Quality Approach to the ICD-10 Transition: Ensuring Accurate Data Integrity and Care Delivery During the Move to the New Code Set

By Scot Nemchik, CCS

With the ICD-10-CM/PCS compliance deadline looming, most healthcare organizations are working to educate staff and update technology to prepare for the transition. Despite this preparation, there is very little to indicate how the transition to ICD-10 will affect quality tied to data, reporting, and care delivery. These outcomes hinge on the thoroughness and effectiveness of the training offered to providers and health information management (HIM) professionals before, during, and after the transition.

The overall aim of ICD-10 is to enhance patient care quality by improving data integrity, and organizations stand to gain a great deal from the new code set. The granular level of detail in ICD-10 codes is expected to generate more precise and clinically accurate characterizations of patient diagnoses and procedures, which in turn should lead to a more accurate reflection of patient conditions. The enhanced level of specificity will help providers better collaborate on patient care, as well as improve the reporting capabilities of healthcare organizations—something desired by providers and payers alike.

Through more targeted reporting, providers and payers gain the ability to group patients according to various risk striations, a critical component in population health management. Additionally, the improved reporting capabilities of ICD-10 will allow organizations to more accurately report on quality performance measures, resulting in potential recognition from external quality institutions such as the National Committee for Quality Assurance (NCQA), Leapfrog, National Quality Forum (NQF), and Thomson-Reuters. For example, Thomson-Reuters' "100 Top Hospitals" list is determined in part through the use of risk-adjusted data derived from coded information contained on hospital claims.

Quality Outcomes Begin with Training

With the many factors tied to the ICD-10 transition, organizations may run into stumbling blocks with staff members who are uneasy with the level of detail required. While having initial concerns or questions is natural with any change, some staff may not ask for clarification, reverting to the use of less specific codes.

Using these nondescript codes not only undermine the benefits of upgrading from ICD-9 to ICD-10, but it could also adversely affect overall data quality and negatively impact reimbursement for some organizations. To prevent staff from defaulting to unspecified codes that closely resemble those they have been using for the past 25 years, it is essential to provide comprehensive training and repetitive, relevant exposure to the new coding system. Offering robust training will mitigate the instinctive action of reverting to an outdated code.

Whether coders are trained through in-person courses or webinars, traditional training usually requires time away from their primary job responsibilities. Often they are given brief, sterilized clinical vignettes to code in ICD-10. Coding vignettes presented in webinars, in-person training, and textbooks seldom contain more than a few sentences of well-organized nuance-free documentation. Though this approach may be an efficient way to train coders on the front end, it does not provide opportunities for coders to practice using ICD-10 on the kinds of charts they will encounter in real life. Nor does it help healthcare organizations perform realistic ICD-9/ICD-10 gap analysis. Simply put, it makes it difficult to accurately forecast coders' productivity with real-life encounters.

To achieve successful outcomes with the ICD-10 transition, organizations should reach beyond traditional coder training. A comprehensive ICD-10 training program for coders will:

- **Use facility-specific data.** As ICD-10 is extremely specific, training associated with the transition should be specific as well. Facility-specific training should begin by providing repetitive interaction with charts that characterize the typical caseload for the organization. Rather than training with basic made-up scenarios, coders should be trained using meaningful sample sets based on actual charts. This better prepares them for the charts they will see on a daily basis once they officially start using ICD-10.
- **Use the organization's electronic health record (EHR) format.** Traditional training programs often provide chart details in a generic format. By using the organization's actual EHR layout during training, coders will have the benefit of seeing records exactly how they will appear—down to the headings and progress notes—eliminating the need to relearn or reapply their training. This also provides organizations with the benefit of knowing that any variance seen in productivity or coding accuracy cannot be attributed to coders adjusting to a new record layout.
- **Provide immediate quantitative and qualitative feedback.** When coders complete a training session, it is important for them to know not only how they performed as a whole but why certain codes were incorrect. Using training programs with educational tools built into them allows organizations to hone training by providing instant and specific feedback.

Roadmap for Long-Term Success

Another valuable feature found in comprehensive ICD-10 training programs is embedded analytics. These analytics enable organizations not only to drill down, identify, and address areas prone to coding errors, but also to monitor and report on specific performance indicators. These might include the accuracy of overall diagnosis-related group (DRG) assignment, as well as the assignment of principal diagnoses, major complications and comorbidities, secondary diagnoses, and procedures.

Through such in-depth reporting, organizations can measure the performance and productivity of individual users or user groups and identify trends. When trends are identifiable, organizations are able to efficiently target training without asking coders to repeat an entire educational program. This is extremely important considering that while ICD-10 introduces greater granularity, it also introduces more opportunities for error.

Analytics also allow organizations to accurately forecast the productivity gap between ICD-9 and ICD-10, using quantitative data so inefficiencies can be improved and coding staff can be augmented as needed. For example, if the data shows that coders in an organization are 20 percent slower coding in ICD-10 versus ICD-9, it can engage strategies at implementation, such as adding staff or improving efficiencies to make up the shortfall and sustain productivity.

Enhancing Quality and Productivity with ICD-10

With HIM professionals and providers keenly focused on the intricate steps to successfully implement the new code sets, it's essential to keep sight of the significant quality and other benefits ICD-10 will bring to healthcare and patients as a whole.

ICD-10 provides an opportunity to enhance data quality and productivity, which translates into improved care delivery. By adopting a comprehensive training program, healthcare organizations can proactively establish the benchmarks and metrics necessary to not only successfully transition to ICD-10, but to reap the financial, organizational, and patient care benefits it offers. The key is to establish familiarity with specific code sets, provide real-time feedback, and utilize built-in analytics to increase overall training efficacy. By following these steps, organizations will be positioned to successfully transition to ICD-10 and positively impact quality across the care continuum.

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