needs and programs will be phased out. They can consider reducing data redundancy now to free up storage space that may be needed to make the transition.

Eliminating parallel processes and systems reduces waste in financial, system, and human resource needs. For a more detailed discussion of parallel coding efforts, see the practice brief "Transitioning ICD-10-CM/PCS Data Management Processes".

Project Management Phases

Traditional project management activities move through five major phases from project initiation to completion. As illustrated, the planning and design, execution, and monitoring and controlling phases focus on continuous improvement and adjustment.

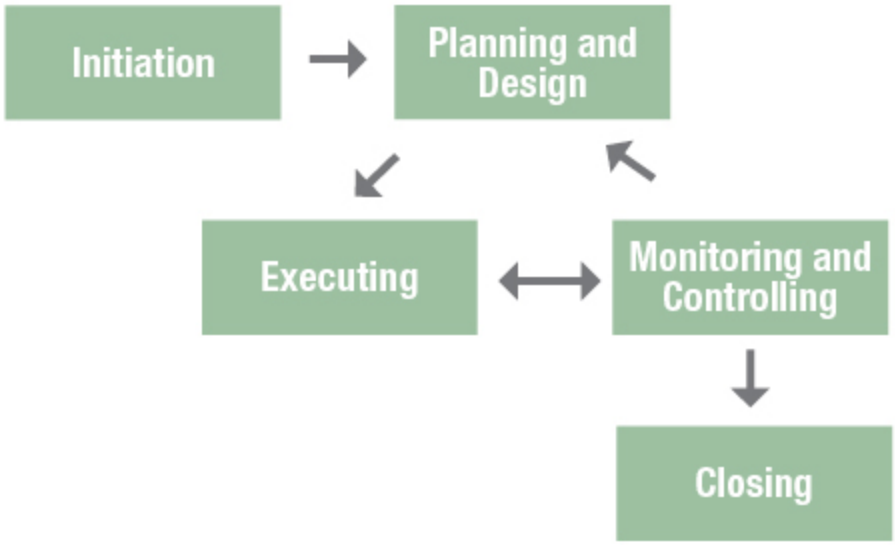
Initiation : Fact finding and analysis of goals, financing, identifying stakeholders, current operations, obstacles, risks, and benefits, and outlining preliminary timelines.

Planning and design : Conducting a gap analysis, developing the implementation and testing plan, assigning responsibilities for the project and executive teams, defining response mechanism to obstacles and risks, clarifying budgetary and resource constraints. Formalizing a steering committee to aid in keeping the project plan on target.

Execution : Coordination of resources and people to meet the project deliverables as defined in the project plan.

Monitoring and controlling : Measuring progress and variables, defining and implementing corrective actions for critical issues, communicating project progress with all team members and stakeholders.

Closing : Finalizing permanent and interim activities, ensuring completion of critical tasks, providing feedback of success and lessons learned. Initiation of ongoing monitoring and support activities for continued success.



Communication Strategy

A communication strategy that outlines the approach to the implementation provides feedback to stakeholders through all phases of the project. It helps monitor progress and implement corrective or preventive actions to bring the project into compliance with the project plan and enable the project team to organize its work. Because the conversion affects the organization at all levels, it is critical that everyone is engaged with the transition either from an informational standpoint or an implementation standpoint.

In the early phases of transition, communicating the urgency of the needed changes will help motivate others. The steering committee may want to use risk assessments and gap analyses to get the vision right, get buy in from stakeholders, and help develop the best strategy for the transition from the current state to the future state.

An effective communication strategy includes a well-defined communication plan that identifies stakeholders and determines the communication needs for each, employing available media and effective tools (e.g., Internet, interoffice memos, and e-mail).

Different methods will suit different audiences. Organizations should consider using various communication types and techniques; both formal (status meetings, project plans) and informal techniques (walk about; e-mail) are effective.

Communication tools that aid action and report project performance include a contact list, project plan, progress reports, meeting notes, and an issue log. These tools help keep the team on track through the transition.

It is important that the steering committee does not let up, as it is a natural tendency for some members of a team to drift back into old processes and habits rather than adopt the changes that come with a transition of this scale.

A contact list identifies project team members, their title and roles on the project, and their contact information. Addresses are included as needed. Contact lists should be available to all team members to facilitate and encourage communication.

A project plan consists of the entire group of project documents and will include all tasks to be completed within the project. The plan is a good guidance tool to help the team recognize milestones and move forward through the transition. Project plans are sometimes built using special project management software. Tasks, deliverables, and milestones are listed, including start and end dates and the team or individual responsible. A spreadsheet can also be used to develop the plan.

