



Why ICD-11?

Jonathan A. Handler, MD, FACEP



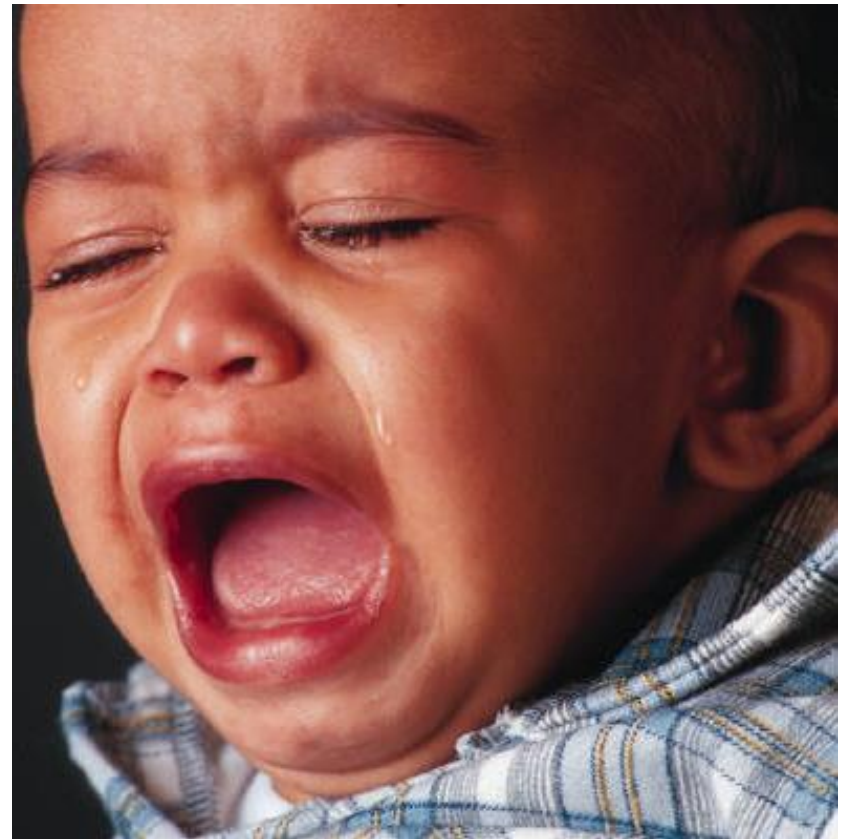


ICD-11?! What's wrong with ICD-10?



ICD-10 Steals Time from Patients

- Dual coding
 - SNOMED-CT ✕ → ICD-10
- Ridiculously complex
 - 155,000 codes
 - > 60,000 Dx Codes
- Wasteful work duplication
 - e.g. Laterality
 - Chief Complaint
 - Nursing Notes
 - H & P
 - CPOE
 - RIS
 - PACS
 - Radiology Report
 - ... *AND* ICD-10?

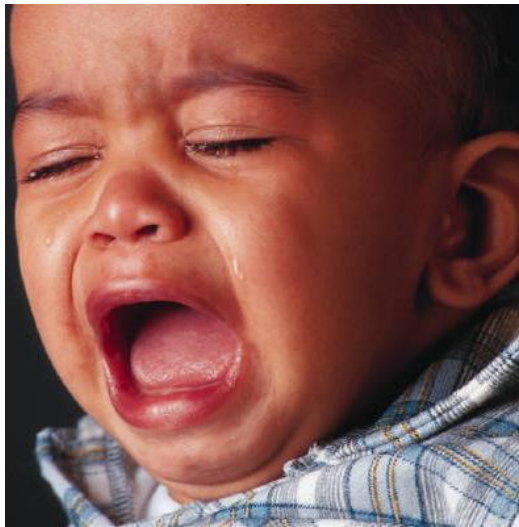


ICD-10 = super-expensive...
and we underestimated... a lot!

Estimated Costs to Practices		
	2008	2014
Small	\$83,290	?
Medium	\$285,195	?
Large	\$2,728,780	?



