

THE PRACTICAL ASPECTS OF PREPARING FOR ICD-10: GETTING AHEAD OF THE GAME



Advances in technology, changing reimbursement, regulatory changes and quality and compliance initiatives have driven the way in which clinical information is now captured, automated, reported and reimbursed. As the US transitions from ICD-9 to ICD-10 on October 1, 2013, our elemental diagnosis and procedure coding system will change the content and specificity of the clinical information at its most elemental level. How and what the physician dictates or documents in progress notes, SOAP notes and discharge summaries will change. How and what Clinical Documentation Improvement staff and Health Information Management Coders need to interpret and extract from provider documentation will change.

The critical question each healthcare provider – physicians, hospitals and health systems of every size and level of care - faces is not how IT systems will address the migration. The primary players in the healthcare vendor space have proven time and again that the technology will be ready before our organizations are prepared. Likewise, payers – a narrowing group of larger players – have been preparing for the ICD-10 Transition for many years.

Once providers are more fully informed about the real changes that will occur with the ICD-10 Transition, the challenge that must be confronted is the looming magnitude of productivity impacts upon physicians, IT analysts and coding staff. Add to this reality that every other provider organization is likely to come to the same conclusion at roughly the same time, with the same requirements for assistance during the same implementation planning, go-live and post-support timeline, and all of a sudden, the “big deal” about ICD-10 becomes apparent.

Usually, the next realization dawns when providers consider the operations costs of locating, hiring or retaining third-party assistance required to support the ICD-10 Transition. At that point, the reactions to early estimates for ICD-10 budgets that were originally dismissed as preposterous, take on a sobering, and all too possible, reality. The majority of costs associated with ICD-10 Transition are operations in nature, not capital.

With these realizations, informed healthcare leaders become rapidly frustrated with firms focusing on the basics of project management methodologies. What gains leadership’s attention are healthcare subject matter experts that can assist in mitigating the impact to operations costs before, during and after ICD-10 – not to mention critical assistance to avoid potentially delayed and reduced reimbursement.

Industry experts are predicting that current staffing levels will be completely redefined as a result of the ICD-10 implementation and not just for physicians, coders and IT staff. While this assumption is not without some merit, healthcare software vendors continue to develop and deliver technologies to assist coding staff and physicians with the required process changes associated with ICD-10. Firms that have traditionally provided coding and IT resources are preparing by recruiting and educating new staffing complements and developing new business models including greater access to off-shore resources. Consulting firms are providing the interim levels of assistance required to manage and lead providers through the time-consuming and complex array of tasks involved in preparing for and implementing ICD-10.

Still, industry experts continue to observe that less than 10 percent of provider organizations have begun to prepare for ICD-10. Very few provider organizations have progressed in ICD-10 awareness and readiness to the extent that ICD-10 solutions and assistance are requirements, not simply available options.

Critics observe that ICD-10 awareness and preparation are slow to gain traction in the healthcare provider sector. The reality is that provider organizations are already stretched beyond present limits in efforts to meet healthcare regulatory and compliance requirements. It's not a case of lack of attention to ICD-10, but a lack of resources, bandwidth and time required to thoroughly digest the implications associated with ICD-10 readiness and implementation.

While the industry has faced challenges before that required singular focus upon meeting regulatory or compliance requirements, it has never faced a challenge such as that presented by ICD-10: all industry sectors – providers, payers and government - required to change core processes and technologies on a single implementation date of October 1, 2013 in order to be reimbursed for patient care.

WHAT HEALTHCARE PROVIDER ORGANIZATIONS CAN DO NOW TO PREPARE FOR ICD-10

Understanding the basic daily rhythms and relationships of the people, processes and technologies associated with delivering, documenting, billing and reporting patient care is an absolute requirement as healthcare organizations prepare for ICD-10 and its impact.

Much remains unknown about how significantly ICD-10 will impact any given organization. What is understood by too few clinical, revenue cycle and IT subject matter experts is that regardless of the technologies that are currently or imminently available to healthcare providers, fundamental processes must change with the advent of ICD-10. And the time to change most of these processes is now, well before the ICD-10 implementation go-live on October 1, 2013.

Get Serious about Clinical Documentation Improvement: Until recently, clinical documentation improvement (CDI) efforts have been informal or limited processes in most provider organizations. With the industry's increasingly rapid pursuit of electronic medical records and implementation of CPOE, physician documentation and rules-based work-flow technologies, the need to review clinical documentation increases with the migration from paper to electronic records.