Progress reports are used to communicate the work accomplished. They generally provide a review of the project plan. Team members review the upcoming work listed on the plan and assign action items as needed. Any issues identified are reported as risks that may delay or change the project plan.

Progress reports include status of old action items to ensure that progress has been made as anticipated. The reports may be submitted at regular intervals for team review or the team may elect to hold project status meetings.

An issue log captures any issues in need of resolution and lists those responsible for them. Regular status updates should occur, and the project team should be kept informed to ensure all identified issues are resolved.

Leadership and Transition Team

The transition and leadership team is central to a successful conversion. The support it brings to the project will determine organizational focus, urgency, and buy-in. Sample roster and roles are shown here.

Executive sponsors. Executive and management teams should clearly understand the objectives and deliverables of the project plan, and both teams should facilitate forward thinking to assist the change process within organization.
Membership: corporate leaders of finance, IS, clinical performance, and clinical services

- Ensure transition of system to support clinical services and revenue cycle
- Meet quarterly, provide overall strategic direction to the initiative, and appropriate and allocate resources
- Clearly define and agree upon the criteria for success early in the project initiation and planning phases
- Conduct an executive kickoff meeting or briefing to lay the foundation for the project

Project leads at each entity. These members are accountable local executives. Each entity appoints a single lead for the initiative. Membership: chief information and financial officers, clinical performance and services

- Jointly oversee local implementation
- Provide readiness certification and written project status to executive sponsors
- Attend quarterly steering committee meetings

Steering committee. The interdisciplinary committee will be instrumental in assessing the project plan's progress and corrective actions of the team members. Membership: corporate directors of IS finance, health information, and revenue finance (chairs); deputy director of IS; corporate managers of coding, IS, finance, revenue systems; chief financial officer for professional billing; director of internal audit, corporate compliance officer; other stakeholders, such as the team lead of a new registration and billing system going systemwide

- Core group meets monthly; quarterly with CFO/CIO
- Provides tactical guidance to initiative
- Approves project standards (e.g., project templates and reporting requirements)

Project oversight committee.
Membership: corporate coding manager, corporate IS manager, corporate manager revenue systems (chairs); project manager; corporate compliance manager; corporate director for professional billing; internal audit manager; other stakeholders, such as team lead of a new registration and billing system going system wide

- Meets monthly
- Gathers and disseminates latest regulatory guidance

Performance Metrics

Early in the process of defining the transition program it is critical that the team develop and communicate success criteria and their factors. Communicating this information early serves as a foundation for managing the scope of the project goals, measuring accomplishments along the way, and supporting risk management efforts if the project becomes vulnerable.

All phases of the project plan are opportunities to make adjustments and improve performance. Organizations can continuously monitor all aspects of the project from coding productivity to successful IT interfaces with third parties and plan to revisit project objectives periodically after implementation to ensure that HIM professionals continue to challenge themselves and evaluate new opportunities for improvement with ICD-10-CM/PCS.

One recommendation for measuring success is to establish performance metrics. Metrics are a cornerstone of project implementations and provide invaluable feedback on the progress and challenges faced by the project team.

Performance metrics provide the project team with information to make adjustments and mitigate risks as they occur. Selecting appropriate metrics is critical to keeping a pulse on the project activities.

Setting Smart Goals

One popular method for setting appropriate measures is called SMART: specific, measurable, accurate/actionable, relevant, and timely.

Specific performance metrics are targeted to the area being measured and flexible enough to add details. For example, a good metric for measuring physician satisfaction with an ICD-10-CM/PCS transition project would include obtaining direct feedback on how physicians feel about using the new code sets. A less effective metric would be counting the number of physician complaints received.

Determining relevant performance metrics keeps the project team focused on truly important measures. A common mistake of process professionals is to measure everything, which can produce meaningless measures.

Metrics must be derived from actual numbers; they should not reflect estimates. Therefore, measurable performance metrics are those that can be collected accurately and completely.

For example, one performance metric during the transition might be to measure the number of interruptions a coding specialist experiences while performing their job at the beginning, in the middle, near the end, and after the conversion. Asking the specialist to estimate the number of interruptions at the end of the day would not produce measureable results; asking them to mark interruptions on a simple tick sheet as they happen captures actual numbers.

Capturing timely performance metrics enables the project team to make adjustments as needed. Reporting measures weeks or months after the fact does not facilitate improvement activities. In addition, metrics should be reported as quickly as possible to the staff that have direct control and understanding of the processes that are being affected. If a leading metric cannot be communicated immediately, another one may be required.