Why not ICD-10?



+



=



**There are higher and better uses for
physician time and healthcare dollars**

ICD-10 Myths

- It's not a big deal:
 - Just hire coders
 - Just use NLP
- It prep us for ICD-11
- Puts us in sync with ROW
- It will decrease claims denials
- It will turbocharge research
- It will improve documentation (and care)



Why not SNOMED-CT?



SNOMED-CT?

➤ I'm all for it!

➤ I was assigned to cover ICD-11 😊

➤ Payers want ICD-something

➤ Even more codes than ICD-10, may be less interoperable
(unless subsetted ➔ ICD-11)

- More easily interoperable than SNOMED-CT
- Consistent with ROW
- Just around the corner
- If you already invested in ICD-10, then you already believe you are better prepped for ICD-11
- Built off SNOMED-CT! Therefore...
 - More clinically relevant than ICD-10
 - More useful for researchers
 - SNOMED-CT → ICD-11 = no dual coding = everyone wins! (... theoretically anyway 😊)

While we wait: ICD-9 or SNOMED-CT?



Either!

**We already do
both now.**



But... terminology choice is not our biggest problem!!!

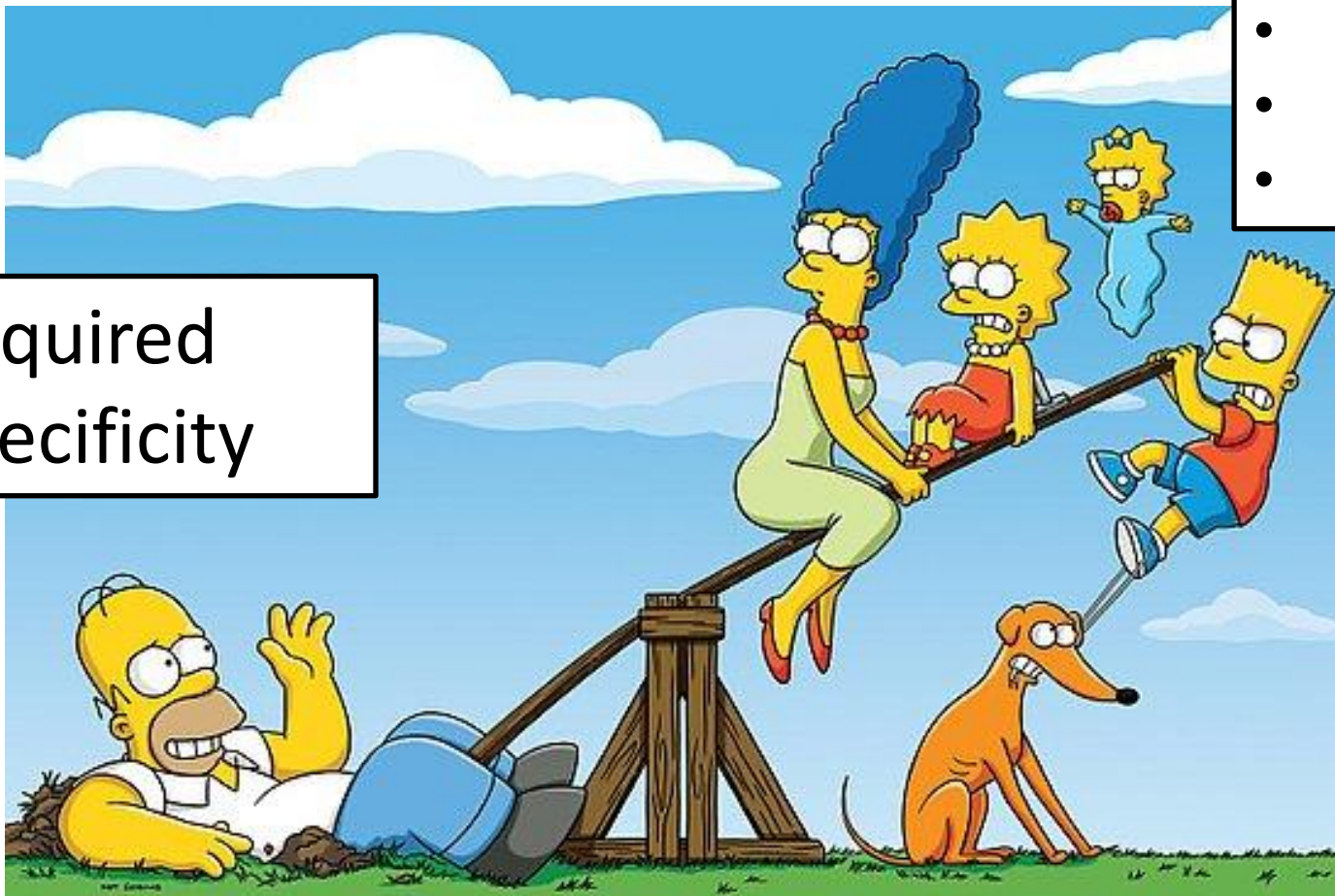




The Big Threat: Code Specificity

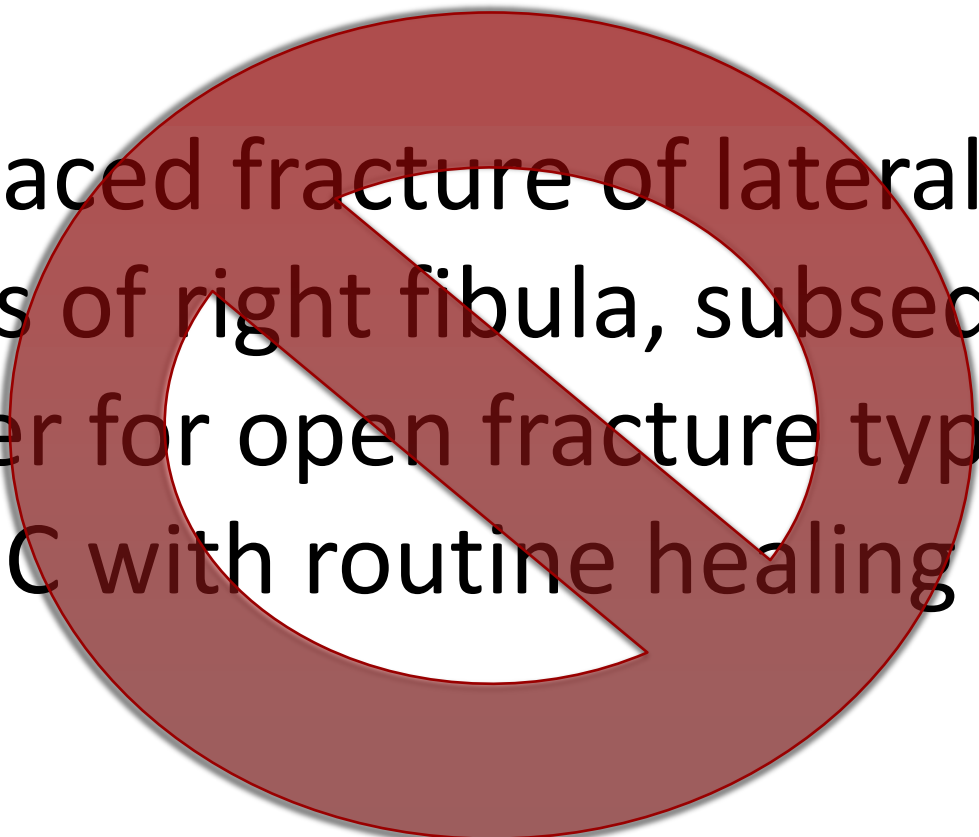
- Not clinical
- Dual coding
- New system

Required
Specificity



Whether 10, 11, or SCT...

Nondisplaced fracture of lateral malleolus of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



Extreme Specificity Is The Enemy