With ICD-10, CDI programs become even more important to provider organizations because of the direct relationship of clinical documentation and reimbursement. Unlike many aspects of ICD-10 preparation, implementing an effective CDI program can occur now. As nurses and other professionals with background in Quality or Case Management work with physicians to assure that levels of specificity, lab and radiology results, complications and comorbidities are captured and documented, behaviors rapidly change. Providers working with CDI teams are more likely to get into improved documentation habits that can lead to higher case mix indexes. CDI teams can also assist in identifying specific needs for physician education – at the individual provider level - as ICD-10 approaches.

Take Concurrent Case Management to 100 Percent Review: Like CDI programs, Case Managers are in an advantageous position to review patient's records while patients are still in-house. This is yet another opportunity, and perspective, to work with providers in improving the clinical documentation. Two additional considerations need to occur as ICD-10 becomes a reality: 1) 100 percent review targets should be set for concurrent review; and 2) concurrent coding data entry should occur to provide for earlier scrutiny and exception reporting for improved case mix index and subsequent reimbursement.

Pull Quality into the Conversation: Every healthcare organization is pursuing multiple regulatory and IT initiatives that will eventually lead to reimbursement based on quality outcomes. Yet, rarely do organizations include those most familiar with tracking, measuring and reporting quality in the critical discussions regarding setting expectations and objectives of these efforts.

The Quality staff is generally one of the most informed groups in the organization regarding where existing documentation issues and clinical workflows are challenged. Including Quality staff in broader conversations will serve to surface potential issues now so that alternatives for resolution can be discussed and implemented.

Compile Comprehensive IT and Strategic Projects Timelines: Most vendors provide detailed roadmaps depicting the applications implementation timelines and predecessors required to accomplish that specific vendor's efforts. Most provider organizations also have some form of systems configuration "map" or picture that adorns a wall in Information Services.

ICD-10 will require a consolidated project and application timeline so that each of the organization's IT vendors' upgrades and testing can be planned for execution. The provider organization IT staff and leadership must plan to apply the required resources to test the upgrades once the vendors have delivered the upgrades. Once a comprehensive timeline of the variety of vendors' products are visible on a single timeline, the breadth of the testing effort and required resources is easier to anticipate.

Take Advantage of Existing Committee Structures: Look for opportunities to integrate ICD-10 awareness and preparation with existing project plans to optimize critical internal resource utilization across the organization. While focused ICD-10 project management and some tasks must remain independently managed, providers must seek every opportunity to incorporate and integrate ICD-10 awareness, preparation and implementation efforts into existing projects, communication strategies and committee structures. In this manner, progress toward ICD-10 Transition Services occurs as part of the organization's overall roadmap in meeting healthcare reform requirements, practically and efficiently.

Choose and Secure Resources Now: It is a fact that ICD-10 will require additional IT staff to assist in testing processes for all vendors' upgrades and recasting decisions supporting tools and reports. It is a fact that additional coders will be required to support pre-implementation education and training periods, and post-implementation dual coding requirements and productivity curves. It is a fact that healthcare IT resources enjoy one of the lowest unemployment rates in a remarkably distressed market.

Find, select and secure resources well ahead of the pre-implementation period so that risks associated with productivity can be mitigated. There is no anticipated "just-in-time" staffing pool for provider organizations that wait too long.

Some coding staffing firms are offering early adopter pricing models to provide staffing solutions in 2013 to clients that purchase education programs now. Organizations that have strong coding and IT staffs must consider the increasingly competitive environment for those positions and implement retention strategies now.

Proactive Efforts, Process Readiness Leads to Improved Reimbursement and Case Mix: Far too many tasks must be executed as 2013 begins with IT upgrade deliveries and testing processes. Additional coding resources and IT resources must be ready to step in during the last several months prior to the October 1, 2013 implementation and for the subsequent post-implementation period. Estimates are now ranging as high as 9 to 12 months post-implementation before new productivity baselines can be measured. There are no expectations among industry experts that current staffing levels will return post ICD-10 implementation.

For providers interested in avoiding as many costly risks as possible with ICD-10, the time to act with process changes and reimbursement protection is now. ICD-10 is yet another aspect of healthcare reform that every organization must face in the next 23 months. Indications are strong that a tidal wave of activity and demand will occur very late – too late – in the timeline to protect those provider organizations that do not take action now.

Organizations that act now in preparing for ICD-10 will be far better positioned, as many productivity issues and learning curves can be mitigated through early action. As clinical and business processes are improved, downstream effects on increased reimbursement opportunities will be realized.

Final Considerations: Every organization is somewhere on the path to meeting existing and compelling regulatory and compliance initiatives. Every one of these initiatives shares objectives, outcomes and resources that are or will be affected by ICD-10 transition. Acting now to accomplish multiple objectives with fewer, more efficient efforts, can pay off in big ways for providers, but requires provider organizations to view healthcare reform initiatives with a different perspective.

Technology solutions have paved the way to healthcare reform objectives, but processes will drive the results. And it is very much a race to the finish line for every provider organization.

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