US Organizations Look Ahead

Save to myBoK

by Chris Dimick

Transitioning to ICD-10-CM may seem like a distant problem. But SSM Integrated Health Technologies began its preparations about three years ago. Its reason is simple: "Something of this magnitude, you don't want to be scurrying," says Anne Stuckel, SSM's manager of clinical systems.

The acute care hospital and nursing home system, located over four Midwestern states, tries to plan ahead when it has the chance. Like most organizations, "we have much better success than when we need to scurry and get things done," Stuckel says. She expects the upgrade from ICD-9 to affect "hundreds of people" in the system. Waiting for a firm implementation deadline from the government won't help matters.

Harry Reynolds, vice president and information compliance officer of Blue Cross/Blue Shield of North Carolina (BCBS of NC), agrees. Preparing for the switchover now will save huge headaches that come with waiting, he says. BCBS of NC began reviewing the changeover to ICD-10 in 2005.

The concern makes good business sense, says Reynolds. ICD is his company's basis for doing business, whatever the version.

"It is how we pay our claims, how we price our claims, how we identify procedures, how we deal with diagnoses," Reynolds says. "It is pretty much the foundation of how we really deal with the payment and financial arrangements between us and the providers."

"The Biggest Compliance Effort to Date"

Reynolds is a member of the National Committee on Vital and Health Statistics, and during hearings he heard enough talk about the coming ICD-10 transition that he sounded the alarm at his day job.

He and several associates looked at what ICD-10 could mean to their company. They then trekked to the CEO to get support for preparations. "If you are in the healthcare industry, ICD-10 needs to be part of your strategy," Reynolds says.

But he expects most organizations will not act until ICD-10 is a requirement. By then, it will be too late to be well prepared, Reynolds believes. "If you haven't looked at it closely enough, it [might appear to be] just another big compliance project that everybody thinks they will have plenty of time to do when it becomes a requirement," he says.

For a payer, the changeover to ICD-10-CM is no easy task. "This will be the biggest compliance effort that we have done to date," according to Reynolds. "It is going to have much more of an impact on our overall business process and business foundation than any of the other [compliance] efforts that we have made, period."

The tens of thousands of ICD-10 codes represent new business rules that need to be learned, Reynolds says. That is a lot of education. ICD-10 will change the entire way Blue Cross/Blue Shield handles a claim.

Beginning with Education

To understand just what ICD-10 will do to the healthcare industry, Reynolds's company sought out perspective from AHIMA, which in 2006 gave a full-day presentation on the classification system changeover to BCBS of NC management, project staff, and coders.

SSM started out its transition preparations with similar high-level strategic planning that included AHIMA staff as well as other prominent healthcare organizations and vendors. Next, the health system identified the major steps needed for the transition. Then it sought to build organizational awareness through education.

"It is really hard to get anything done if people aren't aware of the issue and don't understand the importance to their area, how it is going to impact them," Stuckel says. Getting leadership buy-in was an early step. This enabled the company to focus resources, both personnel and financial, on preparing for the changeover.

SSM is working to create a multifunctional team that will lead future implementation steps. Next year, the focus will be on operational planning, according to Stuckel, "looking at all the different areas that are going to be impacted by ICD-10."

At BCBS of NC, education started the company off on some serious thinking about future preparation. That included a review of its IT systems.

The company contacted its IT vendors to determine if any systems need to be changed in advance of ICD-10 implementation. In the process, the company realized that its legacy system must be replaced before the transition, Reynolds says, because "it would be a ridiculous and almost unmanageable process to have enabled it to handle ICD-10." The problem is related to code length. ICD-9 uses a five-digit numeric code, where ICD-10 uses an alphanumeric code seven characters long.

Be Prepared

BCBS of NC is also communicating with its corporate headquarters and the Centers for Medicare and Medicaid Services on how to best get ready for ICD-10, possibly by developing code crosswalks for their systems. It is a start, but just a step down the long road to implementation. "We feel like we get it, but don't feel that we fully understand it yet, and we are not exactly sure how we are going to pull it off," Reynolds says.

At SSM, HIM's involvement in the transition is a given. The major up-front process changes will take place in the HIM department, Stuckel says; therefore, HIM will need to be a primary driver of preparations. Whoever leads the ICD-10 planning team will need a strong HIM background, Stuckel says.

No one has all the answers, and no one even knows when the call will come. But the future will favor those who prepare.

This is not an instance where you can wait until the requirement is announced, change your formats, and then go on with your day, Reynolds says.

"This is a business change that should not be trifled with in any way, shape, or form."

Population Health Looks Forward to the Change

Population health studies are important tools in tracking and containing disease outbreaks, monitoring injuries and health problems, and diagnosing a population's general state of health.

But it can be hard for the US to compare its health to the rest of the world, because the US uses ICD-9-CM to code morbidity and the rest of the world uses ICD-10.

The discrepancy is unsettling for Marjorie Greenberg, MA, chief of classifications and public health data standards with the National Center for Health Statistics, Centers for Disease Control and Prevention.

The US implementation of ICD-10-CM, which captures greater specificity and enables greater flexibility, would have a positive impact on population health, she says.

Waiting to Play Catch-Up

ICD-9 is an antiquated system in the view of the international community, Greenberg notes. "I think from a population health point of view, we are looked at as being pretty backwards. We are not in the same arena as they are. We are still struggling along with ICD-9-CM," she says.

ICD-9 "is not consistent with the clinical and morbidity data coming out of other developed countries like the UK, Canada, Australia," according to Greenberg. "All of these countries who we would want to compare ourselves to on

morbidity as well as mortality data are using either ICD-10 or a clinical modification of ICD-10.”

Approximately 100 countries use a form of ICD-10 for clinical morbidity coding. Many of them are waiting for the US to catch up so they can include our data in global population health projects, Greenberg notes.

ICD-10’s alphanumeric code structure gives it greater ability to add new codes for new types of diagnoses. ICD-9-CM uses only numbers. “We have literally run out of space in several areas of ICD-9-CM,” she says. “And part of the problem is we have to literally stick codes in parts of the classification that don’t have anything to do with that body system or that diagnoses, which is really not a good thing to do.”

A changeover to ICD-10 means better data for research. Better data equals better healthcare and faster response times in halting epidemics, Greenberg says.

“If you have more accurate and more timely data, you can intervene more successfully,” she says. “The more detailed information you have, the more effective your interventions can be, and the more effectively you can evaluate that your interventions have been successful.”

—Chris Dimick

> For research on the increased effectiveness of ICD-10 in population health monitoring, see:
> Watzlaf, Valerie J.M., Jennifer Hornung Garvin, Sohrab Moeini, and Patti Firouzan. “The Effectiveness of ICD-10-CM in Capturing Public Health Diseases.” *Perspectives in Health Information Management* 4 (2007). Available online at www.ahima.org/perspectives.

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