Finally, the best performance metrics are simple. A measure that requires lengthy explanation and definition becomes difficult to collect and translate into action. Metrics that are easy to understand enable stakeholder buy in and will have a stronger impact on the process, technology, and the people who use them.

Training and Awareness

Organizations should develop an organizationwide training strategy outlining their approach to ICD-10-CM/PCS implementation. Beginning early allows time to appropriately plan, prepare, and disseminate training methods through the development of a training program plan. The process starts with a training needs assessment regarding staff involvement and understanding of the current classification systems. The readiness timeline and facility needs will require adjustment on a regular basis.

AHIMA recommends conducting complete intensive education for coding professionals and education of other users as their identified needs require. It suggests that three to six months prior to implementation, all coding staff should complete education on applying the new coding systems.

The estimated amount of training is 24–40 hours, depending on whether coding professionals require both ICD-10-CM and -PCS education. To ensure the quality and consistency of the curriculum, AHIMA recommends that training be conducted by a certified trainer. These recommendations and others are included in AHIMA's "ICD-10 Preparation Checklist," available at www.ahima.org/icd10.

Assess and Determine Training Needs

Prior to developing a fully integrated training and awareness program, understanding the complex needs of everyone involved is an important first step. The answers to the following questions will shape the program design:

- Who will the audience be?
- What topics will be covered?
- When will training be conducted?
- How will training occur?

Answering these questions at the outset will enable the team to move forward with identifying the audience learning levels that will focus the development of the training materials and approach. This will assist in further defining the topics to be covered and the levels of understanding by the group. An example of learning levels is demonstrated in the table [below].

Training Methods

Once the organization's learning needs are assessed, the team can consider the materials, format, and facilities required. Depending on needs and budget, training can be conducted in-house, through a contracted training services, or with a blended approach. Delivery methods may include:

- **Webinars and webcasts**—virtual meetings or presentations conducted via the Internet. In a webinar each participant sits at his or her own computer.
- **Face to face**—instructor-led training. This can be done on-site using staff, on-site with a trained instructor, or off-site at instructor-led sessions at another facility, college or university, or training facility.
- **Train the trainer**—individuals complete the training course and then are trained to lead the training themselves. Trainers use the same materials and deliver consistent core messages to provide consistent training across the organization.
- **Publications**—printed materials put together by the organization or purchased from other sources.
- **Learning management system or other distance education methods**—software for delivering, tracking, and managing training and education. This can include training courses over the Internet and offering features for online collaboration. In many instances, staff use a self-paced, computer-based training that includes an online assessment. The method is also used to enhance and support classroom teaching and offering training to participants across facilities.
- **Microsite or online learning corner**—separate mini-Web site or page of the organization's Web site that can be used to provide information.
- **Social networking and media**—software for building online communities of people who share interests. Communication occurs in a variety of ways such as e-mail, instant messaging, and blogging.
- **ICD-10-CM/PCS fair**—an in-house event giving staff a chance to learn more about the upcoming changes and interact with the project planning and executive teams.

Organizational transition requires motivated leaders with a broad knowledge base in HIM, data analytics, policy development, project management, systems analysis, and communication. AHIMA offers an ICD-10-CM/PCS leadership model at www.ahima.org/infocenter/practice_tools.asp [web page no longer available]. The model offers leadership goals, sample management activities, and tools and resources to support and grow leaders for the important work ahead.

The model is free and ready to use for AHIMA state or regional associations, coding roundtables, consultants, payers, government agencies, and all others who provide direct care or support healthcare systems.

Understanding the key stakeholders and identifying the critical processes early in the planning process will mitigate the risks associated with migrating to ICD-10-CM/PCS. Developing a solid foundation of people, process, and technology will enable organizations to approach the effort through a carefully considered mechanism of governance, communication, measures, and training and awareness. At a minimum, these are critical in getting organizations on the path to successful implementation.

Sample Learning Levels

Determining learning levels will focus the development of both training materials and methods. A sample model shown here establishes three levels of understanding staff require based on their roles.

Level	Description	Audience
1	High level understanding	Requires familiarity and awareness of impact of the changes between ICD-9-CM and ICD-10-CM/PCS
2	Moderate understanding	Requires a moderate understanding to interpret and use ICD-10-CM/PCS
3	Detailed understanding	Requires a detailed or expert understanding to apply and interpret ICD-10-CM/PCS

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