Clinical Documentation Part 1
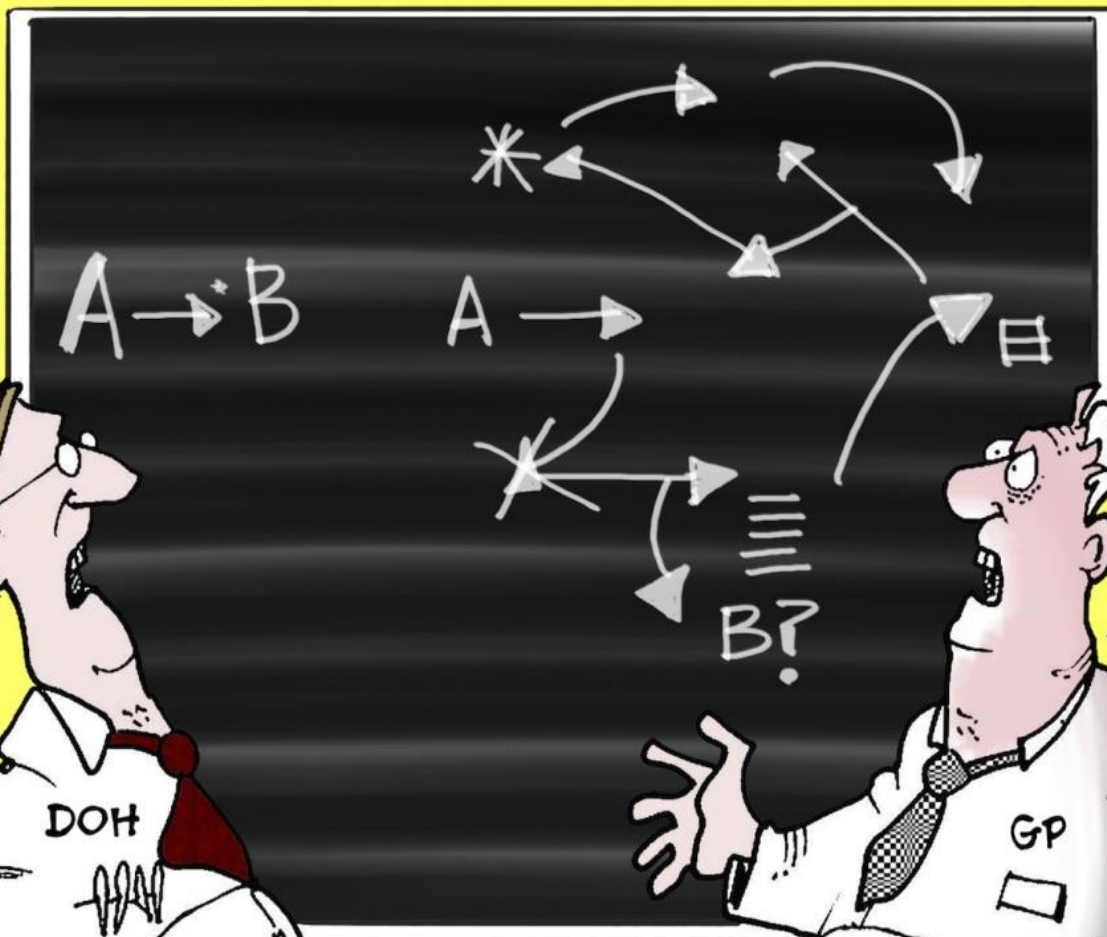
ICD-10 – what's the hold-up?

Maybe we should wait for ICD-11?

But wait, what about SNOMED?

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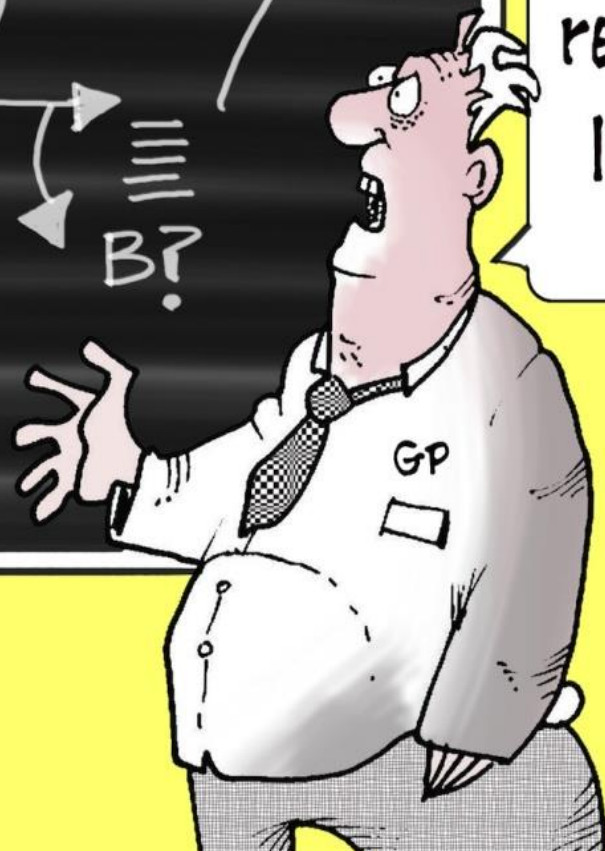HEALTH SYSTEM
Excellence in Health Care

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Speakers/Fighters

- ICD-10: Harris Stutman, M.D.

- ICD-11: Jon Handler, MD

- SNOMED: Alistair Erskine, MD

A few notes about strawmen?

Drowning and submersion due to falling or jumping from burning water-skis (V902.7XD)

Struck by alligator (W5802XA)

Burn due to powered watercraft on fire (V91.03XA)

- *These codes are assembled, not primary*

- *These codes will rarely be used and are clinically and billing irrelevant*

- *In many cases, these have been added (CDC) for public health and related reporting purposes*

Background – Canadian Experience

Expect Staff Productivity Losses

- Expect productivity losses across all care types
- From a workload perspective, this makes sense since coders are now looking for more information in patient record
  - Productivity never rebounded to pre-ICD-10 levels!!
- Use of pre-defined coding lists within ambulatory care settings mitigated loss of productivity

Sample Canadian Coding Productivity (Charts Completed per Hour) Pre- and Post-ICD-10 Implementation

	ICD-9-CM (April 2002)	Start ICD-10-CA/CCI (July 2002)	ICD-10-CA/CCI (April 2003)
Inpatient	4.62	2.15	3.75
Day Surgery	10.68	3.82	8.53
Emergency	10.37	6.49	8.83

Note: Data taken from Humber River Regional Hospital, Toronto, Ontario, Canada

Is this comparing apples to oranges?
(cf. "Patient doing well" progress notes)

Background – Canadian Experience Continued

HIMSS
transforming healthcare through IT

architects of change

How did ICD-10 help Canada?

- The richness of the data provided value added benefits
  - Increased level of specificity for clinical, case costing, and decision support reporting.
  - Provided more relevant data for epidemiological, research and other secondary uses of data for population health management.
  - This mitigated the necessary costs, system and process changes and change management practices
- ICD-10 allowed for opportunities for clinical data comparisons (diagnoses, outcomes) to advance service delivery and system efficiencies and effectiveness
- CIHI (Canadian Institute for Health Information) now has a wealth of information which allows them to report on population health and wellness
  - Research
  - Resource allocation
  - Healthcare planning and decision making

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What are the significant changes

- Laterality (10% orthopedic → 25% total)
- Injuries – more detail required
- Trimesters and weeks gestation
- Substance induced disorders
- Other more detailed codes – optional use

Most Impacted

- Orthopedics & Podiatry
- Emergency Department
- Urgent Care

Less Impacted

- Obstetrics
- Mental Health
- Primary Care

Background – Benefits to Offset Costs

- Greater accuracy (reimbursement advantages)
  - Matching diagnosis & procedures
  - Fewer requests for additional documentation?
- Finding diagnoses through a more logical structure
  - No ICD-9 dead-ends (NEC, NOS)
  - Elimination of E codes
- More precise evidence-based recommendations (in light of multiple diagnoses and co-morbidities)
- More precisely targeted alerts and reminders may minimize noise and maximize impact on quality, safety and clinical effectiveness

Background – Benefits to Offset Costs

- Improved quality reporting capabilities
  - Regulatory/CMS, PQRI, MU, others
- Improved disease management capabilities (both acute and longitudinal)
  - Critical in managing care effectiveness and quality in the integrated healthcare delivery models (ACO) we anticipate
  - This will be especially important if the data are collected in multiple EMR's and need to be merged for analytics
- "Improved diagnostic precision" may be relevant to population management capabilities
  - E.g. Asthma with COPD
  - Critical in assessing risk in patient populations we will be managing (and for which we may be 'at reimbursement risk')
  - This will be especially important if the data are primarily collected in multiple EMR's and are merged for analytic purposes

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Is this really so complicated?
Coffee Calculator, ICD-10 version

With appreciation to: Tom Hartman, Kaiser Permanente